

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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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 12/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                          |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                          |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                   |
| 1a      | Name of plan<br>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN                                                                                                                                                                                                                                                                 |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                       |
| 1c      | Effective date of plan<br>07/01/1952                                                                                                                                                                                                                                                                                     |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>CHEVRON CORPORATION<br><br>1400 SMITH STREET<br>HOUSTON, TX 77002 |
| 2b      | Employer Identification Number (EIN)<br>94-0890210                                                                                                                                                                                                                                                                       |
| 2c      | Plan Sponsor's telephone number<br>713-372-4335                                                                                                                                                                                                                                                                          |
| 2d      | Business code (see instructions)<br>324110                                                                                                                                                                                                                                                                               |

**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. | 09/10/2026 | TIM PAPA                                                     |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                    |
| <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<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 35035                                                                                                                                                                                                                                                                                                                                      |
| <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..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 22195<br><b>6a(2)</b> 20142<br><b>6b</b> 1559<br><b>6c</b> 13764<br><b>6d</b> 35465<br><b>6e</b> 160<br><b>6f</b> 35625<br><b>6g(1)</b> 34370<br><b>6g(2)</b> 35006<br><b>6h</b> 2 |
| <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 Characteristic Codes in the instructions:

2F 2G 2J 2K 2T 3H 2O 2E 2R

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

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <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 10
- (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 \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN                                 | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CHEVRON CORPORATION              | D Employer Identification Number (EIN)<br>94-0890210 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
NEW YORK LIFE 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     |
| 13-5582869 | 66915         | GA29102                               | 5217                                                                        | 01/01/2025              | 12/31/2025 |

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 |                       |
|                                               |                                 |             |                       |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

|                                                                                                                                                                                                                                                |              |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| <b>b</b> Balance at the end of the previous year .....                                                                                                                                                                                         | <b>7b</b>    | 23311238 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....<br>(2) Dividends and credits .....<br>(3) Interest credited during the year .....<br>(4) Transferred from separate account .....<br>(5) Other (specify below) .....<br>▶ | <b>7c(1)</b> |          |
|                                                                                                                                                                                                                                                | <b>7c(2)</b> |          |
|                                                                                                                                                                                                                                                | <b>7c(3)</b> | 1355963  |
|                                                                                                                                                                                                                                                | <b>7c(4)</b> |          |
|                                                                                                                                                                                                                                                | <b>7c(5)</b> |          |
|                                                                                                                                                                                                                                                |              |          |
| (6) Total additions .....                                                                                                                                                                                                                      | <b>7c(6)</b> | 1355963  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                          | <b>7d</b>    | 24667201 |
| <b>e</b> Deductions:                                                                                                                                                                                                                           |              |          |
| (1) Disbursed from fund to pay benefits or purchase annuities during year                                                                                                                                                                      | <b>7e(1)</b> |          |
| (2) Administration charge made by carrier .....                                                                                                                                                                                                | <b>7e(2)</b> |          |
| (3) Transferred to separate account .....                                                                                                                                                                                                      | <b>7e(3)</b> |          |
| (4) Other (specify below) .....<br>▶                                                                                                                                                                                                           | <b>7e(4)</b> |          |
|                                                                                                                                                                                                                                                |              |          |
| (5) Total deductions .....                                                                                                                                                                                                                     | <b>7e(5)</b> | 0        |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                        | <b>7f</b>    | 24667201 |

**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>    | 0 |
| <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. ▶

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN                                 | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CHEVRON CORPORATION              | D Employer Identification Number (EIN)<br>94-0890210 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 22-1211670 | 68241         | 064392                                | 5217                                                                        | 01/01/2025              | 12/31/2025 |

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 |                       |
|                                               |                                 |             |                       |

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

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

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

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

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

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

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

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| (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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

|                                                                                                                                                                                                                                                |              |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| <b>b</b> Balance at the end of the previous year .....                                                                                                                                                                                         | <b>7b</b>    | 19746622 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....<br>(2) Dividends and credits .....<br>(3) Interest credited during the year .....<br>(4) Transferred from separate account .....<br>(5) Other (specify below) .....<br>▶ | <b>7c(1)</b> |          |
|                                                                                                                                                                                                                                                | <b>7c(2)</b> |          |
|                                                                                                                                                                                                                                                | <b>7c(3)</b> | 1100711  |
|                                                                                                                                                                                                                                                | <b>7c(4)</b> |          |
|                                                                                                                                                                                                                                                | <b>7c(5)</b> |          |
|                                                                                                                                                                                                                                                |              |          |
| (6) Total additions .....                                                                                                                                                                                                                      | <b>7c(6)</b> | 1100711  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                          | <b>7d</b>    | 20847333 |
| <b>e</b> Deductions:                                                                                                                                                                                                                           |              |          |
| (1) Disbursed from fund to pay benefits or purchase annuities during year                                                                                                                                                                      | <b>7e(1)</b> |          |
| (2) Administration charge made by carrier .....                                                                                                                                                                                                | <b>7e(2)</b> |          |
| (3) Transferred to separate account .....                                                                                                                                                                                                      | <b>7e(3)</b> |          |
| (4) Other (specify below) .....<br>▶                                                                                                                                                                                                           | <b>7e(4)</b> |          |
|                                                                                                                                                                                                                                                |              |          |
| (5) Total deductions .....                                                                                                                                                                                                                     | <b>7e(5)</b> | 0        |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                        | <b>7f</b>    | 20847333 |

**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>    | 0 |
| <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. ▶

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN                                 | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CHEVRON CORPORATION              | D Employer Identification Number (EIN)<br>94-0890210 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>UNITED OF OMAHA |               |                                       |                                                                             |                         |            |
|--------------------------------------------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
| (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     |
| 47-0322111                                       | 69868         | SDGA 36737                            | 5217                                                                        | 01/01/2025              | 12/31/2025 |

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 |                       |
|                                               |                                 |             |                       |

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(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 |                       |
|                                               |                                 |             |                       |

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

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| (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** 5000000**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 0**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 5000000  
(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)** 5000000**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 5000000**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** 5000000

**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>    | 0 |
| <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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN                                 | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CHEVRON CORPORATION              | D Employer Identification Number (EIN)<br>94-0890210 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
MASSACHUSETTS MUTUAL 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     |
| 04-1590850 | 65935         | 30163                                 | 5217                                                                        | 01/01/2025              | 12/31/2025 |

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 |                       |
|                                               |                                 |             |                       |

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

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

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

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| (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** 25834074**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 24413690**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 1420380  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**(6) Total additions ..... **7c(6)** 1420380**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 25834070**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** 25834070

**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>    | 0 |
| <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. ▶

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN                                 | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CHEVRON CORPORATION              | D Employer Identification Number (EIN)<br>94-0890210 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
LINCOLN NATIONAL 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     |
| 35-0472300 | 65676         | 897594 078                            | 5217                                                                        | 01/01/2025              | 12/31/2025 |

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 |                       |
|                                               |                                 |             |                       |

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

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| (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

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

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(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** 11555285**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 10914598**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 640687  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**(6) Total additions ..... **7c(6)** 640687**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 11555285**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** 11555285

**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. ▶

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN                                 | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CHEVRON CORPORATION              | D Employer Identification Number (EIN)<br>94-0890210 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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         | 729424                                | 5217                                                                        | 01/01/2025              | 12/31/2025 |

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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

|                                                                                                                                                                                                                                                |              |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| <b>b</b> Balance at the end of the previous year .....                                                                                                                                                                                         | <b>7b</b>    | 10877320 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....<br>(2) Dividends and credits .....<br>(3) Interest credited during the year .....<br>(4) Transferred from separate account .....<br>(5) Other (specify below) .....<br>▶ | <b>7c(1)</b> |          |
|                                                                                                                                                                                                                                                | <b>7c(2)</b> |          |
|                                                                                                                                                                                                                                                | <b>7c(3)</b> | 637410   |
|                                                                                                                                                                                                                                                | <b>7c(4)</b> |          |
|                                                                                                                                                                                                                                                | <b>7c(5)</b> |          |
|                                                                                                                                                                                                                                                |              |          |
| (6) Total additions .....                                                                                                                                                                                                                      | <b>7c(6)</b> | 637410   |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                          | <b>7d</b>    | 11514730 |
| <b>e</b> Deductions:                                                                                                                                                                                                                           |              |          |
| (1) Disbursed from fund to pay benefits or purchase annuities during year                                                                                                                                                                      | <b>7e(1)</b> |          |
| (2) Administration charge made by carrier .....                                                                                                                                                                                                | <b>7e(2)</b> |          |
| (3) Transferred to separate account .....                                                                                                                                                                                                      | <b>7e(3)</b> |          |
| (4) Other (specify below) .....<br>▶                                                                                                                                                                                                           | <b>7e(4)</b> |          |
|                                                                                                                                                                                                                                                |              |          |
| (5) Total deductions .....                                                                                                                                                                                                                     | <b>7e(5)</b> | 0        |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                        | <b>7f</b>    | 11514730 |

**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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN                                 | B Three-digit plan number (PN) ►                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CHEVRON CORPORATION              | D Employer Identification Number (EIN)<br>94-0890210 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>JACKSON NATIONAL 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     |
| 38-1659835 | 65056         | G16701                                | 5217                                                                        | 01/01/2025              | 12/31/2025 |

|                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <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>6d</b> |  |

**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>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 5426443 |
|--------------------------------------------------------|-----------|---------|

|                                                                       |              |        |  |
|-----------------------------------------------------------------------|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |        |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> | 141234 |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> |        |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> |        |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> |        |  |
| ▶                                                                     |              |        |  |

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 141234 |
|---------------------------|--------------|--------|

|                                                                                       |           |         |
|---------------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 5567677 |
|---------------------------------------------------------------------------------------|-----------|---------|

|                                                                                 |              |  |  |
|---------------------------------------------------------------------------------|--------------|--|--|
| <b>e</b> Deductions:                                                            |              |  |  |
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |  |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> |  |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> |  |  |
| ▶                                                                               |              |  |  |

|                            |              |   |
|----------------------------|--------------|---|
| (5) Total deductions ..... | <b>7e(5)</b> | 0 |
|----------------------------|--------------|---|

|                                                                                                         |           |         |
|---------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 5567677 |
|---------------------------------------------------------------------------------------------------------|-----------|---------|

**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. ▶

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN                                 | B Three-digit plan number (PN) ►                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CHEVRON CORPORATION              | D Employer Identification Number (EIN)<br>94-0890210 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
METROPOLITAN TOWER 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     |
| 13-3114906 | 97136         | 37843                                 | 5217                                                                        | 01/01/2025              | 12/31/2025 |

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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

|                                                                                                                                                                                                                                                |              |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|
| <b>b</b> Balance at the end of the previous year .....                                                                                                                                                                                         | <b>7b</b>    | 5439910 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....<br>(2) Dividends and credits .....<br>(3) Interest credited during the year .....<br>(4) Transferred from separate account .....<br>(5) Other (specify below) .....<br>▶ | <b>7c(1)</b> |         |
|                                                                                                                                                                                                                                                | <b>7c(2)</b> |         |
|                                                                                                                                                                                                                                                | <b>7c(3)</b> | 307355  |
|                                                                                                                                                                                                                                                | <b>7c(4)</b> |         |
|                                                                                                                                                                                                                                                | <b>7c(5)</b> |         |
|                                                                                                                                                                                                                                                |              |         |
| (6) Total additions .....                                                                                                                                                                                                                      | <b>7c(6)</b> | 307355  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                          | <b>7d</b>    | 5747265 |
| <b>e</b> Deductions:                                                                                                                                                                                                                           |              |         |
| (1) Disbursed from fund to pay benefits or purchase annuities during year                                                                                                                                                                      | <b>7e(1)</b> |         |
| (2) Administration charge made by carrier .....                                                                                                                                                                                                | <b>7e(2)</b> |         |
| (3) Transferred to separate account .....                                                                                                                                                                                                      | <b>7e(3)</b> |         |
| (4) Other (specify below) .....<br>▶                                                                                                                                                                                                           | <b>7e(4)</b> |         |
|                                                                                                                                                                                                                                                |              |         |
| (5) Total deductions .....                                                                                                                                                                                                                     | <b>7e(5)</b> | 0       |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                        | <b>7f</b>    | 5747265 |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN                                 | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CHEVRON CORPORATION              | D Employer Identification Number (EIN)<br>94-0890210 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>MINNESOTA 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     |
| 41-0417830 | 66168         | A309200                               | 5217                                                                        | 01/01/2025              | 12/31/2025 |

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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

|                                                                                                                                                                                                                                                |              |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| <b>b</b> Balance at the end of the previous year .....                                                                                                                                                                                         | <b>7b</b>    | 10854083 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....<br>(2) Dividends and credits .....<br>(3) Interest credited during the year .....<br>(4) Transferred from separate account .....<br>(5) Other (specify below) .....<br>▶ | <b>7c(1)</b> |          |
|                                                                                                                                                                                                                                                | <b>7c(2)</b> |          |
|                                                                                                                                                                                                                                                | <b>7c(3)</b> | 607829   |
|                                                                                                                                                                                                                                                | <b>7c(4)</b> |          |
|                                                                                                                                                                                                                                                | <b>7c(5)</b> |          |
|                                                                                                                                                                                                                                                |              |          |
| (6) Total additions .....                                                                                                                                                                                                                      | <b>7c(6)</b> | 607829   |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                          | <b>7d</b>    | 11461912 |
| <b>e</b> Deductions:                                                                                                                                                                                                                           |              |          |
| (1) Disbursed from fund to pay benefits or purchase annuities during year                                                                                                                                                                      | <b>7e(1)</b> |          |
| (2) Administration charge made by carrier .....                                                                                                                                                                                                | <b>7e(2)</b> |          |
| (3) Transferred to separate account .....                                                                                                                                                                                                      | <b>7e(3)</b> |          |
| (4) Other (specify below) .....<br>▶                                                                                                                                                                                                           | <b>7e(4)</b> |          |
|                                                                                                                                                                                                                                                |              |          |
| (5) Total deductions .....                                                                                                                                                                                                                     | <b>7e(5)</b> | 0        |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                        | <b>7f</b>    | 11461912 |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                  |                                                                         |  |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025       |                                                                         |  |
| <div>A Name of plan</div> <div>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN</div>                    | <div>B Three-digit plan number (PN)</div> <div>001</div>                |  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CHEVRON CORPORATION</div> | <div>D Employer Identification Number (EIN)</div> <div>94-0890210</div> |  |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: |
|-------------------------|

|                                                                                             |
|---------------------------------------------------------------------------------------------|
| <div>(a) Name of insurance carrier</div> <div>LINCOLN NATIONAL LIFE INSURANCE COMPANY</div> |
|---------------------------------------------------------------------------------------------|

| (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     |
| 35-0472300 | 65676         | 897615 078                            | 5217                                                                        | 01/01/2025              | 12/31/2026 |

|                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

  

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <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>6d</b> |  |

  

**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>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    | 5443971 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |         |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |         |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> |         |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> |         |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |         |
|                                                                                                         |              |         |
| (6) Total additions .....                                                                               | <b>7c(6)</b> | 322828  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 5766799 |
| <b>e</b> Deductions:                                                                                    |              |         |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> |         |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> |         |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> |         |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |         |
|                                                                                                         |              |         |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> | 0       |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 5766799 |

**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<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <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> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2025</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CHEVRON CORPORATION                                                                                                                                | <b>D</b> Employer Identification Number (EIN)<br>94-0890210                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

STRATEGIC ADVISERS LLC

04-2654524

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 3182857                                                                | 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)

STATE STREET GLOBAL ADVISORS

81-4017137

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | CONSULTANT                                                                                        | 120000                                                                 | 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)

WITHUMSMITH + BROWN

22-2027092

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 49                  | OTHER SERVICES                                                                                    | 95160                                                                  | 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)

CHEVRON CORPORATION

94-0890210

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 16 50               | PLAN SPONSOR                                                                                      | 79652                                                                  | 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)

GRANT THORNTON LLP

36-6055558

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | CONSULTANT                                                                                        | 20000                                                                  | 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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 64 65 71            | RECORDKEEPER                                                                                      | -987825                                                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO DIVERSIFIED DIVIDEND INVES      11 GREENWAY PLAZA STE 100<br>HOUSTON, TX 77046 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO MAIN STREET A      11 GREENWAY PLAZA STE 100<br>HOUSTON, TX 77046              | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO TECHNOLOGY CLASS A      11 GREENWAY PLAZA STE 100<br>HOUSTON, TX 77046         | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)        | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                             | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| INVESCO TECHNOLOGY INV CLASS                                        | 11 GREENWAY PLAZA STE 100<br>HOUSTON, TX 77046 | 0.40%                                                                                                                                                              |
|                                                                     |                                                |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)        | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                             | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| INVESCO AMERICAN FRANCHISE FUND CL                                  | 11 GREENWAY PLAZA STE 100<br>HOUSTON, TX 77046 | 0.40%                                                                                                                                                              |
|                                                                     |                                                |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)        | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                             | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| INVESCO EQUALLY WEIGHTED S&P 500 A                                  | 11 GREENWAY PLAZA STE 100<br>HOUSTON, TX 77046 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO STEELPATH MLP SELECT 40 Y 11 GREENWAY PLAZA STE 100<br>HOUSTON, TX 77046 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO GOLD & SPEC MINERALS A 11 GREENWAY PLAZA STE 100<br>HOUSTON, TX 77046    | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO DEVELOPING MARKETS A 11 GREENWAY PLAZA STE 100<br>HOUSTON, TX 77046      | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMG VERITAS GLOBAL REAL RETURN FD 600 STEAMBOAT RD STE 300<br>GREENWICH, CT 06830 | 0.07%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMG VERITAS CHINA FUND N 600 STEAMBOAT RD STE 300<br>GREENWICH, CT 06830 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMG YACHTMAN FOCUSED N 600 STEAMBOAT RD STE 300<br>GREENWICH, CT 06830 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                          | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AQR DIVERSIFYING STRATEGIES FUND C 1 GREENWICH PLAZA<br>GREENWICH, CT 06830 | 0.12%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                          | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AQR EQUITY MARKET NEUTRAL FD CL N 1 GREENWICH PLAZA<br>GREENWICH, CT 06830  | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                          | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AQR EQUITY MARKET NEUTRAL FD CL I 1 GREENWICH PLAZA<br>GREENWICH, CT 06830  | 0.12%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AQR GLOBAL EQUITY FUND CLASS N<br>1 GREENWICH PLAZA<br>GREENWICH, CT 06830    | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AQR STYLE PREMIA ALTERNATIVE CL I<br>1 GREENWICH PLAZA<br>GREENWICH, CT 06830 | 0.12%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AQR LONG SHORT EQUITY CL N<br>1 GREENWICH PLAZA<br>GREENWICH, CT 06830        | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AQR LONG SHORT EQUITY FUND CL I<br>1 GREENWICH PLAZA<br>GREENWICH, CT 06830       | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AQR MANAGED FUTURES STRATEGY HV<br>CL<br>1 GREENWICH PLAZA<br>GREENWICH, CT 06830 | 0.12%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AQR RISK BALANCED COMMOD<br>STRATEGY<br>1 GREENWICH PLAZA<br>GREENWICH, CT 06830  | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AQR RISK BALANCED COMMOD STRATEGY 1 GREENWICH PLAZA<br>GREENWICH, CT 06830 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AQR SMALL CAP MOMENTUM STYLE CL I 1 GREENWICH PLAZA<br>GREENWICH, CT 06830 | 0.12%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AQR MANAGED FUTURES FUND CL N 1 GREENWICH PLAZA<br>GREENWICH, CT 06830     | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ADIRONDACK SMALL CAP FUND<br>2390 WESTERN AVE<br>GUILDERLAND, NY 12084         | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ACADIAN EMERGING MARKETS PORT<br>INVS<br>1 FREEDOM VALLEY DR<br>OAKS, PA 19456 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| EDGEWOOD GROWTH FUND INSTL CL<br>1 FREEDOM VALLEY DR<br>OAKS, PA 19456         | 0.12%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AEGIS VALUE FUND INC<br>6862 ELM ST STE 830<br>MCLEAN, VA 22101     | 0.10%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHAMPLAIN MID CAP ADVISOR SHARE<br>ONE FREEDOM VALLEY DR<br>OAKS, PA 19456 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADV PREFERRED GOLD BULLION STRAT I<br>1445 RESEARCH BLVD STE 530<br>ROCKVILLE, MD 20850 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| QUANTIFIED GOV'T INC TACTICAL INV 1445 RESEARCH BLVD STE 530<br>ROCKVILLE, MD 20850 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| QUANTIFIED COMMON GROUND FD INVST 1445 RESEARCH BLVD STE 530<br>ROCKVILLE, MD 20850 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GQG PARTNERS EMERG MARKETS EQ INST 1 FREEDOM VALLEY DR<br>OAKS, PA 19456            | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| GQG PARTNERS US QULTSELECT EQUITY 1 FREEDOM VALLEY DR<br>OAKS, PA 19456                   |                                         | 0.40%                                                                                                                                                              |
|                                                                                           |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| REGAN TOTAL RETURN INCOME FUND INS 8350 NORTH CENTRAL EXPRESSWAY SUIT<br>DALLAS, TX 75206 |                                         | 0.10%                                                                                                                                                              |
|                                                                                           |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| INVESCO EQV INTL EQUITY FUND CLASS 11 GREENWAY PLAZA STE 100<br>HOUSTON, TX 77046         |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO BALANCED RISK COMM STRATEG 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALGER SMALL CAP FOCUS CLASS Z 600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311       | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALGER FOCUS EQUITY CL I 600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311             | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AB SMALL CAP GROWTH PORT CLASS A      8000 IH 10 W STE 1400 14TH FL<br>SAN ANTONIO, TX 78230 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| IMAN FUND RETAIL SHARES      721 ENTERPRISE DR<br>OAKBROOK, IL 60523                         | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMANA MUTUAL FUND TRUST INCOME      1300 NORTH STATE ST<br>BELLINGHAM, WA 98225              | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                          | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMANA MUTUAL FUND TRUST GROWTH                                      | 1300 NORTH STATE ST<br>BELLINGHAM, WA 98225 | 0.40%                                                                                                                                                              |
|                                                                     |                                             |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                          | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMANA DEVELOPING WORLD FUND                                         | 1300 NORTH STATE ST<br>BELLINGHAM, WA 98225 | 0.40%                                                                                                                                                              |
|                                                                     |                                             |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                          | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMANA GROWTH FUND INSTITUTIONAL                                     | 1300 NORTH STATE ST<br>BELLINGHAM, WA 98225 | 0.10%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMANA PARTICIPATION FD INVESTOR CL 1300 NORTH STATE ST<br>BELLINGHAM, WA 98225         | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN BEACON DEV WORLD INCOME I 220 E LAS COLINAS BLVD STE 1200<br>IRVING, TX 75039 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN BEACON ARK TRANS INNOVTN 220 E LAS COLINAS BLVD STE 1200<br>IRVING, TX 75039  | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN BEACON IMC INTL SMALL CAP 220 E LAS COLINAS BLVD STE 1200<br>IRVING, TX 75039 |                                         | 0.40%                                                                                                                                                              |
|                                                                                        |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN CENTURY EQUITY INCOME INV 4400 MAIN ST 1ST FL<br>KANSAS CITY, MO 64111        |                                         | 0.35%                                                                                                                                                              |
|                                                                                        |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN CENTURY GLOBAL GOLD INV C 4400 MAIN ST 1ST FL<br>KANSAS CITY, MO 64111        |                                         | 0.35%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN CENTURY UTILITIES INVESTO<br>4400 MAIN ST 1ST FL<br>KANSAS CITY, MO 64111    | 0.35%                                   |                                                                                                                                                                    |
|                                                                                       |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN CENTURY ULTRA INVESTOR<br>CL<br>4400 MAIN ST 1ST FL<br>KANSAS CITY, MO 64111 | 0.35%                                   |                                                                                                                                                                    |
|                                                                                       |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN FUNDS GROWTH PORT F1<br>3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321      | 0.37%                                   |                                                                                                                                                                    |

**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<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN HIGH INCOMECLASS F1                                        | 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321 | 0.37%                                                                                                                                                              |
|                                                                     |                                                 |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN MUTUAL FUNDCLASS F1                                        | 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321 | 0.37%                                                                                                                                                              |
|                                                                     |                                                 |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN MUTUAL FUNDCL F2                                           | 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321 | 0.15%                                                                                                                                                              |

**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<br>(see instructions)            | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                 | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ARISTOTLE VALUE EQTY CLASS I 2                                      | 2220 E. ROUTE 66 SUITE 226<br>GLENDDORA, CA 91740  | 0.12%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                    | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                 | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ARISTOTLE STRATEGIC INCOME FUND A                                   | 2220 E. ROUTE 66 SUITE 226<br>GLENDDORA, CA 91740  | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                    | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                 | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ARTISAN SMALL CAP FUND INVESTOR CL                                  | 875 E WISCONSIN AVE STE 800<br>MILWAUKEE, WI 53202 | 0.39%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ARTISAN INTERNATL INVESTOR CLASS 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202   | 0.39%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ARTISAN MID CAP 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202                    | 0.39%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ARTISAN DEVELOPING WORLD FD ADVISO 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ARTISAN MID CAP FUND ADVISOR 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202    | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ARTISAN INTL VALUE FUND ADVISOR 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ARTISAN MID CAP VALUE 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202           | 0.39%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ARTISAN SUSTAINABLE EMERG MRKTS IN 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202           | 0.39%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ASHMORE EMERGING MKT CORPORATE DEB 801 S. CANAL ST CHICAGO, IL 60607                         | 0.08%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AZZAD ETHICAL MID CAP FUND CL A 8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS, OH 44147-4031 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BAIRD INTERMEDIATE BOND FD CL INV 777 E. WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202  | 0.27%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BAIRD ULTRA SHORT BOND FD INVESTOR 777 E. WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202 | 0.27%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BAIRD AGGREGATE BOND FUND INSTL 777 E. WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202    | 0.03%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ISHARES S&P 500 INDEX INVESTOR A<br>40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.30%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BARON ASSET<br>767 5TH AVE 49TH FL<br>NEW YORK, NY 10153                  | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BARON SMALL CAP FD<br>767 5TH AVE 49TH FL<br>NEW YORK, NY 10153           | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BARON PARTNERS FUND<br>767 5TH AVE 49TH FL<br>NEW YORK, NY 10153             | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BARON FOCUSED GROWTHFUND<br>767 5TH AVE 49TH FL<br>NEW YORK, NY 10153        | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BARON PARTNERS FUND INSTL CLASS<br>767 5TH AVE 49TH FL<br>NEW YORK, NY 10153 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-----------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BARON WEALTHBUILDER FUND INSTL CL 767 5TH AVE 49TH FL<br>NEW YORK, NY 10153 |                                         | 0.10%                                                                                                                                                              |
|                                                                             |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BARON REAL ESTATE FUND RETAIL 767 5TH AVE 49TH FL<br>NEW YORK, NY 10153     |                                         | 0.40%                                                                                                                                                              |
|                                                                             |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                          | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation         |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BARON WEALTHBUILDER FUND RETAIL 767 5TH AVE 49TH FL<br>NEW YORK, NY 10153   |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BARON REAL ESTATE FUND INSTITUTION 767 5TH AVE 49TH FL<br>NEW YORK, NY 10153 |                                         | 0.15%                                                                                                                                                              |
|                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BARON GLOBAL OPPORTUNITY INTSL 767 5TH AVE 49TH FL<br>NEW YORK, NY 10153     |                                         | 0.15%                                                                                                                                                              |
|                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BARON GLOBAL OPPORTUNITY RETAIL 767 5TH AVE 49TH FL<br>NEW YORK, NY 10153    |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BERKSHIRE FOCUS FUND<br>475 MILAN DR STE 103<br>SAN JOSE, CA 95134             | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK TACTICAL OPPORTUNITIES I<br>40 EAST 52ND ST<br>NEW YORK, NY 10022    | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK MID CAP GROWTH EQUITY<br>CL<br>40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK MID CAP GROWTH EQUITY IN 40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.08%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK TECHNOLOGY OPPORTUNITIES 40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ISHARES RUSSELL SM MID CP IDX INV 40 EAST 52ND ST<br>NEW YORK, NY 10022  | 0.30%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK GL EQUITY MARKET NEUTRAL 40 EAST 52ND ST NEW YORK, NY 10022 | 0.08%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK COMMODITY STRATEGIES FUN 40 EAST 52ND ST NEW YORK, NY 10022 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK 40/60 TARGET ALLOC FD CL 40 EAST 52ND ST NEW YORK, NY 10022 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK ADVANTAGE INTERNATIONAL 40 EAST 52ND ST<br>NEW YORK, NY 10022  | 0.08%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK ENERGY OPPORTUNITIES CL 40 EAST 52ND ST<br>NEW YORK, NY 10022  | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK EQUITY DIVIDEND FD SRV C 40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.08%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK FOCUS GROWTH FD INC A 40 EAST 52ND ST<br>NEW YORK, NY 10022  | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK GLOBAL ALLOCATION CL A 40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK TOTAL RETURN FUND CL A 40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK TOTAL RETURN INSTITUTION 40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK STRATEGIC GLOBAL BD INVE 40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ISHARES MSCI EAFE INTL IDX INSTL 40 EAST 52ND ST<br>NEW YORK, NY 10022   | 0.05%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK STRATEGIC INC OPP PORT C 40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK SYSTEMATICMULTI STRATEGY 40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK GLOBAL LONG/SHORT CREDIT 40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WILLIAM BLAIR SMALL CAP GROWTH CLA 222 WEST ADAMS ST 12TH FL<br>CHICAGO, IL 60606 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BRIDGEWAY AGGRESSIVEINVESTOR 1 20 GREENWAY PLAZA STE 450<br>HOUSTON, TX 77046     | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BRIDGEWAY SMALL CAP VALUE FUND CL 20 GREENWAY PLAZA STE 450<br>HOUSTON, TX 77046  | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BROWN CAPITAL MGT SMALL COMPANY<br>IN 1290 BROADWAY STE 1100<br>DENVER, CO 80203 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CALAMOS MARKET NEUTRAL INCOME CL<br>A 2020 CALAMOS COURT<br>NAPERVILLE, IL 60563 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CALAMOS MARKET NEUTRAL INCOME CL I<br>2020 CALAMOS COURT<br>NAPERVILLE, IL 60563 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| CALVERT EQUITY FUND CLASS A                                         | 4550 MONTGOMERY AVE STE 1000 N<br>BETHESDA, MD 20814 | 0.40%                                                                                                                                                              |
|                                                                     |                                                      |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| CALVERT US MID CAP CORE RSPNB IDX                                   | 4550 MONTGOMERY AVE STE 1000 N<br>BETHESDA, MD 20814 | 0.10%                                                                                                                                                              |
|                                                                     |                                                      |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| CALVERT INTL EQUITY CLASS A                                         | 4550 MONTGOMERY AVE STE 1000 N<br>BETHESDA, MD 20814 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN CAPITAL INCOME BUILDER CL 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321 | 0.37%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN CAPITAL WORLD GRTH & INC 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251       | \$18.00                                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FULLERTHALER BEHV SMALL CAP EQTY I 411 BOREL AVE STE 300<br>SAN MATEO, CA 94402    | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CARILLON CLARIVEST INTERNATIONAL S P. O. BOX 33022<br>ST PETERSBURG, FL 33733-8022 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CARILLON CHARTWELL SMALL CAP CL I P. O. BOX 33022<br>ST PETERSBURG, FL 33733-8022  | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CAUSEWAY INTERNATNALVALUE INVESTOR P. O. BOX 1100<br>OAKS, PA 19456                | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CAUSEWAY INTERNATNALVALUE INSTL P. O. BOX 1100<br>OAKS, PA 19456                          | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CARILLON CHARTWELL REAL INCOME FUN P. O. BOX 33022<br>ST PETERSBURG, FL 33733-8022        | 0.12%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CLIFFWATER CORPORATELENDING FUND I 4640 ADMIRALTY WAY 11TH FL<br>MARINA DEL REY, CA 90292 | 0.18%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| CLIFFWATER ENHANCED LENDING FUND I 4640 ADMIRALTY WAY 11TH FL<br>MARINA DEL REY, CA 90292 |                                         | 0.18%                                                                                                                                                              |
|                                                                                           |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| CLIPPER 2949 EAST ELVIRA ROAD STE 101<br>TUCSON, AZ 85706                                 |                                         | 0.35%                                                                                                                                                              |
|                                                                                           |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COHEN & STEERS REALTY SHARES 280 PARK AVE 10TH FL<br>NEW YORK, NY 10017                   |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions)    | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COHEN& STEERS GLBAL REALTY CL I                                     | 280 PARK AVE 10TH FL<br>NEW YORK, NY 10017 | 0.10%                                                                                                                                                              |
|                                                                     |                                            |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)    | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COHEN & STEERS INSTL REALTY SHARES                                  | 280 PARK AVE 10TH FL<br>NEW YORK, NY 10017 | 0.10%                                                                                                                                                              |
|                                                                     |                                            |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)    | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COHEN & STEERS PREF SECURITIES INC                                  | 280 PARK AVE 10TH FL<br>NEW YORK, NY 10017 | 0.15%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-----------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COLUMBIA ACORN CLASS S<br>225 FRANKLIN ST BX25 10320<br>BOSTON, MA 02110                | 0.40%                                   |                                                                                                                                                                    |
|                                                                                         |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COLUMBIA THERMOSTAT CL A<br>225 FRANKLIN ST BX25 10320<br>BOSTON, MA 02110              | 0.40%                                   |                                                                                                                                                                    |
|                                                                                         |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COLUMBIA MORTGAGE OPPORTUNITIES<br>I2<br>225 FRANKLIN ST BX25 10320<br>BOSTON, MA 02110 | 0.10%                                   |                                                                                                                                                                    |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COLUMBIA SELECT MID CAP GROWTH CL 225 FRANKLIN ST BX25 10320<br>BOSTON, MA 02110   | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COLUMBIA BALANCED FUND CL I2 225 FRANKLIN ST BX25 10320<br>BOSTON, MA 02110        | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COLUMBIA SELIGMAN GLOBAL TECHNOLOGY 225 FRANKLIN ST BX25 10320<br>BOSTON, MA 02110 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COLUMBIA SELIGMAN TECH AND INFO CL 225 FRANKLIN ST BX25 10320<br>BOSTON, MA 02110 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COLUMBIA FLEXIBLE CAPITAL INCOME A 225 FRANKLIN ST BX25 10320<br>BOSTON, MA 02110 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COLUMBIA SMALL CAP VALUE DISCOVERY 225 FRANKLIN ST BX25 10320<br>BOSTON, MA 02110 | 0.10%                                                                                                                                                              |

**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<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COLUMBIA DIVIDEND INCOME FUND CL I                                  | 225 FRANKLIN ST BX25 10320<br>BOSTON, MA 02110       | 0.15%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                      | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COLUMBIA CONTRARIAN CORE S                                          | 225 FRANKLIN ST BX25 10320<br>BOSTON, MA 02110       | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                      | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA EMERGING MRKTS CORE EQU PORTF                                   | 6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |

**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<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA US MICRO CAP PRTF INSTL                                         | 6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                      | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA US TARGETED VALUE PRTF INSTL                                    | 6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                      | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA EMERGING MARKETS SMALL CAP                                      | 6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |

**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<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA INTERNATIONAL SMALL COMPANY<br>PO                               | 6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |
|                                                                     |                                                      |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA US SMALL CAP VALUE PRTF INSTL                                   | 6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |
|                                                                     |                                                      |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA INTERMEDIATE GOVT F/I PRTF INS                                  | 6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |

**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<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA US HIGH RELATIVE PROFIT PORT I                                  | 6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |
|                                                                     |                                                      |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA U.S. SMALL CAP GROWTH PORT INS                                  | 6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |
|                                                                     |                                                      |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)              | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                   | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA U.S. LARGE CAP GROWTH PORT INS                                  | 6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DAVIS INTERNATIONAL CL Y<br>2949 E ELVIRA ROAD STE 101<br>TUCSON, AZ 85756   | 0.08%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DAVIS GLOBAL FUND CL Y<br>2949 E ELVIRA ROAD STE 101<br>TUCSON, AZ 85756     | 0.08%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DWS GLOBAL INFRASTRUCTURE FD S<br>280 PARK AVE 9TH FLR<br>NEW YORK, NY 10026 | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DWS RREEF REAL ESTATE SECURITIES A 280 PARK AVE 9TH FLR<br>NEW YORK, NY 10026             | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DWS ENHANCED COMMODITY STRAT INST 280 PARK AVE 9TH FLR<br>NEW YORK, NY 10026              | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DIAMOND HILL SHORT DURAT SEC BOND 325 JOHN H MCCONNELL BLVD STE 200<br>COLUMBUS, OH 43215 | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DIAMOND HILL LONG/SHRT FUND CL I                                    | 325 JOHN H MCCONNELL BLVD STE 200<br>COLUMBUS, OH 43215 | 0.10%                                                                                                                                                              |
|                                                                     |                                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DIAMOND HILL LARGE CAP FUND CLASS                                   | 325 JOHN H MCCONNELL BLVD STE 200<br>COLUMBUS, OH 43215 | 0.10%                                                                                                                                                              |
|                                                                     |                                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DIREXION MONTHLY NASDAQ100BULL2X I                                  | 155 SEAPORT BOULEVARD STE P8<br>NEW YORK, NY 10019      | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DOUBLELINE TOTAL RETURN BOND FD CL 777 EAST WISCONSIN AVE<br>MILWAUKEE, WI 53202 | 0.06%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DOUBLELINE TOTAL RT BOND FD CL N 777 EAST WISCONSIN AVE<br>MILWAUKEE, WI 53202   | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DOUBLELINE CORE FIXED INCOME CL I 777 EAST WISCONSIN AVE<br>MILWAUKEE, WI 53202  | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DOUBLELINE EMERGING MARKTS LOCAL C 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202 | 0.06%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DOUBLELINE FLEXIBLE INCOME CL I 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202    | 0.06%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DOUBLELINE LOW DURATION CL N 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202       | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOUBLELINE LOW DURATION BOND CL I 777 EAST WISCONSIN AVE<br>MILWAUKEE, WI 53202 | 0.15%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DRIEHAUS EMERGING MARKETS 25 EAST ERIE ST<br>CHICAGO, IL 60611      | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DRIEHAUS SMALL CAP GROWTH INSTL CL 25 EAST ERIE ST<br>CHICAGO, IL 60611 | 0.12%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DRIEHAUS EMERGING MKTS GROWTH INST      25 EAST ERIE ST<br>CHICAGO, IL 60611        | 0.12%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| EATON VANCE GREATER INDIA FUND CLA      TWO INTERNATIONAL PLACE<br>BOSTON, MA 02110 | \$16.00                                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| EATON VANCE FLOATINGRATE CLASS I      TWO INTERNATIONAL PLACE<br>BOSTON, MA 02110   | \$16.00                                                                                                                                                            |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PARAMETRIC COMMODITYSTRATEGIC CL TWO INTERNATIONAL PLACE<br>I BOSTON, MA 02110 | \$16.00                                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| EATON VANCE EMRG MRKTS LOCAL TWO INTERNATIONAL PLACE<br>INCOM BOSTON, MA 02110 | \$16.00                                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN EUROPAC FD A 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251               | \$18.00                                                                                                                                                            |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMERICAN EUPAC F1<br>3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321 | 0.37%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FPA NEW INCOME FUND INVESTOR CLASS<br>11601 WILSHIRE BLVD STE 1200<br>LOS ANGELES, CA 90025 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FPA NEW INCOME FUND<br>11601 WILSHIRE BLVD STE 1200<br>LOS ANGELES, CA 90025 | 0.10%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FPA FLEXIBLE FIXED INCOME FUND<br>11601 WILSHIRE BLVD STE 1200<br>LOS ANGELES, CA 90025 | 0.10%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FPA CRESCENT FUND<br>11601 WILSHIRE BLVD STE 1200<br>LOS ANGELES, CA 90025 | 0.35%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FMI INTERNATIONAL<br>777 EAST WISCONSIN AVE<br>MILWAUKEE, WI 53202  | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FMI COMMON STOCK FUND 777 EAST WISCONSIN AVE<br>MILWAUKEE, WI 53202               | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FMI COMMON STOCK FUND INSTITUTIONAL 777 EAST WISCONSIN AVE<br>MILWAUKEE, WI 53202 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FAIRHOLME FUND 4400 BISCAYNE BOULEVARD<br>SOUTH MIAMI, FL 33143                   | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FEDERATED HERMES MDT MID CAP GROWT                                  | 4000 ERICSSON DR<br>WARRENDALE, PA 15086-7515 | 0.15%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                               | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FEDERATED HERMES KAUFMANN SM CAP A                                  | 4000 ERICSSON DR<br>WARRENDALE, PA 15086-7515 | 0.40%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                               | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FEDERATED HERMES SH TERM INCOME CL                                  | 4000 ERICSSON DR<br>WARRENDALE, PA 15086-7515 | 0.10%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FAM DIVIDEND FOCUS FUND<br>384 NORTH GRAND ST<br>COBLESKILL, NY 12043           | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SEAFARER OVERSEAS GROWTH & INCOME<br>1290 BROADWAY STE 1100<br>DENVER, CO 80203 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALPS CORECOMM MGMT COMP COMM STRT<br>1290 BROADWAY STE 1100<br>DENVER, CO 80203 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ALPS GLOBAL OPPORTUNITY CL INV<br>1290 BROADWAY STE 1100<br>DENVER, CO 80203          | 0.40%                                   |                                                                                                                                                                    |
|                                                                                       |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FIRST EAGLE GOLD CLASS A<br>1345 AVE OF THE AMERICAS 48TH FLR<br>NEW YORK, NY 10105   | 0.40%                                   |                                                                                                                                                                    |
|                                                                                       |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FIRST EAGLE GLOBAL CLASS A<br>1345 AVE OF THE AMERICAS 48TH FLR<br>NEW YORK, NY 10105 | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIRST EAGLE GLOBAL CLASS I 1345 AVE OF THE AMERICAS 48TH FLR<br>NEW YORK, NY 10105 | 0.15%                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIRST EAGLE GOLD FUND CL I 1345 AVE OF THE AMERICAS 48TH FLR<br>NEW YORK, NY 10105 | 0.15%                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIRSTHAND TECHNOLOGY OPPORTUNITIES 150 ALMADEN BLVD. STE 1250<br>SAN JOSE, CA 95113 | 0.40%                                                                                                                                                                    |

**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<br>(see instructions)          | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ACUITAS US MICROCAP INSTITUTIONAL                                   | THREE CANAL PLAZA STE 600<br>PORTLAND, ME 04101  | 0.12%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                  | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FRANKLIN DYNATECH FUND A                                            | 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716 | \$16.00                                                                                                                                                            |
| (a) Enter service provider name as it appears on line 2             |                                                  | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FRANKLIN UTILITIES CL A                                             | 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716 | \$16.00                                                                                                                                                            |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FRANKLIN GOLD AND PRECIOUS METALS 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716  |                                         | \$16.00                                                                                                                                                            |
|                                                                                     |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FRANKLIN FLOATING RTDAILY ACCESS C 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716 |                                         | \$16.00                                                                                                                                                            |
|                                                                                     |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FRANKLIN RISING DIVIDENDS CLASS A 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716  |                                         | \$16.00                                                                                                                                                            |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FROST TOTAL RETURN BOND FD INVESTO P.O. BOX 2509<br>SAN ANTONIO, TX 78299-2509           | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN FUNDAMENTALINVESTORS CLAS 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251            | \$18.00                                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| POLEN GLOBAL GROWTH INSTITUTIONAL 1825 NW CORPORATE BLVD STE 300<br>BOCA RATON, FL 33431 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GABELLI GOLD FUND CLAA 401 THEODORE FREMD. AVE.<br>RYE, NY 10580       | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GABELLI SMALL CAP GROWTH AAA 401 THEODORE FREMD. AVE.<br>RYE, NY 10580 | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GABELLI UTILITIES 401 THEODORE FREMD. AVE.<br>RYE, NY 10580            | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GATEWAY FUND CLASS A 399 BOYLSTON ST 8TH FL<br>BOSTON, MA 02116                       | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GLENMEDE SMALL CAP EQUITY PORT INS 1650 MARKET ST. STE 1200<br>PHILADELPHIA, PA 19103 | 0.12%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GOEHRING & ROZENCWAJG RES INSTL 1290 BROADWAY ST STE 1100<br>DENVER, CO 80203         | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GOLDMAN SACH US EQU DIVIDEND & PRE 71 S. WACKER DR 4TH FL<br>CHICAGO, IL 60606 | 0.17%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GOLDMAN SACHS EMRG MKTS EQTY 71 S. WACKER DR 4TH FL<br>INSIG CHICAGO, IL 60606 | 0.17%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GOLDMAN SACHS INTL SM CAP INSIGHTS 71 S. WACKER DR 4TH FL<br>CHICAGO, IL 60606 | 0.17%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                   | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GOLDMAN SACHS GQG PARTNERS INTL OP<br>71 S. WACKER DR 4TH FL<br>CHICAGO, IL 60606    | 0.17%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                   | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| APOLLO DIVERSIFIED CREDIT FUND CL<br>1290 BROADWAY ST STE 1100<br>NEW YORK, NY 10019 | 0.20%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                   | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN GROWTH FUND OF AMERICA<br>CLA<br>3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251 | \$18.00                                                                                                                                                            |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| GUGGENHEIM LIMITED DURATION CL INS<br>9601 BLACKWELL RD STE 500<br>ROCKVILLE, MD 20850    | 0.15%                                   |                                                                                                                                                                    |
|                                                                                           |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| GUGGENHEIM TOTAL RETURN BOND FD<br>IN<br>9601 BLACKWELL RD STE 500<br>ROCKVILLE, MD 20850 | 0.15%                                   |                                                                                                                                                                    |
|                                                                                           |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                       |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| GUGGENHEIM MACRO OPPORTUNITIES<br>IN<br>9601 BLACKWELL RD STE 500<br>ROCKVILLE, MD 20850  | 0.15%                                   |                                                                                                                                                                    |

**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<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JOHN HANCOCK FDMTL LRG CAP CORE<br>CL                               | 601 CONGRESS ST. 9TH FL.<br>BOSTON, MA 02210  | 0.10%                                                                                                                                                              |
|                                                                     |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JOHN HANCOCK INVT GRADE BOND FD I                                   | 601 CONGRESS ST. 9TH FL.<br>BOSTON, MA 02210  | 0.05%                                                                                                                                                              |
|                                                                     |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HARBOR BOND INST                                                    | 111 S. WACKER DR 34TH FL<br>CHICAGO, IL 60606 | 0.10%                                                                                                                                                              |

**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<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HARBOR INTL INV                                                     | 111 S. WACKER DR 34TH FL<br>CHICAGO, IL 60606 | 0.35%                                                                                                                                                              |
|                                                                     |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HARBOR CAP APP INV                                                  | 111 S. WACKER DR 34TH FL<br>CHICAGO, IL 60606 | 0.35%                                                                                                                                                              |
|                                                                     |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HARDING LOEVNER INTL EQUITY PORT I                                  | PO BOX 4766<br>CHICAGO, IL 60680              | 0.15%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| HARDING LOEVNER INTL EQUITY PORT I<br>PO BOX 4766<br>CHICAGO, IL 60680 | 0.40%                                                                                                                                                              |  |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| HARDING LOEVNER INSTEMRG MKTS<br>PORT<br>PO BOX 4766<br>CHICAGO, IL 60680 | 0.15%                                                                                                                                                              |  |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| OAKMARK FUND INVESTOR CLASS<br>111 SOUTH WACKER DR.<br>CHICAGO, IL 60606 | 0.35%                                                                                                                                                              |  |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OAKMARK INTL INVESTOR CL 111 SOUTH WACKER DR.<br>CHICAGO, IL 60606           | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OAKMARK EQUITY & INCOME INVESTOR C 111 SOUTH WACKER DR.<br>CHICAGO, IL 60606 | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OAKMARK SELECT INVESTOR CL 111 SOUTH WACKER DR.<br>CHICAGO, IL 60606         | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HARTFORD SCHRODERS INTL STOCK CL I 100 MATSONFORD RD STE 300<br>RADNOR, PA 19087  | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HENNESSY CORNERSTONE MID CAP 30 IN 7250 REDWOOD BLVD. STE 200<br>NOVATO, CA 94945 | 0.12%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HENNESSY GAS UTILITYINVESTOR CL 7250 REDWOOD BLVD. STE 200<br>NOVATO, CA 94945    | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HOMESTEAD SMALL COMPANY STOCK FD 4301 WILSON BLVD<br>ARLINGTON, VA 22203           | 0.12%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HOTCHKIS & WILEY VALUE OPP CLASS A 725 S FIGUEROA 39TH FL<br>LOS ANGELES, CA 90017 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN INTERMEDIATBOND FUND OF A 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321 | 0.37%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN INTERNATL GROWTH & INCOME<br>3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321 | 0.12%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| THE INTERNET FUND<br>470 PARK AVE SOUTH<br>NEW YORK, NY 10016                         | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN INVESTMNT CO OF AMERICA C<br>3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251      | \$18.00                                                                                                                                                            |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN INVESTMENT CO OF AMERICA 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321  | 0.37%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BAHL & GAYNOR INCOME GROWTH CL I 2220 E. ROUTE 66 STE. 226<br>CINCINNATI, OH 45202 | 0.12%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| EUROPAC GOLD FUND CL I LOTS 81 82 ST C STE 204<br>DORADO, PR 00646                 | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)    | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NOMURA SMID CAP CORE FUND CL I                                      | 2005 MARKET ST<br>PHILADELPHIA, PA 19103   | 0.10%                                                                                                                                                              |
|                                                                     |                                            |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)    | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JPMORGAN INCOME FUNDCLASS I                                         | 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240 | 0.15%                                                                                                                                                              |
|                                                                     |                                            |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)    | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JPMORGAN HEDGED EQUITY CLASS I                                      | 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240 | 0.15%                                                                                                                                                              |

**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<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JPMORGAN HEDGED EQUITY CLASS A                                      | 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240    | 0.40%                                                                                                                                                              |
|                                                                     |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JPMORGAN SHORT DURATION CORE PLUS                                   | 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240    | 0.15%                                                                                                                                                              |
|                                                                     |                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JACOB INTERNET                                                      | 727 2ND ST STE 106<br>HERMOSA BEACH, CA 90254 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON GROWTH & INCOME T 151 DETROIT ST.<br>DENVER, CO 80206 | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON SHORT DUR FLEX BD 151 DETROIT ST.<br>DENVER, CO 80206 | \$15.00                                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON GLOBAL RESEARCH T 151 DETROIT ST.<br>DENVER, CO 80206 | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON TRITON T<br>151 DETROIT ST.<br>DENVER, CO 80206        | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON MID CAP VALUE T<br>151 DETROIT ST.<br>DENVER, CO 80206 | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON GLOBAL SELECT T<br>151 DETROIT ST.<br>DENVER, CO 80206 | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON GLOB TECH & INNOV 151 DETROIT ST.<br>DENVER, CO 80206  | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON GL LIFE SCIENCES T 151 DETROIT ST.<br>DENVER, CO 80206 | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON ENTERPRISE T 151 DETROIT ST.<br>DENVER, CO 80206       | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON RESEARCH T 151 DETROIT ST.<br>DENVER, CO 80206      | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON BALANCED T 151 DETROIT ST.<br>DENVER, CO 80206      | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON FLEXIBLE BOND I 151 DETROIT ST.<br>DENVER, CO 80206 | \$15.00                                                                                                                                                            |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON ENTERPRISE I 151 DETROIT ST.<br>DENVER, CO 80206       | \$15.00                                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON MULTISECTOR INCOME 151 DETROIT ST.<br>DENVER, CO 80206 | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JANUS HENDERSON RESPONS INTL DIV T 151 DETROIT ST.<br>DENVER, CO 80206 | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JOHN HANCOCK INTL GROWTH FUND CL I 601 CONGRESS ST. 9TH FL.<br>BOSTON, MA 02210 | 0.10%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JOHN HANCOCK DISCIPLNVALUE MID CAP 601 CONGRESS ST. 9TH FL.<br>BOSTON, MA 02210 | 0.15%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JPMORGAN US VALUE CLASS I 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240 | 0.15%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JPMORGAN US RESEARCHENHANCED EQ CL 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JPMORGAN CORE BOND CLASS I 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240         | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JPMORGAN LARGE CAP GROWTH CLASS A 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240  | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JPMORGAN LARGE CAP GROWTH CLASS I 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240 | 0.15%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| KINETICS PARADIGM FUND 470 PARK AVE SOUTH<br>NEW YORK, NY 10016     | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| KINETICS SMALL CAP OPPORTUNITIES 470 PARK AVE SOUTH<br>NEW YORK, NY 10016 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LAZARD GLOBAL LISTEDINFRASTRUCTURE 30 ROCKEFELLER PLAZA 57TH FL.<br>NEW YORK, NY 10112   | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LAZARD GLOBAL LISTEDINFRASTRUCTURE I 30 ROCKEFELLER PLAZA 57TH FL.<br>NEW YORK, NY 10112 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LAZARD INTL STRATEGY EQUITY PORT IN 30 ROCKEFELLER PLAZA 57TH FL.<br>NEW YORK, NY 10112  | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CLEARBRIDGE INTERN'TGROWTH FD CL I 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CLEARBRIDGE SELECT FUND CL A 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716       | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LOOMIS SAYLES BOND RETAIL SHARES 399 BOYLSTON ST 8TH FL<br>BOSTON, MA 02116         | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LORD ABBETT SHORT DURATION INCOME 90 HUDSON ST 10TH FL<br>JERSEY CITY, NJ 07302  | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LORD ABBETT DEVELOP GROWTH CLASS A 90 HUDSON ST 10TH FL<br>JERSEY CITY, NJ 07302 | 0.45%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LORD ABBETT CORE PLUS BOND CL A 90 HUDSON ST 10TH FL<br>JERSEY CITY, NJ 07302    | 0.37%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MFS EMERGING MARKETSDEBT FUND CL I 111 HUNTINGTON AVE<br>BOSTON, MA 02199-7632 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MFS INTERNATIONAL GROWTH FD CL I 111 HUNTINGTON AVE<br>BOSTON, MA 02199-7632   | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MFS TECHNOLOGY CLASSA 111 HUNTINGTON AVE<br>BOSTON, MA 02199-7632              | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MFS CORE EQUITY FUND CLASS I 111 HUNTINGTON AVE<br>BOSTON, MA 02199-7632 | 0.08%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MFS GROWTH FUND CLASS I 111 HUNTINGTON AVE<br>BOSTON, MA 02199-7632      | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MADISON MID CAP FUNDCL Y 550 SCIENCE DR<br>MADISON, WI 53711             | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                          | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NYLI MACKAY HIGH YIELD CORP BD CL                                   | 30 HUDSON ST 23RD FL<br>ARLINGTON, NJ 07032 | 0.40%                                                                                                                                                              |
|                                                                     |                                             |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                          | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NYLI WINSLOW LRG CAP GROWTH FUND<br>C                               | 30 HUDSON ST 23RD FL<br>ARLINGTON, NJ 07032 | 0.10%                                                                                                                                                              |
|                                                                     |                                             |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                          | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NYLI CUSHING MLP PREMIER I                                          | 30 HUDSON ST 23RD FL<br>ARLINGTON, NJ 07032 | 0.10%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MUHLENKAMP FUND<br>5000 STONEWOOD DR.<br>WEXFORD, PA 15090                                  | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LEUTHOLD CORE INVESTMENT RETAIL<br>100 NORTH 6TH STREET SUITE 600A<br>MINNEAPOLIS, MN 55403 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SPYGLASS GROWTH FUND INSTL<br>ONE LETTERMAN DR<br>SAN FRANCISCO, CA 94129                   | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HOOD RIVER INTL OPPORTUNITY FUND I 6001 SHADY OAK ROAD SUITE 200<br>MINNETONKA, MN 55343 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MANNING & NAPIER HIGH YIELD BD SRS 290 WOODCLIFF DR.<br>FAIRPORT, NY 14450 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MARSICO GLOBAL FUND 235 WEST GALENA ST<br>MILWAUKEE, WI 53212       | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MATTHEW 25<br>P.O. BOX 2479<br>AMBLER, PA 19002                                               | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MATTHEWS ASIA DIVIDEND FUND<br>4 EMBARCADERO CENTER STE 550<br>SAN FRANCISCO, CA 94111        | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MATTHEWS EMERG MRKTSSM COMPANIES I<br>4 EMBARCADERO CENTER STE 550<br>SAN FRANCISCO, CA 94111 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MATTHEWS PACIFIC TIGER FUND<br>4 EMBARCADERO CENTER STE 550<br>SAN FRANCISCO, CA 94111          | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MATTHEWS CHINA FUND<br>4 EMBARCADERO CENTER STE 550<br>SAN FRANCISCO, CA 94111                  | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MATTHEWS EMERG MKT SUSTAIN<br>FUTURE<br>4 EMBARCADERO CENTER STE 550<br>SAN FRANCISCO, CA 94111 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MATTHEWS INDIA FUND                                                 | 4 EMBARCADERO CENTER STE 550<br>SAN FRANCISCO, CA 94111 | 0.40%                                                                                                                                                              |
|                                                                     |                                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MERGER FUND CLASS A                                                 | 100 SUMMIT LAKE DR 201<br>GREENFIELD, MA 01301          | 0.40%                                                                                                                                                              |
|                                                                     |                                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                 | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MERIDIAN GROWTH FUND LEGACY                                         | 100 FILLMORE ST.<br>DENVER, CO 80206                    | 0.12%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MORGAN STANLEY DISCOVERY PORT CL A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MORGAN STANLEY GROWTH PORTFOLIO A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MORGAN STA INST INC.INCEPTION PORT 522 FIFTH AVE 4TH FL NEW YORK, NY 10036 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MORGAN STANLEY GROWTH PORTFOLIO I 522 FIFTH AVE 4TH FL<br>NEW YORK, NY 10036  | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MORGAN STANLEY INSIGHT A 522 FIFTH AVE 4TH FL<br>NEW YORK, NY 10036           | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MORGAN STANLEY INTL ADVANTAGE CL I 522 FIFTH AVE 4TH FL<br>NEW YORK, NY 10036 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)    | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MORGAN STANLEY GLOBAL OPPORTUNITY                                   | 522 FIFTH AVE 4TH FL<br>NEW YORK, NY 10036 | 0.40%                                                                                                                                                              |
|                                                                     |                                            |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)    | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MORGAN STANLEY GLOBAL OPPORTUNITY                                   | 522 FIFTH AVE 4TH FL<br>NEW YORK, NY 10036 | 0.15%                                                                                                                                                              |
|                                                                     |                                            |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)    | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MORGAN STANLEY INSTLINTERNTL OPP C                                  | 522 FIFTH AVE 4TH FL<br>NEW YORK, NY 10036 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| EVENTIDE EXPONENTIAL TECHNOLOGIES 80 ARKAY STE 110<br>HAUPPAUGE, NY 11788     | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALPHACENTRIC ROBOTIC AND AUTOMATIO 80 ARKAY DRIVE<br>HAUPPAUGE, NY 11788      | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VAUGHAN NELSON SMALL CAP FUND CL Y 399 BOYLSTON ST 8TH FL<br>BOSTON, MA 02116 | 0.05%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ADVISORS CAPITAL INTERNATIONAL FUN 100 SALEM ST<br>SMITHFIELD, RI 02917 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ADVISORS CAPITAL GROWTH FUND 100 SALEM ST<br>SMITHFIELD, RI 02917       | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ADVISORS CAPITAL ACTIVE ALL CAP FD 100 SALEM ST<br>SMITHFIELD, RI 02917 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ADVISORS CAPITAL SMALL MID CAP INV 100 SALEM ST<br>SMITHFIELD, RI 02917                    | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ADVISORS CAPITAL US DIVIDEND FD IN 100 SALEM ST<br>SMITHFIELD, RI 02917                    | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| NEUBERGER LARGE CAP VALUE INST 1290 AVE OF THE AMERICAS 22ND FL<br>NEW YORK, NY 10104-0002 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|--------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                               | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NEUBERGER INTRINSIC VALUE INST<br>1290 AVE OF THE AMERICAS 22ND FL<br>NEW YORK, NY 10104-0002    | 0.10%                                   |                                                                                                                                                                    |
|                                                                                                  |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                          | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                               | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NEUBERGER BERMAN HIGH INCOME BOND<br>1290 AVE OF THE AMERICAS 22ND FL<br>NEW YORK, NY 10104-0002 | 0.40%                                   |                                                                                                                                                                    |
|                                                                                                  |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                          | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                               | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN NEW PERSPECTIVE CLASS A<br>3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251                   | \$18.00                                 |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMERICAN NEW PERSPECTIVE CLASS F1 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321 | 0.37%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMERICAN NEW WORLD CLASS F1 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321 | 0.37%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HCM MULTI ASSET PLUSINVESTOR 1145 HEMBREE ROAD<br>ROSWELL, GA 30076 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| HCM MULTI ASSET PLUS CLASS A 1145 HEMBREE ROAD<br>ROSWELL, GA 30076              | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ABSOLUTE CAPITAL DEFENDER FD INVES 101 PENNSYLVANIA BLVD<br>PITTSBURGH, PA 15228 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ABSOLUTE CAPITAL ASSET ALLOCATOR I 101 PENNSYLVANIA BLVD<br>PITTSBURGH, PA 15228 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation  |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HCM SECTOR PLUS INVESTOR<br>1145 HEMBREE ROAD<br>ROSWELL, GA 30076   | 0.40%                                   |                                                                                                                                                                    |
|                                                                      |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2              | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation  |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HCM SECTOR PLUS CL A<br>1145 HEMBREE ROAD<br>ROSWELL, GA 30076       | 0.10%                                   |                                                                                                                                                                    |
|                                                                      |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2              | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                   | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation  |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HCM TACTICAL PLUS INVESTOR<br>1145 HEMBREE ROAD<br>ROSWELL, GA 30076 | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| HCM TACTICAL PLUS FD CL A                                           | 1145 HEMBREE ROAD<br>ROSWELL, GA 30076          | 0.10%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                 | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG US EQUITY INDEX STRATEGY CLASS                                  | 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                 | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG GLOBAL EQUITY INDEX STRATEGY C                                  | 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PFG MFS AGGRESSIVE GROWTH STRATEGY 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PFG JP MORGAN TACTICAGGRESSIVE STR 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PFG BNY MELLON DIVERSIFIER STRAT R 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |                                           |

**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<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG MEEDER TACTICAL STRATEGY FUND                                   | 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |
|                                                                     |                                                 |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG ACTIVE CORE BOND STRATEGY FUND                                  | 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |
|                                                                     |                                                 |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG INVESCO EQ FACTRRROTATION STRAT                                 | 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |

**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<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG JANUS HENDERSON BALANCED<br>STRAT                               | 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |
|                                                                     |                                                 |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG FIDELITY INST AMCORE PLUS BD S                                  | 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |
|                                                                     |                                                 |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG JANUS HENDERSON TACTICAL INC S                                  | 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PFG EQUITY INDEX FOCUSED STRATEGY 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004  | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PFG SECTOR EQUITY BUS CYCLE STRAT 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004  | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PFG BR TRGT ALLOCAT EQ STRATEGY FD 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |                                           |

**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<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG AMERICAN FUNDS GROWTH STRAT CL                                  | 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |
|                                                                     |                                                 |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PFG AMERICAN FDS CONS INC STRAT CL                                  | 777 108TH AVE NE STE 2100<br>BELLEVUE, WA 98004 | 0.25%                                                                                                                                                              |
|                                                                     |                                                 |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| NUVEEN PREFERRED SECS AND INC CL A                                  | 333 WEST WACKER DR<br>CHICAGO, IL 60606         | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OCM GOLD FUND ATLAS CLASS SHARES 235 W. GALENA ST<br>MILWAUKEE, WI 53212           | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACK OAK EMERGING TECHNOLOGY FUND 225 PICTORIA DR STE 450<br>CINCINNATI, OH 45246 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OBERWEIS SMALL CAP OPPORTUNITIES 3333 WARRENVILLE RD STE. 500<br>LISLE, IL 60532   | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                       | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PALMER SQUARE INCOME PLUS FUND<br>CLA                               | 2220 EAST ROUTE 66 SUITE 226<br>GLEN DORA, CA 91740           | 0.12%                                                                                                                                                              |
|                                                                     |                                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                       | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PARNASSUS VALUE EQUITY INVESTOR                                     | 1 MARKET ST STEUART TOWER STE 1600<br>SAN FRANCISCO, CA 94105 | 0.40%                                                                                                                                                              |
|                                                                     |                                                               |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                       | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PARNASSUS CORE EQUITY INVESTOR                                      | 1 MARKET ST STEUART TOWER STE 1600<br>SAN FRANCISCO, CA 94105 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| IMPAX LARGE CAP FD INVESTOR<br>1290 BROADWAY STE 1100<br>DENVER, CO 80203             | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PAYDEN HIGH INCOME INVESTOR CLASS<br>333 S GRAND AVE 32ND FL<br>LOS ANGELES, CA 90071 | 0.38%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PEAR TREE QUALITY FUND ORDINARY<br>55 OLD BEDFORD ROAD<br>LINCOLN, MA 01773           | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PERMANENT PORTFOLIO 600 MONTGOMERY ST STE 4100<br>SAN FRANCISCO, CA 94111-2702 | 0.38%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PIMCO INTL BOND FUND (UNHEDGED) A 1633 BROADWAY<br>NEW YORK, NY 10019          | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PIMCO EMERGING MRKTSLOCAL CUR & BD 1633 BROADWAY<br>NEW YORK, NY 10019         | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PIMCO INCOME FUND CL A<br>1633 BROADWAY<br>NEW YORK, NY 10019         | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PIMCO INCOME FUND ADMIN<br>1633 BROADWAY<br>NEW YORK, NY 10019        | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PIMCO STOCKSPPLUS SHORT FUND A<br>1633 BROADWAY<br>NEW YORK, NY 10019 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIMCO INTL BD U.S. DOLLAR HEDGED I 1633 BROADWAY<br>NEW YORK, NY 10019 | 0.10%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIMCO MORTGAGE OPPOR AND BOND FUND 1633 BROADWAY<br>NEW YORK, NY 10019 | 0.10%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIMCO MORTGAGE OPPOR AND BOND FUND 1633 BROADWAY<br>NEW YORK, NY 10019 | 0.15%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIMCO INCOME CL I3<br>1633 BROADWAY<br>NEW YORK, NY 10019           | 0.15%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIMCO RAE US SMALL FUND A<br>1633 BROADWAY<br>NEW YORK, NY 10019    | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T ROWE PRICE COMM & TECHNOLOGY INV<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-----------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation               |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE GROWTH STOCK<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117      | 0.15%                                   |                                                                                                                                                                    |
|                                                                                   |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation               |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE HEALTH SCIENCES<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117   | 0.15%                                   |                                                                                                                                                                    |
|                                                                                   |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation               |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE GLOBAL TECHNOLOGY<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                   |                                                                                                                                                                    |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE GBL MULTI SECTOR BON 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE RET 2020 FUND 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117        | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE RET 2030 FD 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117          | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE RETIREMENT 2055 FD      4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117    | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE RETIREMENT 2025 FD      4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117    | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE US LARGE CAP CORE FUN      4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PRIMECAP ODYSSEY GROWTH FUND      2020 E. FINANCIAL WAY STE 100<br>GLENDORA, CA 91741      | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PRIMECAP ODYSSEY AGGRESSIVE GRWTH      2020 E. FINANCIAL WAY STE 100<br>GLENDORA, CA 91741 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PRIMECAP ODYSSEY STO CK FUND      2020 E. FINANCIAL WAY STE 100<br>GLENDORA, CA 91741      | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PRINCIPAL SPECTRUM PREF CAPT SEC I 620 COOLIDGE DR STE 300<br>FOLSOM, CA 95630 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PRINCIPAL MID CAP INSTL 620 COOLIDGE DR STE 300<br>FOLSOM, CA 95630            | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PRINCIPAL DIVERSIFIED REAL ASSET F 620 COOLIDGE DR STE 300<br>FOLSOM, CA 95630 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-----------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation               |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THE OSTERWEIS STRATEGIC INCOME FD 777 E. WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202 |                                         | 0.15%                                                                                                                                                              |
|                                                                                   |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation               |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PABRAI WAGONS FUND INSTL 777 EAST WISCONSIN AVE. MILWAUKEE, WI 53202              |                                         | 0.12%                                                                                                                                                              |
|                                                                                   |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation               |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PABRAI WAGONS FUND RETAIL 777 EAST WISCONSIN AVE. MILWAUKEE, WI 53202             |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                  | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                       | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| CONGRESS SMALL CAP GROWTH INSTL<br>CL                               | TWO SEAPORT LANE<br>BOSTON, MA 02210                     | 0.10%                                                                                                                                                              |
|                                                                     |                                                          |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                  | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                       | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ENERGY ULTRASECTOR PROFUND INVESTO                                  | 7501 WISCONSIN AVE STE 1000 E TOWE<br>BETHESDA, MD 20814 | 0.40%                                                                                                                                                              |
|                                                                     |                                                          |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                  | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                       | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PRECIOUS METALS ULTRA SEC PRO INVS                                  | 7501 WISCONSIN AVE STE 1000 E TOWE<br>BETHESDA, MD 20814 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                  | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                       | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| SEMICONDUCTOR ULTRA SECTOR PRO FD                                   | 7501 WISCONSIN AVE STE 1000 E TOWE<br>BETHESDA, MD 20814 | 0.40%                                                                                                                                                              |
|                                                                     |                                                          |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                  | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                       | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BIOTECHNOLOGY ULTRA SECTOR PRO FD                                   | 7501 WISCONSIN AVE STE 1000 E TOWE<br>BETHESDA, MD 20814 | 0.40%                                                                                                                                                              |
|                                                                     |                                                          |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                  | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                       | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MATERIALS ULTRASECT PROFUND INVEST                                  | 7501 WISCONSIN AVE STE 1000 E TOWE<br>BETHESDA, MD 20814 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                  | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                       | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BULL PRO FUND INVESTORS SHARES                                      | 7501 WISCONSIN AVE STE 1000 E TOWE<br>BETHESDA, MD 20814 | 0.40%                                                                                                                                                              |
|                                                                     |                                                          |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                  | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                       | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| ULTRA NASDAQ 100 PRO FUND INVESTOR                                  | 7501 WISCONSIN AVE STE 1000 E TOWE<br>BETHESDA, MD 20814 | 0.40%                                                                                                                                                              |
|                                                                     |                                                          |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                  | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                       | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PGIM GLOBAL TOTAL RETURN CL A                                       | 655 BROAD ST<br>NEWARK, NJ 07102                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PGIM GLOBAL TOTAL RETURN CL Z<br>655 BROAD ST<br>NEWARK, NJ 07102   | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PGIM FLOATING RATE INCOME CL Z<br>655 BROAD ST<br>NEWARK, NJ 07102  | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PGIM TOTAL RETURN BOND CL Z<br>655 BROAD ST<br>NEWARK, NJ 07102     | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PGIM SHRT DUR MULTI SECT BND CL A 655 BROAD ST<br>NEWARK, NJ 07102            | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PGIM HIGH YIELD CL A 655 BROAD ST<br>NEWARK, NJ 07102                         | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PUTNAM LARGE CAP VALCLASS A 1 POST OFFICE SQ MAILZONE G3C<br>BOSTON, MA 02109 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PUTNAM SMALL CAP GROWTH FD CL Y      1 POST OFFICE SQ MAILZONE G3C<br>BOSTON, MA 02109 | 0.10%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PUTNAM SMALL CAP GROWTH CL A      1 POST OFFICE SQ MAILZONE G3C<br>BOSTON, MA 02109 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PUTNAM GLOBAL TECHNOLOGY FUND CL A      1 POST OFFICE SQ MAILZONE G3C<br>BOSTON, MA 02109 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                    | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BOSTON PARTNERS SM CAP VALUE II IN                                  | 223 WILMINGTON W CHESTER PIKE 216<br>CHADDS FORD, PA 19317 | 0.15%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                            | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| SGI PEAK GROWTH I                                                   | 620 S. MAIN ST<br>BOUNTIFUL, UT 84010                      | 0.10%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                            | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                         | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| CAMPBELL SYSTEMATIC MACRO FUND CL                                   | 47 HULFISH ST STE 510<br>BALTIMORE, MD 21209               | 0.10%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| REYNOLDS BLUE CHIP GROWTH 777 E. WISCONSIN AVE.<br>MILWAUKEE, WI 53202        | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE DIVIDEND GROWTH 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117  | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE CAP APPRECIATION 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE U.S EQUITY RESEARCH F 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE BLUE CHIP GROWTH INC 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117  | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE EXTEND EQU MKT INDEX 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117  | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE MID CAP GROWTH                                         | 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                 | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE ALL CAPOPPORTUNITIES                                   | 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                                 | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE INTERNATIONAL BOND                                     | 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |

**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<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE INTL DISCOVERY FUND                                    | 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |
|                                                                     |                                                 |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE INT'L JAPAN                                            | 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |
|                                                                     |                                                 |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                              | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE INT'L VALUE EQUITY FU                                  | 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE GLOBAL STOCK 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117        | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE EMERGING MKTS STOCK 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE LATIN AMERICA FUND 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117  | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE VALUE<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117                    | 0.15%                                   |                                                                                                                                                                    |
|                                                                                          |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE SPECT MOD GRWTH<br>ALLOC<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                   |                                                                                                                                                                    |
|                                                                                          |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                      |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| T ROWE PRICE SCIENCE& TECHNOLOGY<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117      | 0.15%                                   |                                                                                                                                                                    |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE SMALL CAP VALUE FUND      4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117     | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE MID CAP VALUE      4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117            | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                         | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE DIVERSDMID CAP<br>GROWTH      4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TROWE PRICE SPECTRUMDIVERSE EQUITY 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE INTRTD US SM CAP GR E 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ROYCE PREMIER FUND INVESTMENT CL 745 FIFTH AVE STE 2400 NEW YORK, NY 10151      | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ROYCE SMALLER CO GROWTH SERVICE<br>CL 745 FIFTH AVE STE 2400<br>NEW YORK, NY 10151 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ROYCE SMALL CAP SPECEQUITY<br>INVESTM 745 FIFTH AVE STE 2400<br>NEW YORK, NY 10151 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ROYCE SMALL CAP OPPORTUNITY INVEST 745 FIFTH AVE STE 2400<br>NEW YORK, NY 10151    | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)          | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| RYDEX PRECIOUS METALS INVESTOR CL                                   | 9601 BLACKWELL RD STE 500<br>ROCKVILLE, MD 20850 | 0.40%                                                                                                                                                              |
|                                                                     |                                                  |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)          | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| RYDEX NASDAQ 100 INV CLASS                                          | 9601 BLACKWELL RD STE 500<br>ROCKVILLE, MD 20850 | 0.40%                                                                                                                                                              |
|                                                                     |                                                  |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)          | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| RYDEX INVERSE HIGH YIELD STRATEGY                                   | 9601 BLACKWELL RD STE 500<br>ROCKVILLE, MD 20850 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SCHWAB BALANCED FUND<br>211 MAIN ST<br>SAN FRANCISCO, CA 94105            | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SHELTON NASDAQ 100 INDEX INVESTOR<br>P.O. BOX 87<br>DENVER, CO 80201-0087 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SOUND SHORE FD INC<br>8 SOUND SHORE DR STE 180<br>GREENWICH, CT 06830     | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| STATE STREET SM/MID CAP EQ INDEX C      ONE LINCOLN ST.<br>BOSTON, MA 02111-2900      | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| STONE RIDGE HIGH YLD REINSRNC RSK      510 MADISON AVE<br>NEW YORK, NY 10022          | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TCW RELATIVE VALUE CAP CLASS I      865 S FIGUERA ST 22ND FL<br>LOS ANGELES, CA 90071 | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TCW CORE FIXED INCOME CLASS N 865 S FIGUERA ST 22ND FL<br>LOS ANGELES, CA 90071   | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| NUVEEN REAL ESTATE SECURITIES SEL 333 WEST WACKER DR<br>CHICAGO, IL 60606         | 0.12%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE FLOATING RATE INVEST 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE LARGE CAP GROWTH INVE 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117  | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TANAKA GROWTH FUND CLASS R 369 LEXINGTON AVE FL 20<br>NEW YORK, NY 10017            | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TEMPLETON GLOBAL BOND ADVISOR CLAS 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716 | \$16.00                                                                                                                                                            |                                           |

**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<br>(see instructions)      | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                           | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THIRD AVENUE REAL ESTATE VALUE INS                                  | 622 THIRD AVE 32 FL<br>NEW YORK, NY 10017    | 0.35%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                              | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                           | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THOMPSON BOND FUND                                                  | 1255 FOURIER DR STE 200<br>MADISON, WI 53717 | 0.25%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                              | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                           | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| THOMPSON LARGE CAP FUND                                             | 1255 FOURIER DR STE 200<br>MADISON, WI 53717 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| THORNBURG STRATEGIC INCOME FUND CL 2300 NORTH RIDGETOP RD<br>SANTA FE, NM 87506    | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| THORNBURG INTL EQUITY FUND CL I 2300 NORTH RIDGETOP RD<br>SANTA FE, NM 87506       | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| THRIVENT SMALL CAP STOCK FUND CL S 4321 N. BALLARD ROAD<br>APPLETON, WI 54919-0001 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| THRIVENT MID CAP STOCK FUND CL S      4321 N. BALLARD ROAD<br>APPLETON, WI 54919-0001    | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TORTOISE ENERGY INFRTOTAL RETURN I      4100 WEST 115TH ST STE 1000<br>LEAWOOD, KS 66211 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TOUCHSTONE LARGE CAPFUND CL Y      303 BROADWAY STE 1100<br>CINCINNATI, OH 45202-4203    | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TOUCHSTONE SANDS CAP EMERG MRKTS G 303 BROADWAY STE 1100<br>CINCINNATI, OH 45202-4203 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TOUCHSTONE FLEXIBLE INCOME FUND CL 303 BROADWAY STE 1100<br>CINCINNATI, OH 45202-4203 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TOUCHSTONE FOCUSED CLASS Y 303 BROADWAY STE 1100<br>CINCINNATI, OH 45202-4203         | 0.25%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-----------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| TOUCHSTONE MID CAP FD CL Y<br>303 BROADWAY STE 1100<br>CINCINNATI, OH 45202-4203        | 0.15%                                   |                                                                                                                                                                    |
|                                                                                         |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PERFORMANCE TRUST TOTAL RETRN<br>BND<br>500 WEST MADISON STE 470<br>CHICAGO, IL 60661   | 0.40%                                   |                                                                                                                                                                    |
|                                                                                         |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| TWEEDY BROWNE INTERNATL VALUE<br>FUND<br>ONE STATION PLACE 5TH FL<br>STAMFORD, CT 06902 | 0.08%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| VICTORY PRECIOUS METALS AND MINERA 4900 TIEDEMAN RD 4TH FL<br>BROOKLYN, OH 44114 |                                         | 0.10%                                                                                                                                                              |
|                                                                                  |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| VICTORY EMERGING MARKETS FUND 4900 TIEDEMAN RD 4TH FL<br>BROOKLYN, OH 44114      |                                         | 0.10%                                                                                                                                                              |
|                                                                                  |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation              |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| VICTORY CORE PLUS INTERMEDIATE BON 4900 TIEDEMAN RD 4TH FL<br>BROOKLYN, OH 44114 |                                         | 0.10%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| VICTORY GROWTH & INCOME FD<br>4900 TIEDEMAN RD 4TH FL<br>BROOKLYN, OH 44114         | 0.10%                                   |                                                                                                                                                                    |
|                                                                                     |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| VICTORY NASDAQ 100 INDEX FUND<br>4900 TIEDEMAN RD 4TH FL<br>BROOKLYN, OH 44114      | 0.10%                                   |                                                                                                                                                                    |
|                                                                                     |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| VICTORY CORE PLUS INTERMEDIATE BON<br>4900 TIEDEMAN RD 4TH FL<br>BROOKLYN, OH 44114 | 0.10%                                   |                                                                                                                                                                    |

**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<br>(see instructions)       | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| VICTORY SMALL CAP STOCK FUND                                        | 4900 TIEDEMAN RD 4TH FL<br>BROOKLYN, OH 44114 | 0.10%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                               | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| WESTWOOD QUALITY SMALL CAP FD INST                                  | 1 FREEDOM VALLEY DR<br>OAKS, PA 19456         | 0.15%                                                                                                                                                              |
| (a) Enter service provider name as it appears on line 2             |                                               | (b) Service Codes<br>(see instructions)                                                                                                                            |
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| WESTWOOD SALIENT MLP & ENERGY<br>INFR                               | 1 FREEDOM VALLEY DR<br>OAKS, PA 19456         | 0.10%                                                                                                                                                              |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation             |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| UNDISCOVERED MGRS BEHAVIOR VALUE C 1111 POLARIS PARKWAY COLUMBUS, OH 43240      |                                         | 0.08%                                                                                                                                                              |
|                                                                                 |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation             |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AUER GROWTH 8801 RIVER CROSSING BLVD STE 100 INDIANAPOLIS, IN 46240             |                                         | 0.40%                                                                                                                                                              |
|                                                                                 |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation             |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| STANDPOINT MULTI ASSET FUND INVEST 225 PICTORIA DR STE 450 CINCINNATI, OH 45246 |                                         | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GLOBAL RESOURCES FUND<br>3 CANAL PLAZA STE 600<br>PORTLAND, ME 04101         | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WORLD PRECIOUS MINERALS FUND<br>3 CANAL PLAZA STE 600<br>PORTLAND, ME 04101  | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GOLD AND PRECIOUS METALS FUND<br>3 CANAL PLAZA STE 600<br>PORTLAND, ME 04101 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VICTORY MULTI CAP FUND CL A<br>4900 TIEDEMAN RD 4TH FL<br>BROOKLYN, OH 44114 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VICTORY RS SMALL CAPGROWTH FUND CL<br>4900 TIEDEMAN RD 4TH FL<br>BROOKLYN, OH 44114 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VICTORY RS GLOBAL FUND CLASS A<br>4900 TIEDEMAN RD 4TH FL<br>BROOKLYN, OH 44114 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VICTORY PIONEER GLOBEQUITY FUND A 60 STATE STREET 17TH FL.<br>BOSTON, MA 02109   | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VIRTUS KAR SMALL CAP GROWTH CL A 100 SUMMIT LAKE DR 201<br>GREENFIELD, MA 01301  | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VIRTUS KAR MID CAP GROWTH FUND CL 100 SUMMIT LAKE DR 201<br>GREENFIELD, MA 01301 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VIRTUS DUFF & PHELPSRL ESTATE SECS 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VIRTUS KAR INTL SMALL MID CAP I 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301    | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VIRTUS KAR INTL SMALL MID CAP A 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301    | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VIRTUS ZEVENBERGEN INNOVATIVE GR S 100 SUMMIT LAKE DR 201<br>GREENFIELD, MA 01301 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VIRTUS SEIX HIGH YIELD CL I 100 SUMMIT LAKE DR 201<br>GREENFIELD, MA 01301        | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VIRTUS SEIX HIGH YIELD CL A 100 SUMMIT LAKE DR 201<br>GREENFIELD, MA 01301        | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VIRTUS KAR HEALTH SCIENCES FUND A 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301  | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VIRTUS ZEVENBERGEN TECHNOLOGY INST 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VIRTUS DUFF & PHELPS WATER FUND IN 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301 | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VIRTUS CONVERTIBLE FUND A 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WASATCH ULTRA GROWTH 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WASATCH MICRO CAP VALUE FUND 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WASATCH CORE GROWTH INSTITUTIONAL 505 WAKARA WAY STE 300<br>SALT LAKE CITY, UT 84108  | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WASATCH EMERGING INDIA FUND 505 WAKARA WAY STE 300<br>SALT LAKE CITY, UT 84108        | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WASATCH EMERGING MARKETS SMALL CAP 505 WAKARA WAY STE 300<br>SALT LAKE CITY, UT 84108 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN WASHNTN MUTUAL INVESTRS C 3500 WISEMAN BLVD SAN ANTONIO, TX 78251      | \$18.00                                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN WASHINGTON MUTUAL INVESTO 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321 | 0.37%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WEITZ SHORT DURATIONINCOME FUND IN 1125 SOUTH 103RD ST OMAHA, NE 68124          | 0.30%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WEITZ MULTI CAP EQUITY INVESTOR 1125 SOUTH 103RD ST<br>OMAHA, NE 68124                    | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| WEITZ PARTNERS III OPPORTUNITY INV 1125 SOUTH 103RD ST<br>OMAHA, NE 68124                 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALLSPRING CORE PLUS BOND FUND INST 525 MARKET ST MAC A0103 122<br>SAN FRANCISCO, CA 94105 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALLSPRING UTILITY & TELECOMMS FUND 525 MARKET ST MAC A0103 122<br>SAN FRANCISCO, CA 94105 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALLSPRING ABSOLUTE RETURN FD A 525 MARKET ST MAC A0103 122<br>SAN FRANCISCO, CA 94105     | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALLSPRING SHORT TERM BOND PLUS FD 525 MARKET ST MAC A0103 122<br>SAN FRANCISCO, CA 94105  | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                        | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ALLSPRING ULTRA SHRT TERM INCOME F 525 MARKET ST MAC A0103 122<br>SAN FRANCISCO, CA 94105 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <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:

|                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div>         |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                            |                                                                                                                                                                                                                                   |                                                                                                         |
| A Name of plan<br>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN                                                                                                                            |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 001                                                                    |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>CHEVRON CORPORATION                                                                                                  |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>94-0890210                                                    |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)      |                                                                                                                                                                                                                                   |                                                                                                         |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MIP CL 2                                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                         |
| b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                         |
| c EIN-PN 04-3022712-024                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0          |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPATH 2045 C                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                         |
| b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                         |
| c EIN-PN 20-5115008-001                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 541153858  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PIF DVRSD REAL AST 3                                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                         |
| b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                         |
| c EIN-PN 46-0743367-001                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139813985  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPATH 2065 C                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                         |
| b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                         |
| c EIN-PN 84-1770109-001                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82224176   |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BTC GOV SH TM INV C                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                         |
| b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                         |
| c EIN-PN 90-0815478-001                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1008801986 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: EARNST SMID CP CORE                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                         |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY                                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                         |
| c EIN-PN 26-4377500-041                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54323102   |
| a Name of MTIA, CCT, PSA, or 103-12 IE: CG EUROPAC GRTH U3                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                         |
| b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                         |
| c EIN-PN 95-6597294-661                                                                                                                                                               | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 296873061  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                               |                                                                                                                                                                                                                                   | Schedule D (Form 5500) 2025<br>v. 250312                                                                |

|                                                                                       |                        |                                                                                                               |
|---------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPAH 2055 C                     |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A. |                        |                                                                                                               |
| <b>c</b> EIN-PN 27-2470604-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 295279019 |

|                                                                     |                        |                                                                                                       |
|---------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ABC STABLE VALUE     |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 46-6836772-001                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

|                                                                                       |                        |                                                                                                               |
|---------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPAH 2035 C                     |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A. |                        |                                                                                                               |
| <b>c</b> EIN-PN 20-5114956-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 509944772 |

|                                                                                       |                        |                                                                                                               |
|---------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPAH 2050 C                     |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A. |                        |                                                                                                               |
| <b>c</b> EIN-PN 26-0896020-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 445554236 |

|                                                                                       |                        |                                                                                                               |
|---------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC US DEBT INDEX C                    |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A. |                        |                                                                                                               |
| <b>c</b> EIN-PN 94-3291425-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 506930813 |

|                                                                                       |                        |                                                                                                             |
|---------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPAH 2070 C                     |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A. |                        |                                                                                                             |
| <b>c</b> EIN-PN 99-3702781-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8802255 |

|                                                                                       |                        |                                                                                                               |
|---------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPAH RET C                      |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A. |                        |                                                                                                               |
| <b>c</b> EIN-PN 71-0986421-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 548937831 |

|                                                                                       |                        |                                                                                                               |
|---------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPAH 2060 C                     |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A. |                        |                                                                                                               |
| <b>c</b> EIN-PN 47-1878775-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159526540 |

|                                                                                       |                        |                                                                                                                |
|---------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC EXTENDED MKTS M                    |                        |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A. |                        |                                                                                                                |
| <b>c</b> EIN-PN 86-1965666-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1518600824 |

|                                                                                       |                        |                                                                                                               |
|---------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPAH 2030 C                     |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A. |                        |                                                                                                               |
| <b>c</b> EIN-PN 71-0986424-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 438097341 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BTC LIFEPATH 2040 C**b** Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.**c** EIN-PN 71-0986419-001**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 492017542**a** Name of MTIA, CCT, PSA, or 103-12 IE: BTC MSCI ACWI EXUS C**b** Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.**c** EIN-PN 83-0377925-001**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1325110322**a** Name of MTIA, CCT, PSA, or 103-12 IE: BTC EQUITY INDEX C**b** Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.**c** EIN-PN 94-3262720-001**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7439768757**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  
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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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|                                                                                                                                                                                                                                              | For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                        |                                                                                                |
|                                                                                                                                                                                                                                              | <div>A Name of plan</div> <div>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN</div>                                                                                                                                                                                                     | <div>B Three-digit plan number (PN)</div> <div>001</div>                                       |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CHEVRON CORPORATION</div>                                                                                                                                             | <div>D Employer Identification Number (EIN)</div> <div>94-0890210</div>                                                                                                                                                                                                           |                                                                                                |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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>                     | 204825                | 16812           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 0                     | 0               |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 9697706               | 21459384        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 101838368             | 105853580       |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 108517176             | 101361660       |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 494793741             | 534433452       |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               | 4670825               | 4705112         |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 7648487               | 19957953        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 123529117             | 124294748       |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 14019277442           | 15811760420     |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 487057517             | 573288121       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 59826443              | 56314048        |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 153827408             | 158948349       |

| <b>1d</b> Employer-related investments:                               |              | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                         | <b>1d(1)</b> | 4807815608            | 4739578577      |
| (2) Employer real property .....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 20378704663           | 22251972216     |

**Liabilities**

|                                                                            |           |   |   |
|----------------------------------------------------------------------------|-----------|---|---|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                            |           |             |             |
|------------------------------------------------------------|-----------|-------------|-------------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 20378704663 | 22251972216 |
|------------------------------------------------------------|-----------|-------------|-------------|

**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  |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|------------|
| <b>a Contributions:</b>                                                                                    |                 |            |            |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 326339481  |            |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 410122628  |            |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 93929826   |            |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          | 830391935  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |            |
| <b>b Earnings on investments:</b>                                                                          |                 |            |            |
| (1) Interest:                                                                                              |                 |            |            |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 0          |            |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |            |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |            |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |            |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 8409203    |            |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |            |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 8409203    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 434489     | 242520528  |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 180800492  |            |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 61285547   |            |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 242520528  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0          |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 270534129  | 270534129  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |            |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |            |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          | -172318999 |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -172318999 |            |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |            |

|                                                                                                 |               | (a) Amount | (b) Total  |
|-------------------------------------------------------------------------------------------------|---------------|------------|------------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 2467136272 |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 0          |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 0          |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            | 0          |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 0          |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 84917709   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 3731590777 |

**Expenses**

|                                                                                             |               |            |            |
|---------------------------------------------------------------------------------------------|---------------|------------|------------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |            |            |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 3016349693 |            |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 0          |            |
| (3) Other .....                                                                             | <b>2e(3)</b>  | 0          |            |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |            | 3016349693 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |            | 0          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |            | 0          |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |            | 0          |
| <b>i</b> Administrative expenses:                                                           |               |            |            |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  | 163964     |            |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 206800     |            |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 847367     |            |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 115160     |            |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 1283598    |            |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 0          |            |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 0          |            |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 43732      |            |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  | 0          |            |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 659773     |            |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 0          |            |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |            | 3320394    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |            | 3019670087 |

**Net Income and Reconciliation**

|                                                                               |              |  |            |
|-------------------------------------------------------------------------------|--------------|--|------------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 711920690  |
| <b>l</b> Transfers of assets:                                                 |              |  |            |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  | 1161346863 |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0          |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **WITHUMSMITH+BROWN, PC**

(2) EIN: **22-2027092**

**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.)                 |                                     | <input checked="" type="checkbox"/> |          |
| <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.) |                                     | <input checked="" type="checkbox"/> |          |
| <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.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <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.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 15000000 |
| <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?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <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?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <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?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <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.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <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.)                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <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?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> |                                     | 434936   |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |                                     |                                     |          |

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CHEVRON CORPORATION                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>94-0890210                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-6568107                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2025 v. 250312                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

## **Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

PN:001

**CHEVRON**  
**EMPLOYEE SAVINGS INVESTMENT PLAN**

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE

TOGETHER WITH REPORT OF INDEPENDENT  
REGISTERED PUBLIC ACCOUNTING FIRM

DECEMBER 31, 2025 AND 2024

# CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN

## TABLE OF CONTENTS

|                                                                                                   | <u>Page No.</u> |
|---------------------------------------------------------------------------------------------------|-----------------|
| Independent Auditor's Report *                                                                    | 1               |
| Financial Statements                                                                              |                 |
| Statements of Net Assets Available for Benefits<br>as of December 31, 2025 and 2024               | 3               |
| Statement of Changes in Net Assets Available for Benefits<br>for the Year Ended December 31, 2025 | 4               |
| Notes to Financial Statements                                                                     | 5               |
| Supplemental Schedule                                                                             |                 |
| Schedule of Assets (Held at End of Year)<br>as of December 31, 2025                               | 20              |

\* 2025 Independent Auditor's Report is a copy of the original

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of  
Chevron Employee Savings Investment Plan:

### Opinion

We have audited the financial statements of Chevron Employee Savings Investment Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Chevron Employee Savings Investment Plan as of December 31, 2025 and 2024, and the changes in net assets available for benefits for the year ended December 31, 2025 in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

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 Chevron Employee Savings Investment Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Chevron Employee Savings Investment Plan's ability to continue as a going concern for a reasonable period of time.

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.

#### **Supplemental Schedule Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Part IV – Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 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 management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in blue ink, reading 'Withum Smith & Brown, PC', is written in a cursive script.

June 24, 2026

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2025 AND 2024**  
(thousands of dollars)

|                                    | <u>2025</u>                 | <u>2024</u>                 |
|------------------------------------|-----------------------------|-----------------------------|
| <u>Assets</u>                      |                             |                             |
| Investments - at fair value        | \$ 21,910,480               | \$ 20,044,135               |
| Investments - at contract value    | 216,052                     | 210,966                     |
| Notes receivable from brokers      | 1,145                       | 75                          |
| Notes receivable from participants | <u>124,295</u>              | <u>123,529</u>              |
| Total assets                       | <u>22,251,972</u>           | <u>20,378,705</u>           |
| <u>Liabilities</u>                 | <u>—</u>                    | <u>—</u>                    |
| Net assets available for benefits  | <u><u>\$ 22,251,972</u></u> | <u><u>\$ 20,378,705</u></u> |

The accompanying notes are an integral part of these financial statements.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2025**  
(thousands of dollars)

|                                                        |                      |
|--------------------------------------------------------|----------------------|
| <u>Additions</u>                                       |                      |
| Contributions:                                         |                      |
| Employer contributions                                 | \$ 326,339           |
| Participant contributions                              | 410,123              |
| Participant rollovers                                  | 93,930               |
| Total contributions                                    | <u>830,392</u>       |
| Investment income:                                     |                      |
| Net appreciation in fair value of investments          | 2,650,269            |
| Interest and dividends                                 | 242,520              |
| Total investment income                                | <u>2,892,789</u>     |
| Other additions:                                       |                      |
| Interest income on notes receivable from participants  | <u>8,409</u>         |
| Total additions                                        | <u>3,731,590</u>     |
| <u>Deductions</u>                                      |                      |
| Distribution to participants                           | 3,016,350            |
| Administrative fees                                    | 3,320                |
| Total deductions                                       | <u>3,019,670</u>     |
| <u>Transfer from another plan</u>                      |                      |
| Transfer from Hess Corporation Employees' Savings Plan | <u>1,161,347</u>     |
| Net increase in net assets available for benefits      | 1,873,267            |
| Net assets available for benefits:                     |                      |
| Beginning of year                                      | <u>20,378,705</u>    |
| End of year                                            | <u>\$ 22,251,972</u> |

The accompanying notes are an integral part of this financial statement.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 1 - Description of the Plan**

The following description of the Chevron Employee Savings Investment Plan (ESIP or the Plan) provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan that is intended to be a qualified profit-sharing plan under Section 401(a) of the Internal Revenue Code (the Code), a qualified cash or deferred arrangement under Section 401(k) of the Code, and, effective December 1, 1989, to include a leveraged Employee Stock Ownership Plan (ESOP) qualified under Section 4975(e)(7) of the Code.

**Plan Sponsor/Administrator.** Chevron Corporation (the Corporation) is the Plan Sponsor and the Plan Administrator of the ESIP. It has the authority to appoint one or more trustees to hold the assets of the Plan and to appoint a recordkeeper. In its capacity as fiduciary and administrator, the Corporation makes such rules, regulations and computations and takes whatever action is necessary to administer the Plan in accordance with provisions of the Code and the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Eligibility.** Employees of the Corporation and each other participating company (the Company) or employees who are represented by a labor organization that has bargained for and agreed to participation in the Plan, hired on to the U.S. payroll are eligible to join the Plan upon their first day of employment.

**Contributions.** Participants may contribute up to 75 percent of regular pay each pay period as combined basic (1 or 2 percent) and supplemental (up to 73 percent) contributions. For 2025, the maximum contribution amount on a combined before-tax and Roth 401(k) basis was the annual Code limit of \$23,500 for participants under age 50 and \$31,000 for participants aged 50 and up. The Plan has a fixed match feature. The Company will match 4 percent of regular pay to participants making basic contributions of 1 percent to the Plan or 8 percent of regular pay to participants making basic contributions of 2 percent to the Plan. The Code limits the amount of compensation that can be taken into account when calculating participant and company matching contributions to the Plan; for the year 2025, company matching contributions ceased when a participant reached regular pay of \$350,000.

The Company matching contribution is made in cash and allocated according to the participants' current payroll elections. Participants may elect to receive dividends on shares in their Chevron Stock and Chevron ESOP accounts as a taxable distribution or reinvest the dividends into their Chevron Stock account.

**Vesting.** Employees are always fully vested in all contributions to their accounts, as well as the investment income earned from all contributions to the Plan.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 1 - Description of the Plan (Continued)**

**Participant Accounts.** Contributions are invested in various investment options offered within the Plan. Employee contributions are comprised of basic and supplemental contributions and rollover contributions from other qualified retirement plans or from a rollover IRA, on a pre-tax, after-tax, and/or Roth 401(k) basis.

**Trustee.** Fidelity Management Trust Company and Fidelity Workplace Services, LLC are the Plan's trustee and the recordkeeper, respectively (collectively referred to herein as Fidelity). Fidelity also performs the custodial and administrator functions for the separate accounts. The trustee has the authority to manage the assets of the Plan in accordance with the terms of the service agreements.

**Notes Receivable from Participants.** The Plan loan provision allows participants to borrow funds from their Plan account, subject to certain restrictions and limitations. Participants may borrow up to the lesser of \$50,000 or 50% of their total account balance or the value of the account(s) used to fund the loan. The minimum loan is \$1,000. The minimum term for repayment of any loan is 6 months and the maximum term is 5 years. However, the maximum term for repayment of a loan to purchase the participant's principal residence is 25 years. Loans bear a reasonable fixed rate of interest. Interest rates charged during 2025 and 2024 on new and carried loans ranged from 2.23% to 10.25% with maturities extending to 2054. Most loan repayments are made through payroll deductions and the principal and interest paid by the participants are reinvested in the participants' accounts. Notes receivable from participants totaled \$124,294,748 and \$123,529,117 as of December 31, 2025 and 2024, respectively.

**Plan Termination.** The Corporation expects to continue the ESIP indefinitely but has the authority to amend or terminate the ESIP at any time. In the event of Plan termination, the trust fund shall continue until any previously unallocated assets of the Plan are allocated to accounts and distributed to participants or beneficiaries in accordance with applicable law and pursuant to written rules and procedures adopted by the Corporation prior to such termination. In addition, upon Plan termination, neither the Corporation nor any other person shall have a liability or obligation to provide additional benefits. Participants or beneficiaries shall obtain benefits solely from the trust fund.

**Benefit Payment / Distribution.** At the request of the participant, distributions can be received in installment payments, partial distribution, or single lump-sum payment after termination of employment. While employed, a participant may make withdrawals from their employer or employee contribution accounts (as allowed under IRS regulations) subject to certain restrictions described in the Plan, which may be waived in the event a participant demonstrates a financial hardship. The Plan requires automatic cash outs of account balances less than \$1,000 upon termination of employment. Benefit payments to participants are recorded when paid.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 1 - Description of the Plan (Continued)**

**Plan Expenses.** In accordance with the Department of Labor's (DOL) rules under ERISA Section 408(b)(2), total all-in fees are disclosed by the service provider. In accordance with these DOL rules, recordkeeping and trustee fees are unbundled and paid by the participants. Other administrative expenses relating to the Plan, including audit fees and participant education retirement services are paid by the Plan to the extent Plan forfeiture funds or other suspense account funds are sufficient. If not, such fees are paid by the Corporation. Certain Chevron employee labor and administrative costs for Plan-related services are reimbursed to the Corporation by the Plan. As of December 31, 2025 and 2024, funds in the forfeiture account were \$1,366,027 and \$419,496, respectively. Amounts of forfeited account balances used to pay Plan expenses totaled \$278,624 for the year ended December 31, 2025. As of December 31, 2025 and 2024, funds in all suspense accounts were \$2,317,403 and \$1,152,948, respectively. Amounts of suspense account balances used to pay Plan expenses totaled \$1,557,764 for the year ended December 31, 2025.

**Diversification.** Each participant is permitted to direct any contributions made to their account to be invested in investment options available under the Plan. Participants are not subject to any restriction, holding periods or otherwise, when moving assets, other than those noted below under Stable Value Funds Equity Wash.

**Put Option.** For so long as the Corporation's shares are readily tradable on an established market, the Corporation shall not be required to provide the participant or beneficiary with an option to put the shares to the Corporation, in accordance with Section 409(h) of the Code.

**Plan Mergers.** Effective December 31, 2025, the assets and participant accounts of the Hess Corporation Employees' Savings Plan (Hess 401(k)) merged into the ESIP. The investments of \$1,161,346,863 were transferred on December 31, 2025.

**Stable Value Fund Equity Wash.** Per agreement with the Plan's stable value fund managers, to discourage market timing and other forms of speculative behavior, investors are restricted from moving assets from these funds directly into existing ESIP money market funds. All assets moving out of these stable value funds are to be moved to another non-money market ESIP investment for at least 90 days before moving to a money market investment. These provisions apply to the Chevron Stable Value Separate Account (Putnam).

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 2 - Summary of Significant Accounting Policies**

The following are the significant accounting policies followed by the Plan:

**Basis of Accounting.** The financial statements of the ESIP are presented on the accrual basis of accounting.

**Investment Valuation and Income Recognition.** Investments, with the exception of the Chevron Stable Value Separate Account (Putnam), are reported at fair value, which 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. Investments in the core and supplemental options are valued on each business day on which the New York Stock Exchange is open for trading to reflect contributions, distributions, income, expenses, gains and losses. The difference between cost and market value represents unrealized appreciation or depreciation as of the reporting date. The valuation of the underlying securities in Fidelity Brokerage Link are determined by Fidelity Brokerage Service daily. The Putnam account is at contract value. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contracts, because contract value is the amount participants generally receive when executing transactions under the terms of the contract and plan provisions.

Net appreciation (depreciation) in fair value of investments includes realized gains (losses) and unrealized appreciation (depreciation).

Realized gains (losses) on investments are based on sales proceeds less average cost. Sales and purchases between participants are included in realized gains (losses). Security purchases and sales are recorded as of the trade date for such transactions.

Dividend income earned on investments held and interest income earned on funds pending investment are recorded on an accrual basis.

**Notes Receivable from Participants.** Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan rules.

**Use of Estimates.** The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Net Asset Value (NAV) as a practical expedient: Inputs to the valuation methodology are allowed as a practical expedient to measure certain investments at NAV provided:

- The investment doesn't have a readily determinable fair value;
- The investee is an investment company within the scope of ASC Topic 946, Financial Services - Investment Companies.

The asset's 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 must maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

- Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.
- Preferred stock held in a separate account fund values are derived from both dealer-supplied valuations and pricing models at year-end.
- Shares of registered investment companies are valued at the closing price reported on the active market on which the individual securities are traded.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 3 - Fair Value Measurements (continued)**

- Corporate bonds held in a separate account fund values are derived from both dealer-supplied valuations and pricing models at year-end.
- Other collective investment fund values are given the market value of underlying investments and are therefore classified as Level 2.
- Mortgage backed securities held in a separate account fund are valued on the basis of their future principal and interest payments discounted at prevailing interest rates for similar investments.
- U.S. government securities held in a separate account fund values are derived from both dealer supplied valuations and pricing models at year-end.
- Asset backed securities are priced based on a compilation of primarily observable market information.
- Cash equivalents are valued at cost, which approximates fair value.
- Investments in Fidelity BrokerageLink hold shares of registered investment companies and are valued at the closing price reported on the active market on which the individual securities are traded.
- Stable value collective trusts are stated at fair value based on the NAV of the underlying investments, as reported to the Plan by the contract issuer. The NAV, as provided by Fidelity Management Trust Company, is used as a practical expedient to estimate fair value.

The 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 at fair value as of December 31, 2025 and 2024:

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 3 - Fair Value Measurements (Continued)**

|                                                 | Investments at Fair Value (in thousands) as of December 31, 2025 |               |         |                      |
|-------------------------------------------------|------------------------------------------------------------------|---------------|---------|----------------------|
|                                                 | Level 1                                                          | Level 2       | Level 3 | Total                |
| Common stocks                                   | \$ 4,739,578                                                     | \$ —          | \$ —    | \$ 4,739,578         |
| Registered investment companies                 | —                                                                | —             | —       | —                    |
| Fidelity BrokerageLink                          | 689,002                                                          | —             | —       | 689,002              |
| Other collective investment funds               | —                                                                | 15,811,760    | —       | 15,811,760           |
| Separate account (Dodge & Cox):                 |                                                                  |               |         |                      |
| Preferred stock                                 | —                                                                | 4,705         | —       | 4,705                |
| Corporate bonds                                 | —                                                                | 200,527       | —       | 200,527              |
| Mortgage backed securities                      | —                                                                | 282,332       | —       | 282,332              |
| Government securities                           | —                                                                | 104,105       | —       | 104,105              |
| Asset backed securities                         | —                                                                | 51,575        | —       | 51,575               |
| Cash equivalents                                | —                                                                | 7,934         | —       | 7,934                |
| Unsettled sales & purchases                     | —                                                                | 17,252        | —       | 17,252               |
| Chevron Stable Value Separate Account (Putnam): |                                                                  |               |         |                      |
| Cash equivalents                                | —                                                                | 2,181         | —       | 2,181                |
| Unsettled sales & purchases                     | —                                                                | (471)         | —       | (471)                |
| Total investments in the fair value hierarchy   | \$ 5,428,580                                                     | \$ 16,481,900 | \$ —    | \$ 21,910,480        |
| Total investments at fair value                 |                                                                  |               |         | <u>\$ 21,910,480</u> |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 3 - Fair Value Measurements (Continued)**

| Investments at Fair Value (in thousands) as of December 31, 2024 |                     |                      |             |                      |
|------------------------------------------------------------------|---------------------|----------------------|-------------|----------------------|
|                                                                  | Level 1             | Level 2              | Level 3     | Total                |
| Common stocks                                                    | \$ 4,807,816        | \$ —                 | \$ —        | \$ 4,807,816         |
| Registered investment companies                                  | 216                 | —                    | —           | 216                  |
| Fidelity BrokerageLink                                           | 583,833             | —                    | —           | 583,833              |
| Other collective investment funds                                | —                   | 14,018,594           | —           | 14,018,594           |
| Separate account (Dodge & Cox):                                  |                     |                      |             |                      |
| Preferred stock                                                  | —                   | 4,671                | —           | 4,671                |
| Corporate bonds                                                  | —                   | 180,702              | —           | 180,702              |
| Mortgage backed securities                                       | —                   | 271,247              | —           | 271,247              |
| Government securities                                            | —                   | 111,532              | —           | 111,532              |
| Asset backed securities                                          | —                   | 42,844               | —           | 42,844               |
| Cash equivalents                                                 | —                   | 9,596                | —           | 9,596                |
| Unsettled sales & purchases                                      | —                   | 9,255                | —           | 9,255                |
| Chevron Stable Value Separate Account (Putnam):                  |                     |                      |             |                      |
| Cash equivalents                                                 | —                   | 3,104                | —           | 3,104                |
| Unsettled sales & purchases                                      | —                   | 41                   | —           | 41                   |
| Total investments in the fair value hierarchy                    | <u>\$ 5,391,865</u> | <u>\$ 14,651,586</u> | <u>\$ —</u> | <u>\$ 20,043,451</u> |
| Investments at NAV <sup>(a)</sup>                                |                     |                      |             | 684                  |
| Total investments at fair value                                  |                     |                      |             | <u>\$ 20,044,135</u> |

(a) In accordance with Topic 820, certain investments that were measured at net asset value per share (or its equivalent) 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.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 3 - Fair Value Measurements (Continued)**

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2024. Redemption restrictions are reported above in Note 1, Stable Value Fund Equity Wash; the redemption notice period is applicable only to the Plan.

|                                                  | December 31, 2024<br>Fair Value<br>(in thousands) | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|--------------------------------------------------|---------------------------------------------------|-------------------------|-------------------------|-----------------------------|
| <b>Stable value collective investment funds:</b> |                                                   |                         |                         |                             |
| Associated Benefits Corporation                  | \$ 130                                            | N/A                     | Daily                   | 12 months                   |
| Associated Benefits Corporation                  | \$ 554                                            | N/A                     | Daily                   | 12 months                   |
|                                                  | <u>\$ 684</u>                                     |                         |                         |                             |

**NOTE 4 - Investments**

At December 31, 2025, the following broad range of investment options were utilized by the Plan:

**Target Date Retirement Funds**

| Fund Name                                          | Fund Type |
|----------------------------------------------------|-----------|
| BlackRock LifePath Index Retirement Account C      | Balanced  |
| BlackRock LifePath Index 2030 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2035 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2040 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2045 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2050 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2055 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2060 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2065 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2070 Retirement Account C | Balanced  |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 4 - Investments (Continued)**

**Core Funds**

| Fund Name                                                      | Fund Type                    |
|----------------------------------------------------------------|------------------------------|
| BlackRock U.S. Debt Index Account C                            | Fixed Income                 |
| BlackRock Equity Index Account C                               | Large-Cap Stock              |
| BlackRock Extended Equity Market Fund M                        | Small & Mid-Cap Growth Stock |
| BlackRock MSCI ACWI ex-U.S. Index Account C                    | International Stock          |
| BlackRock Gov't Short-Term Investment Account C                | Money Market                 |
| Chevron Stable Value Separate Account (Putnam)                 | Fixed Income                 |
| Principal Diversified Real Asset CIT Tier 3                    | Real Assets                  |
| EARNEST Partners Smid Cap Core Fund Class                      | Small & Midcap Stock         |
| Separate Account (Dodge & Cox)                                 | Fixed Income                 |
| Capital Group EuroPacific Growth Trust                         | International Stock          |
| Associated Benefits Corporation Stable Value Fund <sup>1</sup> | Fixed Income                 |

<sup>1</sup> Residual values; no longer available for participant investment.

**Chevron Stock**

| Fund Name              | Fund Type     |
|------------------------|---------------|
| Chevron Leveraged ESOP | Company Stock |
| Chevron Common Stock   | Company Stock |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 4 - Investments (Continued)**

At December 31, 2024, the following broad range of investment options were utilized by the Plan:

**Target Date Retirement Funds**

| Fund Name                                          | Fund Type |
|----------------------------------------------------|-----------|
| BlackRock LifePath Index Retirement Account C      | Balanced  |
| BlackRock LifePath Index 2030 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2035 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2040 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2045 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2050 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2055 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2060 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2065 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2070 Retirement Account C | Balanced  |

**Core Funds**

| Fund Name                                                      | Fund Type                    |
|----------------------------------------------------------------|------------------------------|
| BlackRock U.S. Debt Index Account C                            | Fixed Income                 |
| BlackRock Equity Index Account C                               | Large-Cap Stock              |
| BlackRock Extended Equity Market Fund M                        | Small & Mid-Cap Growth Stock |
| BlackRock MSCI ACWI ex-U.S. Index Account C                    | International Stock          |
| BlackRock Gov't Short-Term Investment Account C                | Money Market                 |
| Chevron Stable Value Separate Account (Putnam)                 | Fixed Income                 |
| Principal Diversified Real Asset CIT Tier 3                    | Real Assets                  |
| EARNEST Partners Smid Cap Core Fund Class                      | Small & Midcap Stock         |
| Separate Account (Dodge & Cox)                                 | Fixed Income                 |
| Capital Group EuroPacific Growth Trust                         | International Stock          |
| Associated Benefits Corporation Stable Value Fund <sup>1</sup> | Fixed Income                 |
| Vanguard Federal Money Market Fund <sup>1</sup>                | Money Market                 |
| Fidelity Managed Income Portfolio (MIP CL2) <sup>2</sup>       | Fixed Income                 |

<sup>1</sup> Residual values; no longer available for participant investment.

<sup>2</sup> Fund transferred to the Chevron ESIP from PDC Energy on December 31, 2024.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 4 - Investments (Continued)**

**Chevron Stock**

| Fund Name              | Fund Type     |
|------------------------|---------------|
| Chevron Leveraged ESOP | Company Stock |
| Chevron Common Stock   | Company Stock |

**Fidelity BrokerageLink**

Through the Fidelity Brokerage Services, LLC, a participant may choose from approximately 10,000 mutual funds from Fidelity and other companies, and Exchange-Traded Funds that are not included in the core or supplemental investment funds. There is no annual fee charged to participants who use this option. Within each fund offered in the Fidelity BrokerageLink, additional fees may be charged, either accrued within a fund's pooled price or charged directly on deposits or withdrawals depending upon the investment.

**Chevron Stable Value Separate Account (Putnam)**

The investments that make up the Chevron Stable Value Separate Account (Putnam) are held by the Plan in a separate account with the Plan's recordkeeper. These investments are primarily high-quality guaranteed investment contracts (GICs) and security-backed investment contracts (SBICs) also referred to as a synthetic GIC. GICs are issued by insurance companies which guarantee the return of principal and a stated rate of interest (Contract Value). SBICs are comprised of two components: investment contracts issued by a financial institution and underlying portfolios of fixed income securities whose market prices fluctuate. The investment contract component of the SBIC is designed to allow participants to transact at Contract Value without reference to the price fluctuations of the underlying fixed income securities. Therefore, GICs and SBICs are normally valued at Contract Value.

The key difference between a synthetic investment contract and a traditional investment contract is that the Plan owns the underlying assets of the synthetic investment contract. A synthetic investment contract includes a wrapper contract, which is an agreement for the wrap issuer, such as a bank or insurance company, to make payments to the Plan in certain circumstances. The wrapper contract typically includes certain conditions and limitations on the underlying assets owned by the Plan. With traditional investment contracts, the Plan owns only the contract itself. Synthetic and traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 4 - Investments (Continued)**

The synthetic investment contracts held by the Plan include wrapper contracts that provide a guarantee that the credit rate will not fall below 0 percent. Cash flow volatility (for example, timing of benefit payments) as well as asset underperformance can be passed through to the Plan through adjustments to future contract crediting rates. Formulas are provided in each contract that adjusts renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets. Crediting rates are reviewed monthly for resetting.

Both the contracts that back GICs and SBICs are not tradable on any secondary market; however, they are fully benefit-responsive to Plan-permitted transactions, which allows participants to initiate withdrawals, loans or transfers to other funds within the Plan at Contract Value. Franklin Templeton, on behalf of the Plan, negotiates both GIC and SBIC contracts with certain employer-initiated transaction provisions (e.g., allowances for targeted layoffs and reorganizations) that make it unlikely that any event would occur that would limit a participant's ability to transact at Contract Value. There currently are no events that limit the ability to transact at contract value.

The only events or circumstances that would allow issuers to immediately terminate one of the Plan's GICs or SBICs at an amount different from Contract Value would be if they were provided with willfully fraudulent information about the Plan. Issuers, in some cases, have provisions that allow them to terminate at book value over a specified period of time.

Total Contract Value for GICs and SBICs held directly by the Plan is as follows (in thousands):

|                                                               | December 31, |           |
|---------------------------------------------------------------|--------------|-----------|
|                                                               | 2025         | 2024      |
| Guaranteed Investment Contracts (GICs)                        | \$56,314     | \$59,825  |
| Security-Backed Investment Contracts (SBICs) (synthetic GICs) | 159,738      | 151,141   |
| Total Investment Contracts                                    | \$216,052    | \$210,966 |

The Chevron Stable Value Separate Account (Putnam) includes cash and cash equivalents as noted on the fair value tables in Note 3, above.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 5 - Income Taxes**

The Plan received a determination letter dated October 23, 2013 from the Internal Revenue Service (IRS) stating that the Plan is qualified with the applicable requirements of the Code. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Subsequent to this issuance of the determination letter, the Plan was restated and amended. The Corporation believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as restated and amended, is qualified and the related trust is tax exempt.

The Corporation has reviewed the Plan's administrative procedures and is of the opinion that they are in accordance with technical compliance requirements of ERISA.

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 would not meet the more likely than not standard and be-sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

**NOTE 6 - 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, both positive and negative, in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**NOTE 7 - Related Party Transactions**

Plan investments include a Separate Account managed by Fidelity and shares of common stock of the Corporation. Transactions with Fidelity, as the trustee and recordkeeper and the Corporation as the Plan Sponsor and Plan Administrator, qualify as party-in-interest transactions. Certain internal and external administrative costs are reimbursed by the Plan to Chevron. In 2025, \$358,277 was reimbursed.

As of December 31, 2025 and 2024, the Plan held 31,097,309 and 33,193,767 shares Chevron Corporation common stock, respectively, with a fair value of \$4,739,578,577 and \$4,807,815,608, respectively. In 2025, \$217,223,544 in dividends of Chevron common stock were paid to participants.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 8 - Subsequent Events**

The Plan has evaluated subsequent events through June 24, 2026, the date the financial statements were available to be issued.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**EIN 94-0890210 PLAN NO. 001**  
**SCHEDULE H - PART IV, LINE 4(i) - SCHEDULE OF ASSETS HELD**  
**DECEMBER 31, 2025**  
(thousands of dollars)

| (a)                                             | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)               |
|-------------------------------------------------|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|-------------------|
|                                                 | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost              |
|                                                 |                                                          |                  |                                                                                        |                             | Current Value     |
| <b>COMMON STOCK</b>                             |                                                          |                  |                                                                                        |                             |                   |
| *                                               | Chevron Corporation                                      |                  | Common Stock                                                                           | 31,097,309                  | ^                 |
|                                                 |                                                          |                  |                                                                                        |                             | \$ 4,739,578      |
|                                                 | <b>TOTAL COMMON STOCK</b>                                |                  |                                                                                        |                             | <b>4,739,578</b>  |
| *                                               | <b>FIDELITY BROKERAGELINK</b>                            |                  |                                                                                        |                             | ^                 |
|                                                 |                                                          |                  |                                                                                        |                             | <b>689,002</b>    |
| <b>STABLE VALUE COLLECTIVE INVESTMENT FUNDS</b> |                                                          |                  |                                                                                        |                             |                   |
|                                                 | Associated Benefits Corporation Stable Value Fund        |                  |                                                                                        | 6,488                       | ^                 |
|                                                 |                                                          |                  |                                                                                        |                             | —                 |
|                                                 | <b>TOTAL STABLE VALUE FUNDS</b>                          |                  |                                                                                        |                             | <b>—</b>          |
| <b>OTHER COLLECTIVE INVESTMENT FUNDS</b>        |                                                          |                  |                                                                                        |                             |                   |
|                                                 | EARNEST Partners Small Midcap Core Fund Class 1          |                  |                                                                                        | 3,095,333                   | ^                 |
|                                                 | Principal Diversified Real Asset Fund                    |                  |                                                                                        | 8,593,361                   | ^                 |
|                                                 | BlackRock LifePath Index Retirement Account C            |                  |                                                                                        | 42,632,968                  | ^                 |
|                                                 | BlackRock LifePath Index 2030 Account C                  |                  |                                                                                        | 32,270,938                  | ^                 |
|                                                 | BlackRock LifePath Index 2035 Account C                  |                  |                                                                                        | 35,952,620                  | ^                 |
|                                                 | BlackRock LifePath Index 2040 Account C                  |                  |                                                                                        | 33,294,821                  | ^                 |
|                                                 | BlackRock LifePath Index 2045 Account C                  |                  |                                                                                        | 35,226,326                  | ^                 |
|                                                 | BlackRock LifePath Index 2050 Account C                  |                  |                                                                                        | 28,106,244                  | ^                 |
|                                                 | BlackRock LifePath Index 2055 Account C                  |                  |                                                                                        | 18,366,778                  | ^                 |
|                                                 | BlackRock LifePath Index 2060 Account C                  |                  |                                                                                        | 9,909,466                   | ^                 |
|                                                 | BlackRock LifePath Index 2065 Account C                  |                  |                                                                                        | 5,106,299                   | ^                 |
|                                                 | BlackRock LifePath Index 2070 Account C                  |                  |                                                                                        | 737,102                     | ^                 |
|                                                 | BlackRock MSCI ACWI ex-U.S. Index Account C              |                  |                                                                                        | 86,008,705                  | ^                 |
|                                                 | BlackRock Equity Index Account C                         |                  |                                                                                        | 438,308,968                 | ^                 |
|                                                 | BlackRock Extended Equity Market Fund M                  |                  |                                                                                        | 126,836,508                 | ^                 |
|                                                 | BlackRock Government Short-Term Invstmnt Acct C          |                  |                                                                                        | 1,008,801,986               | ^                 |
|                                                 | BlackRock U.S. Debt Index Account C                      |                  |                                                                                        | 45,294,033                  | ^                 |
|                                                 | Capital Group EuropPacific Growth Trust                  |                  |                                                                                        | 17,723,765                  | ^                 |
|                                                 |                                                          |                  |                                                                                        |                             | 296,873           |
|                                                 | <b>TOTAL OTHER COLLECTIVE INVESTMENT FUNDS</b>           |                  |                                                                                        |                             | <b>15,811,760</b> |
| <b>SEPARATE ACCOUNT (DODGE &amp; COX)</b>       |                                                          |                  |                                                                                        |                             |                   |
| Preferred Stock                                 |                                                          |                  |                                                                                        |                             |                   |
|                                                 | CITIGROUP CAP XIII                                       | 7.875%           | VAR PFD PAR=25                                                                         | 155,850                     | ^                 |
|                                                 |                                                          |                  |                                                                                        |                             | 4,705             |
| Corporate Debt                                  |                                                          |                  |                                                                                        |                             |                   |
|                                                 | AT&T INC                                                 | 2.55%            | 12/01/2033                                                                             | 1,900,000                   | ^                 |
|                                                 | ELEVANCE HEALTH INC                                      | 5.15%            | 06/15/2029                                                                             | 875,000                     | ^                 |
|                                                 | ELEVANCE HEALTH INC                                      | 4.75%            | 02/15/2030                                                                             | 750,000                     | ^                 |
|                                                 | BAT CAPITAL CORP                                         | 6.421%           | 08/02/2033                                                                             | 775,000                     | ^                 |
|                                                 | BAT CAPITAL CORP                                         | 2.726%           | 03/25/2031                                                                             | 1,775,000                   | ^                 |
|                                                 | BAT CAPITAL CORP                                         | 4.742%           | 03/16/2032                                                                             | 900,000                     | ^                 |
|                                                 | BNP PARIBAS                                              | 4.375%           | 05/12/2026 144A                                                                        | 2,000,000                   | ^                 |
|                                                 | BNP PARIBAS                                              | 4.625%           | 03/13/2027 144A                                                                        | 600,000                     | ^                 |
|                                                 | BANK OF AMERICA CORPORATION                              | 4.25%            | 10/22/2026                                                                             | 875,000                     | ^                 |
|                                                 | BANK OF AMERICA CORPORATION                              | 3.593%           | VAR 07/21/2028                                                                         | 650,000                     | ^                 |
|                                                 | BANK OF AMERICA CORPORATION                              | 2.496%           | VAR 02/13/2031                                                                         | 1,350,000                   | ^                 |
|                                                 | BANK OF AMERICA CORPORATION                              | 3.846%           | VAR 03/08/2037                                                                         | 3,050,000                   | ^                 |
|                                                 | BANK OF AMERICA CORPORATION                              | 4.948%           | VAR 07/22/2028                                                                         | 1,000,000                   | ^                 |
|                                                 | BANK OF AMERICA CORPORATION                              | 4.623%           | VAR 05/09/2029                                                                         | 1,275,000                   | ^                 |
|                                                 | BARCLAYS PLC                                             | 4.836%           | 05/09/2028                                                                             | 1,525,000                   | ^                 |
|                                                 | BARCLAYS PLC                                             | 5.09%            | VAR 06/20/2030                                                                         | 625000                      | ^                 |
|                                                 | BARCLAYS PLC                                             | 5.501%           | VAR 08/09/2028                                                                         | 600,000                     | ^                 |
|                                                 | BARCLAYS PLC                                             | 7.437%           | VAR 11/02/2033                                                                         | 350,000                     | ^                 |
|                                                 | BARCLAYS PLC                                             | 5.829%           | VAR 05/09/2027                                                                         | 925,000                     | ^                 |
|                                                 |                                                          |                  |                                                                                        |                             | 930               |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
EIN 94-0890210 PLAN NO. 001  
**SCHEDULE H - PART IV, LINE 4(i) - SCHEDULE OF ASSETS HELD**  
**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)  |               |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|------|---------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost | Current Value |
|     | BARCLAYS PLC                                             | 6.49%            | VAR 09/13/2029                                                                         | 575,000                     | ^    | 608           |
|     | BAYER US FIN LLC                                         | 6.25%            | 01/21/2029 144A                                                                        | 600,000                     | ^    | 631           |
|     | BAYER US FIN LLC                                         | 6.375%           | 11/21/2030 144A                                                                        | 1,477,000                   | ^    | 1,579         |
|     | BAYER US FIN LLC                                         | 6.5%             | 11/21/2033 144A                                                                        | 400,000                     | ^    | 433           |
|     | BAYER US FIN II LLC                                      | 4.375%           | 12/15/2028 144A                                                                        | 1,100,000                   | ^    | 1,101         |
|     | BNP PARIBAS                                              | 2.588%           | VAR 08/12/2035 144A                                                                    | 1,975,000                   | ^    | 1,786         |
|     | BNP PARIBAS                                              | 5.786%           | VAR 01/13/2033 144A                                                                    | 625,000                     | ^    | 656           |
|     | BNP PARIBAS                                              | 5.085%           | VAR 05/09/2031 144A                                                                    | 1,000,000                   | ^    | 1,021         |
|     | BOSTON PROPERTIES LP                                     | 3.65%            | 02/01/2026                                                                             | 2,275,000                   | ^    | 2,274         |
|     | BOSTON PROPERTIES LP                                     | 2.75%            | 10/01/2026                                                                             | 450,000                     | ^    | 446           |
|     | BOSTON PROPERTIES LP                                     | 3.4%             | 06/21/2029                                                                             | 1,450,000                   | ^    | 1,404         |
|     | BOSTON PROPERTIES LP                                     | 6.5%             | 01/15/2034                                                                             | 700,000                     | ^    | 754           |
|     | CCO HLDGS LLC/CAP CORP                                   | 4.5%             | 06/01/2033 144A                                                                        | 3,875,000                   | ^    | 3,392         |
|     | CCO HLDGS LLC/CAP CORP                                   | 4.5%             | 05/01/2032                                                                             | 1,505,000                   | ^    | 1,351         |
|     | CIGNA GROUP (THE)                                        | 4.375%           | 10/15/2028                                                                             | 450,000                     | ^    | 454           |
|     | CIGNA GROUP (THE)                                        | 7.875%           | 05/15/2027                                                                             | 234,000                     | ^    | 245           |
|     | CIGNA GROUP (THE)                                        | 2.4%             | 03/15/2030                                                                             | 1,000,000                   | ^    | 928           |
|     | CVS HEALTH CORP                                          | 4.78%            | 03/25/2038                                                                             | 450,000                     | ^    | 425           |
|     | CVS HEALTH CORP                                          | 5.05%            | 03/25/2048                                                                             | 450,000                     | ^    | 397           |
|     | CVS HEALTH CORP                                          | 3.75%            | 04/01/2030                                                                             | 275,000                     | ^    | 269           |
|     | CVS HEALTH CORP                                          | 5.125%           | 02/21/2030                                                                             | 1,000,000                   | ^    | 1,027         |
|     | CVS HEALTH CORP                                          | 6.75%            | VAR 12/10/2054                                                                         | 325,000                     | ^    | 339           |
|     | CVS HEALTH CORP                                          | 7%               | VAR 03/10/2055                                                                         | 2,400,000                   | ^    | 2,518         |
|     | CAPITAL ONE FIN CORP                                     | 4.927%           | VAR 05/10/2028                                                                         | 825,000                     | ^    | 835           |
|     | CAPITAL ONE FIN CORP                                     | 7.624%           | VAR 10/30/2031                                                                         | 2,225,000                   | ^    | 2,515         |
|     | CAPITAL ONE FIN CORP                                     | 5.7%             | VAR 02/01/2030                                                                         | 1,050,000                   | ^    | 1,092         |
|     | CEMEX SAB DE CV                                          | 5.45%            | 11/19/2029 144A                                                                        | 1,650,000                   | ^    | 1,671         |
|     | CEMEX SAB DE CV                                          | 5.2%             | 09/17/2030 144A                                                                        | 925,000                     | ^    | 937           |
|     | CEMEX SAB DE CV                                          | 3.875%           | 07/11/2031 144A                                                                        | 700,000                     | ^    | 669           |
|     | LLC / CHARTER COM                                        |                  |                                                                                        | 1,180,000                   | ^    | 1,109         |
|     | LLC / CHARTER COM                                        |                  |                                                                                        | 2,575,000                   | ^    | 2,121         |
|     | LLC / CHARTER COM                                        |                  |                                                                                        | 1,275,000                   | ^    | 1,088         |
|     | COMCAST CORP                                             | 4.95%            | 05/15/2032                                                                             | 650,000                     | ^    | 666           |
|     | COX COMMUNICATIONS INC                                   | 3.35%            | 09/15/2026 144A                                                                        | 775,000                     | ^    | 771           |
|     | COX COMMUNICATIONS INC                                   | 3.5%             | 08/15/2027 144A                                                                        | 400,000                     | ^    | 395           |
|     | COX COMMUNICATIONS INC                                   | 1.8%             | 10/01/2030 144A                                                                        | 675,000                     | ^    | 591           |
|     | COX COMMUNICATIONS INC                                   | 5.45%            | 09/15/2028 144A                                                                        | 1,325,000                   | ^    | 1,363         |
|     | COX COMMUNICATIONS INC                                   | 5.7%             | 06/15/2033 144A                                                                        | 1,100,000                   | ^    | 1,109         |
|     | UBS GROUP AG                                             | 6.327%           | VAR 12/22/2027 144A                                                                    | 250,000                     | ^    | 255           |
|     | UBS GROUP AG                                             | 6.246%           | VAR 09/22/2029 144A                                                                    | 1,175,000                   | ^    | 1,237         |
|     | UBS GROUP AG                                             | 6.301%           | VAR 09/22/2034 144A                                                                    | 1,575,000                   | ^    | 1,718         |
|     | DILLARDS INC                                             | 7.75%            | 07/15/2026                                                                             | 210,000                     | ^    | 213           |
|     | DILLARDS INC                                             | 7.75%            | 05/15/2027                                                                             | 125,000                     | ^    | 129           |
|     | DILLARDS INC                                             | 7%               | 12/1/2028                                                                              | 280,000                     | ^    | 294           |
|     | DOMINION ENERGY INC                                      | 5%               | 6/15/2030                                                                              | 1,850,000                   | ^    | 1901          |
|     | ELANCO ANIMAL HEALTH INC VAR                             |                  | 08/28/2028                                                                             | 975,000                     | ^    | 1,019         |
|     | ENEL FINANCE INTL NV                                     | 6%               | 10/07/2039 144A                                                                        | 825,000                     | ^    | 867           |
|     | ENEL FINANCE INTL NV                                     | 5%               | 06/15/2032 144A                                                                        | 1,125,000                   | ^    | 1,145         |
|     | META PLATFORMS INC                                       | 4.6%             | 11/15/2032                                                                             | 425,000                     | ^    | 428           |
|     | META PLATFORMS INC                                       | 4.875%           | 11/15/2035                                                                             | 475,000                     | ^    | 474           |
|     | FORD MOTOR CREDIT CO LLC                                 | 2.7%             | 08/10/2026                                                                             | 925,000                     | ^    | 916           |
|     | FORD MOTOR CREDIT CO LLC                                 | 7.35%            | 11/04/2027                                                                             | 1,850,000                   | ^    | 1,931         |
|     | FORD MOTOR CREDIT CO LLC                                 | 6.8%             | 05/12/2028                                                                             | 1,575,000                   | ^    | 1,643         |
|     | FORD MOTOR CREDIT CO LLC                                 | 6.798%           | 11/07/2028                                                                             | 1,350,000                   | ^    | 1,416         |
|     | FORD MOTOR CREDIT CO LLC                                 | 4.542%           | 08/01/2026                                                                             | 1,144,000                   | ^    | 1,142         |
|     | GE HEALTHCARE TECHNOLOGIES INC                           | 4.8%             | 08/14/2029                                                                             | 625,000                     | ^    | 639           |
|     | GE HEALTHCARE TECHNOLOGIES INC                           | 5.905%           | 11/22/2032                                                                             | 800,000                     | ^    | 862           |
|     | GOLDMAN SACHS GROUP INC (THE)                            | 5.727%           | VAR 04/25/2030                                                                         | 1,175,000                   | ^    | 1,228         |
|     | GOLDMAN SACHS GROUP INC (THE)                            | 4.937%           | VAR 04/23/2028                                                                         | 1,150,000                   | ^    | 1,163         |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
EIN 94-0890210 PLAN NO. 001  
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**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)  |               |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|------|---------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost | Current Value |
|     | GOLDMAN SACHS GROUP INC (THE)                            | 5.218%           | VAR 04/23/2031                                                                         | 875,000                     | ^    | 904           |
|     | GOLDMAN SACHS GROUP INC (THE)                            | 3.615%           | VAR 03/15/2028                                                                         | 1,775,000                   | ^    | 1,765         |
|     | HCA INC                                                  | 3.375%           | 03/15/2029                                                                             | 1,450,000                   | ^    | 1,413         |
|     | HCA INC                                                  | 5.25%            | 03/01/2030                                                                             | 975,000                     | ^    | 1,007         |
|     | HSBC HOLDINGS PLC                                        | 6.5%             | 05/02/2036                                                                             | 1,360,000                   | ^    | 1,514         |
|     | HSBC HOLDINGS PLC                                        | 6.5%             | 09/15/2037                                                                             | 1,300,000                   | ^    | 1,426         |
|     | HSBC HOLDINGS PLC                                        | 2.357%           | VAR 08/18/2031                                                                         | 1,100,000                   | ^    | 1,000         |
|     | HSBC HOLDINGS PLC                                        | 4.762%           | VAR 03/29/2033                                                                         | 1,525,000                   | ^    | 1,516         |
|     | HSBC HOLDINGS PLC                                        | 4.755%           | VAR 06/09/2028                                                                         | 1,275,000                   | ^    | 1,286         |
|     | HSBC HOLDINGS PLC                                        | 8.113%           | VAR 11/03/2033                                                                         | 350,000                     | ^    | 410           |
|     | HSBC HOLDINGS PLC                                        | 6.254%           | VAR 03/09/2034                                                                         | 1,050,000                   | ^    | 1,142         |
|     | HSBC HOLDINGS PLC                                        | 5.24%            | VAR 05/13/2031                                                                         | 700,000                     | ^    | 721           |
|     | IMPERIAL BRANDS FINANCE PLC                              | 3.5%             | 07/26/2026 144A                                                                        | 375,000                     | ^    | 373           |
|     | IMPERIAL BRANDS FINANCE PLC                              | 3.875%           | 07/26/2029 144A                                                                        | 1,200,000                   | ^    | 1,176         |
|     | IMPERIAL BRANDS FINANCE PLC                              | 6.125%           | 07/27/2027 144A                                                                        | 800,000                     | ^    | 823           |
|     | IMPERIAL BRANDS FINANCE PLC                              | 5.5%             | 02/01/2030 144A                                                                        | 850,000                     | ^    | 881           |
|     | IMPERIAL BRANDS FINANCE PLC                              | 5.875%           | 07/01/2034 144A                                                                        | 425,000                     | ^    | 444           |
|     | IMPERIAL BRANDS FINANCE PLC                              | 4.5%             | 06/30/2028 144A                                                                        | 1,050,000                   | ^    | 1,058         |
|     | JPMORGAN CHASE & CO                                      | 2.739%           | VAR 10/15/2030                                                                         | 800,000                     | ^    | 759           |
|     | JPMORGAN CHASE & CO                                      | 2.522%           | VAR 04/22/2031                                                                         | 900,000                     | ^    | 838           |
|     | JPMORGAN CHASE & CO                                      | 2.956%           | VAR 05/13/2031                                                                         | 5,770,000                   | ^    | 5,443         |
|     | JPMORGAN CHASE & CO                                      | 5.717%           | VAR 09/14/2033                                                                         | 1,225,000                   | ^    | 1,295         |
|     | JAPAN TOBACCO INC                                        | 4.85%            | 05/15/2028 144A                                                                        | 375,000                     | ^    | 382           |
|     | JAPAN TOBACCO INC                                        | 5.21%            | 06/15/2030 144A                                                                        | 525,000                     | ^    | 545           |
|     | JAPAN TOBACCO INC                                        | 5.856%           | 06/15/2035 144A                                                                        | 375,000                     | ^    | 400           |
|     | KINDER MORGAN ENERGY PTNRS LP                            | 6.95%            | 01/15/2038                                                                             | 325,000                     | ^    | 365           |
|     | KINDER MORGAN ENERGY PTNRS LP                            | 6.5%             | 09/01/2039                                                                             | 925,000                     | ^    | 998           |
|     | KINDER MORGAN INC DEL                                    | 4.8%             | 02/01/2033                                                                             | 725,000                     | ^    | 727           |
|     | LLOYDS BANKING GROUP PLC                                 | 7.953%           | VAR 11/15/2033                                                                         | 2,400,000                   | ^    | 2,792         |
|     | LLOYDS BANKING GROUP PLC                                 | 4.818%           | VAR 06/13/2029                                                                         | 625,000                     | ^    | 635           |
|     | LLOYDS BANKING GROUP PLC                                 | 4.65%            | 03/24/2026                                                                             | 1,500,000                   | ^    | 1,502         |
|     | MARS INC                                                 | 4.45%            | 03/01/2027 144A                                                                        | 300,000                     | ^    | 302           |
|     | MARS INC                                                 | 4.6%             | 03/01/2028 144A                                                                        | 450,000                     | ^    | 456           |
|     | MARS INC                                                 | 4.8%             | 03/01/2030 144A                                                                        | 1,600,000                   | ^    | 1,635         |
|     | PROSUS NV                                                | 4.85%            | 07/06/2027 144A                                                                        | 2,100,000                   | ^    | 2,114         |
|     | NATWEST GROUP PLC                                        | 1.642%           | VAR 06/14/2027                                                                         | 800,000                     | ^    | 791           |
|     | NATWEST GROUP PLC                                        | 6.016%           | VAR 03/02/2034                                                                         | 2,425,000                   | ^    | 2,601         |
|     | NATWEST GROUP PLC                                        | 6.475%           | VAR 06/01/2034                                                                         | 650,000                     | ^    | 682           |
|     | NEXTERA ENERGY CAP HLDGS INC                             | 4.625%           | 07/15/2027                                                                             | 800,000                     | ^    | 809           |
|     | NEXTERA ENERGY CAP HLDGS INC                             | 4.90%            | 3/15/2029                                                                              | 1,600,000                   | ^    | 1640          |
|     | NEXTERA ENERGY CAP HLDGS INC                             | 4.85%            | 02/04/2028                                                                             | 450,000                     | ^    | 458           |
|     | NEXTERA ENERGY CAP HLDGS INC                             | 5.05%            | 03/15/2030                                                                             | 1,900,000                   | ^    | 1,960         |
|     | NORDSTROM INC                                            | 6.95%            | 03/15/2028                                                                             | 125,000                     | ^    | 129           |
|     | FIBERCOP SPA                                             | 7.2%             | 07/18/2036 144A                                                                        | 318,000                     | ^    | 316           |
|     | FIBERCOP SPA                                             | 7.721%           | 06/04/2038 144A                                                                        | 859,000                     | ^    | 861           |
|     | ORACLE CORP                                              | 4.2%             | 09/27/2029                                                                             | 1,125,000                   | ^    | 1,103         |
|     | ORACLE CORP                                              | 4.8%             | 08/03/2028                                                                             | 525,000                     | ^    | 528           |
|     | PETROLEOS MEXICANOS                                      | 6.625%           | 06/15/2035                                                                             | 2,350,000                   | ^    | 2,225         |
|     | PETROLEOS MEXICANOS                                      | 6.7%             | 02/16/2032                                                                             | 3,237,000                   | ^    | 3,228         |
|     | PETROLEOS MEXICANOS                                      | 6.75%            | 09/21/2047                                                                             | 725,000                     | ^    | 595           |
|     | PETROLEOS MEXICANOS                                      | 7.69%            | 01/23/2050                                                                             | 8,025,000                   | ^    | 7,193         |
|     | PHILIP MORRIS INTL INC                                   | 5.125%           | 02/15/2030                                                                             | 1,050,000                   | ^    | 1,085         |
|     | PHILIP MORRIS INTL INC                                   | 5.375%           | 02/15/2033                                                                             | 900,000                     | ^    | 941           |
|     | PHILIP MORRIS INTL INC                                   | 4.875%           | 02/13/2029                                                                             | 150,000                     | ^    | 154           |
|     | PHILIP MORRIS INTL INC                                   | 5.125%           | 02/13/2031                                                                             | 150,000                     | ^    | 155           |
|     | PROSUS NV                                                | 3.68%            | 01/21/2030 144A                                                                        | 200,000                     | ^    | 192           |
|     | PROSUS NV                                                | 3.832%           | 02/08/2051 144A                                                                        | 1,173,000                   | ^    | 788           |
|     | PROSUS NV                                                | 3.061%           | 07/13/2031 144A                                                                        | 3,075,000                   | ^    | 2,792         |
|     | PROSUS NV                                                | 4.193%           | 01/19/2032 144A                                                                        | 775,000                     | ^    | 743           |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
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**SCHEDULE H - PART IV, LINE 4(i) - SCHEDULE OF ASSETS HELD**  
**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)           |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|---------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost          |
|     |                                                          |                  |                                                                                        |                             | Current Value |
|     | PROSUS NV                                                | 4.987%           | 01/19/2052 144A                                                                        | 1,500,000                   | ^             |
|     | UNUM GROUP                                               | 7.25%            | 03/15/2028                                                                             | 185,000                     | ^             |
|     | RTX CORP                                                 | 6%               | 03/15/2031                                                                             | 375,000                     | ^             |
|     | RTX CORP                                                 | 6.1%             | 03/15/2034                                                                             | 375,000                     | ^             |
|     | RIO OIL FINANCE TRUST SERIES                             | 9.75%            | 01/06/20                                                                               | 367,999                     | ^             |
|     | RIO OIL FINANCE TR SER                                   | 8.2%             | 04/06/2028 144A                                                                        | 1,180,850                   | ^             |
|     | NATWEST GROUP PLC                                        | 4.892%           | VAR 05/18/2029                                                                         | 825,000                     | ^             |
|     | SCHWAB CHARLES CORP                                      | 5.643%           | VAR 05/19/2029                                                                         | 1,050,000                   | ^             |
|     | SCHWAB CHARLES CORP                                      | 5.853%           | VAR 05/19/2034                                                                         | 200,000                     | ^             |
|     | SCHWAB CHARLES CORP                                      | 6.136%           | VAR 08/24/2034                                                                         | 750,000                     | ^             |
|     | SCHWAB CHARLES CORP                                      | 6.196%           | VAR 11/17/2029                                                                         | 1,275,000                   | ^             |
|     | SOUTHERN COMPANY STEP                                    |                  | 08/01/2027                                                                             | 1,825,000                   | ^             |
|     | SOUTHERN COMPANY T                                       |                  | 5Y+NA 01/15/2051                                                                       | 1,875,000                   | ^             |
|     | SOUTHERN COMPANY                                         | 3.75%            | VAR 09/15/2051                                                                         | 1,125,000                   | ^             |
|     | SOUTHERN COMPANY                                         | 4.85%            | 06/15/2028                                                                             | 675,000                     | ^             |
|     | SYNOPSYS INC                                             | 4.65%            | 04/01/2028                                                                             | 225,000                     | ^             |
|     | SYNOPSYS INC                                             | 4.85%            | 04/01/2030                                                                             | 1,090,000                   | ^             |
|     | SYNOPSYS INC                                             | 5%               | 04/01/2032                                                                             | 475,000                     | ^             |
|     | T-MOBILE USA INC                                         | 4.375%           | 04/15/2040                                                                             | 375,000                     | ^             |
|     | T-MOBILE USA INC                                         | 3.875%           | 04/15/2030                                                                             | 1,175,000                   | ^             |
|     | T-MOBILE USA INC                                         | 3.375%           | 04/15/2029                                                                             | 1,225,000                   | ^             |
|     | T-MOBILE USA INC                                         | 3.5%             | 04/15/2031                                                                             | 1,125,000                   | ^             |
|     | T-MOBILE USA INC                                         | 2.55%            | 02/15/2031                                                                             | 550,000                     | ^             |
|     | T-MOBILE USA INC                                         | 3.4%             | 10/15/2052                                                                             | 800,000                     | ^             |
|     | TIME WARNER CABLE LLC                                    | 7.3%             | 07/01/2038                                                                             | 400,000                     | ^             |
|     | TRANSCANADA TRUST                                        | 5.875%           | VAR 08/15/2076                                                                         | 2,762,000                   | ^             |
|     | TRANSCANADA TRUST                                        | 5.3%             | VAR 03/15/2077                                                                         | 2,400,000                   | ^             |
|     | TRANSCANADA TRUST                                        | 5.5%             | VAR 09/15/2079                                                                         | 2,225,000                   | ^             |
|     | UBS GROUP AG                                             | 5.959%           | VAR 01/12/2034 144A                                                                    | 2,050,000                   | ^             |
|     | UNUM GROUP                                               | 6.75%            | 12/15/2028                                                                             | 75,000                      | ^             |
|     | ULTRAPAR INTERNATIONL SA                                 | 5.25%            | 10/06/2026 144A                                                                        | 700,000                     | ^             |
|     | ULTRAPAR INTERNATIONL SA                                 | 5.25%            | 06/06/2029 144A                                                                        | 286,000                     | ^             |
|     | UNICREDIT SPA                                            | 7.296%           | VAR 04/02/2034 144A                                                                    | 2,300,000                   | ^             |
|     | UNICREDIT SPA                                            | 5.459%           | VAR 06/30/2035 144A                                                                    | 2,550,000                   | ^             |
|     | UNION PAC RR CO                                          | 5.866%           | 07/02/2030                                                                             | 15,814                      | ^             |
|     | VERIZON COMMUNICATIONS INC                               | 1.75%            | 01/20/2031                                                                             | 1,925,000                   | ^             |
|     | VODAFONE GROUP PLC USSW                                  |                  | 5+NA 04/04/2079                                                                        | 1,375,000                   | ^             |
|     | WELLS FARGO & CO NEW                                     | 4.1%             | 06/03/2026                                                                             | 675,000                     | ^             |
|     | WELLS FARGO & CO NEW                                     | 2.393%           | VAR 06/02/2028                                                                         | 725,000                     | ^             |
|     | WELLS FARGO & CO NEW                                     | 3.35%            | VAR 03/02/2033                                                                         | 600,000                     | ^             |
|     | WELLS FARGO & CO NEW                                     | 4.897%           | VAR 07/25/2033                                                                         | 1,275,000                   | ^             |
|     | WELLS FARGO & CO NEW                                     | 5.389%           | VAR 04/24/2034                                                                         | 1,075,000                   | ^             |
|     | WELLS FARGO & CO NEW                                     | 5.198%           | VAR 01/23/2030                                                                         | 1,000,000                   | ^             |
|     | WELLS FARGO & CO NEW                                     | 4.9%             | VAR 01/24/2028                                                                         | 625,000                     | ^             |
|     | Total Corporate Debt                                     |                  |                                                                                        |                             |               |
|     |                                                          |                  |                                                                                        |                             | 200,527       |
|     | Mortgage Backed Securities                               |                  |                                                                                        |                             |               |
|     | FHLG                                                     | 5.50%            | 1/35 #G01749                                                                           | 8,517                       | ^             |
|     | FHLG                                                     | 6.50%            | 12/32 #G01767                                                                          | 5,917                       | ^             |
|     | FHLG                                                     | 6.00%            | 2/35 #G01777                                                                           | 280,449                     | ^             |
|     | FHLG                                                     | 5.50%            | 3/34 #G01665                                                                           | 18,285                      | ^             |
|     | FNMA ARM                                                 | 2.37%            | 12/01/2050#841677                                                                      | 1,383,046                   | ^             |
|     | FNMA ARM                                                 | 2.322%           | 05/01/2052#841408                                                                      | 1,704,919                   | ^             |
|     | FNMA ARM                                                 | 3.307%           | 06/01/2052#841422                                                                      | 3,331,280                   | ^             |
|     | FHLG                                                     | 6.50%            | 10/26 #G30305                                                                          | 437                         | ^             |
|     | FHLM ARM                                                 | 3.326%           | 9/33 #1B1150                                                                           | 7,513                       | ^             |
|     | FHLM ARM                                                 | 2.74%            | 4/36 #847671                                                                           | 4,373                       | ^             |
|     | FHLG                                                     | 6.50%            | 03/01/2038#                                                                            | 12,739                      | ^             |

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**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)  |               |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|------|---------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost | Current Value |
|     | FHLG                                                     | 7.00%            | 11/38 #G05603                                                                          | 3,184                       | ^    | 3             |
|     | FHLG                                                     | 5.50%            | 07/01/2035#                                                                            | 10,874                      | ^    | 11            |
|     | FHLG                                                     | 6.00%            | 1/38 #G06238                                                                           | 11,170                      | ^    | 12            |
|     | FHLG                                                     | 6.00%            | 2/39 #G06570                                                                           | 13,113                      | ^    | 14            |
|     | FHLG                                                     | 6.00%            | 1/39 #G06932                                                                           | 143,514                     | ^    | 152           |
|     | FHLG                                                     | 5.50%            | 1/40 #G07074                                                                           | 234,259                     | ^    | 243           |
|     | FHLG                                                     | 4.50%            | 09/01/2041#G07568                                                                      | 217,071                     | ^    | 218           |
|     | FHLG                                                     | 4.50%            | 11/01/2043#G07596                                                                      | 201,362                     | ^    | 202           |
|     | FHLG                                                     | 4%               | 11/01/2035#C91857                                                                      | 156,275                     | ^    | 156           |
|     | FHLG                                                     | 3.50%            | 10/01/2035#C91853                                                                      | 253,915                     | ^    | 250           |
|     | FHLM ARM                                                 | 2.37%            | 1/36 #1H2581                                                                           | 4,961                       | ^    | 5             |
|     | FHLM ARM                                                 | 2.60%            | 3/37 #1G2667                                                                           | 4,846                       | ^    | 5             |
|     | FHLM ARM                                                 | 5.31%            | 7/37 #1G2080                                                                           | 8,277                       | ^    | 9             |
|     | FHLM ARM                                                 | 5.23%            | 2/38 #1Q0479                                                                           | 1,544                       | ^    | 2             |
|     | FHLM ARM                                                 | 4.93%            | 6/38 #1Q0556                                                                           | 2,594                       | ^    | 3             |
|     | FHLM ARM                                                 | 4.91%            | 4/38 #1Q0557                                                                           | 421                         | ^    | —             |
|     | FHLM ARM                                                 | 5.09%            | 4/38 #1Q0558                                                                           | 5,579                       | ^    | 6             |
|     | FHLM ARM                                                 | 0%               | 07/38#1Q1400                                                                           | 46,958                      | ^    | 49            |
|     | FHLG                                                     | 6.50%            | 9/37 #H09070                                                                           | 1,595                       | ^    | 2             |
|     | FHLG                                                     | 6.00%            | 6/38 #H09203                                                                           | 776                         | ^    | 1             |
|     | FHLM ARM                                                 | 5.43%            | 10/38 #848349                                                                          | 3,213                       | ^    | 3             |
|     | FHLM ARM                                                 | 2.54%            | 01/01/2042#849254                                                                      | 42,063                      | ^    | 44            |
|     | FHLM ARM                                                 | 0%               | 01/45#849625                                                                           | 43,974                      | ^    | 45            |
|     | FHLM ARM                                                 | 0%               | 05/44#2B2591                                                                           | 21,192                      | ^    | 22            |
|     | FHLM ARM                                                 | 2.896%           | 02/01/45#2B3797                                                                        | 64,755                      | ^    | 67            |
|     | FHLG                                                     | 3.50%            | 06/01/2034#SB0019                                                                      | 714,352                     | ^    | 704           |
|     | FHLG                                                     | 3%               | 04/01/2052#SD1000                                                                      | 9,860,843                   | ^    | 8,832         |
|     | FHLG                                                     | 3%               | 05/01/2052#SD1080                                                                      | 1,341,401                   | ^    | 1,198         |
|     | FHLG                                                     | 4.50%            | 01/01/2054#SD6706                                                                      | 12,098,746                  | ^    | 11,850        |
|     | FHLG                                                     | 4.50%            | 02/01/2054#SD7485                                                                      | 2,940,925                   | ^    | 2,883         |
|     | FHLG                                                     | 2.50%            | 11/01/2050#SD7530                                                                      | 3,559,914                   | ^    | 3,070         |
|     | FHLG                                                     | 3.50%            | 02/01/2052#                                                                            | 1,379,554                   | ^    | 1,283         |
|     | FHLG                                                     | 3.50%            | 06/52#SD8221                                                                           | 15,093,244                  | ^    | 13,978        |
|     | FHLG                                                     | 4%               | 07/01/2052#SD8227                                                                      | 9,956,387                   | ^    | 9,512         |
|     | FHLG                                                     | 3.50%            | 05/01/2052#SD8214                                                                      | 10,377,767                  | ^    | 9,611         |
|     | FHLG                                                     | 4%               | 10/01/2052#SD8256                                                                      | 6,704,013                   | ^    | 6,390         |
|     | FHLG                                                     | 4%               | 09/01/2052#SD8244                                                                      | 31,412,096                  | ^    | 29,960        |
|     | FHLG                                                     | 4%               | 12/01/2052#SD8274                                                                      | 3,749,188                   | ^    | 3,566         |
|     | FHLG                                                     | 4.50%            | 12/01/2052#SD8275                                                                      | 6,914,150                   | ^    | 6,783         |
|     | FHLG                                                     | 4.50%            | 03/47#V83108                                                                           | 411,191                     | ^    | 410           |
|     | FHLG                                                     | 4.50%            | 06/01/2047#Q48869                                                                      | 308,665                     | ^    | 308           |
|     | FHLG                                                     | 4.50%            | 02/45#G60034                                                                           | 264,359                     | ^    | 264           |
|     | FHLG                                                     | 4.50%            | 03/47#G61080                                                                           | 1,279,982                   | ^    | 1,282         |
|     | FHLG                                                     | 3.50%            | 06/01/2052#QE3344                                                                      | 1,900,064                   | ^    | 1,760         |
|     | FHLG                                                     | 4%               | 10/01/2052#QF1212                                                                      | 2,134,153                   | ^    | 2,034         |
|     | FHLG                                                     | 2.50%            | 11/01/2051#RA6337                                                                      | 10,274,558                  | ^    | 8,831         |
|     | FHLG                                                     | 3.50%            | 07/01/2052#RA7656                                                                      | 8,394,005                   | ^    | 7,811         |
|     | FHLG                                                     | 2%               | 01/01/2042#RB5141                                                                      | 2,189,905                   | ^    | 1,913         |
|     | FHLM ARM                                                 | 0%               | 08/46#840380                                                                           | 135,947                     | ^    | 140           |
|     | FHLM ARM                                                 | 0%               | 05/45#840402                                                                           | 296,311                     | ^    | 305           |
|     | FHLM ARM                                                 | 2.37%            | 2/34 #781274                                                                           | 6,993                       | ^    | 7             |
|     | FHLM ARM                                                 | 0%               | 09/36#782735                                                                           | 58,798                      | ^    | 60            |
|     | FEDERAL NAT MTG ASN GTD REM PA                           | 3%               | 12/25/42                                                                               | 1,623,975                   | ^    | 1,490         |
|     | FEDERAL NAT MTG ASN GTD REM PA                           |                  | 30A+63.448 12/25/43                                                                    | 147,345                     | ^    | 145           |
|     | FNMA                                                     | 7.00%            | 11/37 #256985                                                                          | 8,544                       | ^    | 9             |
|     | FNMA                                                     | 6.50%            | 2/38 #310048                                                                           | 5,060                       | ^    | 5             |
|     | FEDERAL HOME LN MTG MLT CTF GT VAR                       |                  | 12/15/2043                                                                             | 135,551                     | ^    | 135           |
|     | FEDERAL HOME LN MTG MLT CTF GT                           | 2.50%            | 01/15/2044                                                                             | 10,452,951                  | ^    | 9,335         |
|     | FEDERAL HOME LN MTG MLT CTF GT VAR                       |                  | 03/15/2044                                                                             | 272,472                     | ^    | 275           |

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**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)                       |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|---------------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost<br><br>Current Value |
|     | FEDERAL HOME LN MTG MLT CTF GT                           | 3%               | 12/15/20                                                                               | 1,293,250                   | ^ 1,196                   |
|     | FEDERAL HOME LN MTG MLT CTF GT VAR                       |                  | 03/25/2026                                                                             | 544,696                     | ^ 1                       |
|     | FEDERAL HOME LN MTG MLT CTF GT VAR                       |                  | 05/25/2026                                                                             | 207,045                     | ^ —                       |
|     | FEDERAL HOME LN MTG MLT CTF GT                           | 3.50%            | 03/15/2047                                                                             | 2,985,223                   | ^ 2,741                   |
|     | FEDERAL HOME LN MTG MLT CTF GT                           |                  | 04/25/2027                                                                             | 2,459,930                   | ^ 18                      |
|     | FEDERAL HOME LN MTG MLT CTF GT                           |                  | 06/25/2027                                                                             | 2,121,998                   | ^ 17                      |
|     | FEDERAL HOME LN MTG MLT CTF GT                           |                  | 7/25/2027                                                                              | 5,685,139                   | ^ 39                      |
|     | FEDERAL HOME LN MTG MLT CTF GT                           | 4%               | 08/15/2048                                                                             | 1,688,315                   | ^ 1,596                   |
|     | FEDERAL HOME LN MTG MLT CTF GT K                         |                  | 090 X1 VAR 02/25/29                                                                    | 15,881,433                  | ^ 323                     |
|     | FEDERAL HOME LN MTG MLT CTF GT X                         |                  | 1 CSTR 01/25/2030                                                                      | 7,157,393                   | ^ 371                     |
|     | FEDERAL HOME LN MTG MLT CTF GT                           | 3%               | 07/25/2041                                                                             | 2,221,842                   | ^ 2,027                   |
|     | FEDERAL HOME LN MTG MLT CTF GT                           | 2.50%            | 04/25/2050                                                                             | 884,082                     | ^ 775                     |
|     | FNMA                                                     | 6.00%            | 3/33 #555285                                                                           | 11,734                      | ^ 12                      |
|     | FNMA ARM                                                 | 5.79%            | 11/37 #AL0144                                                                          | 1,814                       | ^ 2                       |
|     | FNMA ARM                                                 |                  | 5.125 10/38 #AL1043                                                                    | 6,510                       | ^ 7                       |
|     | FNMA                                                     | 4.50%            | #AL4165                                                                                | 349,176                     | ^ 351                     |
|     | FNMA ARM                                                 | 0%               | 02/44#AL4831                                                                           | 92,937                      | ^ 96                      |
|     | FNMA ARM                                                 | 2.99%            | 02/01/2044#AL4980                                                                      | 51,565                      | ^ 53                      |
|     | FNMA ARM                                                 | 2.569%           | 04/01/2044#AL5129                                                                      | 127,785                     | ^ 132                     |
|     | FNMA                                                     | 4.50%            | #AL5441                                                                                | 186,475                     | ^ 187                     |
|     | FNMA                                                     | 4.50%            | 07/01/2042#AL5749                                                                      | 224,543                     | ^ 225                     |
|     | FNMA ARM                                                 | 2.719%           | 10/01/2044#AL5968                                                                      | 68,294                      | ^ 71                      |
|     | FNMA                                                     | 3.50%            | 12/01/2029#AL7205                                                                      | 70,357                      | ^ 70                      |
|     | FNMA                                                     | 4.50%            | 09/42#AL7306                                                                           | 325,288                     | ^ 326                     |
|     | FNMA                                                     | 4.50%            | 09/45#AL7384                                                                           | 164,922                     | ^ 165                     |
|     | FNMA                                                     | 4.50%            | 02/46#AL9781                                                                           | 293,333                     | ^ 294                     |
|     | FNMA                                                     | 3.50%            | 02/01/2031#AL9063                                                                      | 226,880                     | ^ 225                     |
|     | FNMA                                                     | 4.50%            | 02/01/2046#AL9128                                                                      | 65,031                      | ^ 65                      |
|     | FNMA                                                     | 4.50%            | #AL9407                                                                                | 93,562                      | ^ 94                      |
|     | FNMA ARM                                                 | 0%               | 11/01/2046#                                                                            | 81,833                      | ^ 85                      |
|     | FNMA                                                     | 4.50%            | 07/46#AL8816                                                                           | 241,306                     | ^ 241                     |
|     | FNMA ARM                                                 | 4.031%           | 04/01/2042#                                                                            | 58,887                      | ^ 61                      |
|     | FNMA ARM RFT                                             |                  | 1Y+156.5 565 03/01/2043#AR6900                                                         | 27,602                      | ^ 28                      |
|     | FNMA ARM                                                 | 2.907%           | 09/01/2044#AT7040                                                                      | 7,260                       | ^ 8                       |
|     | FNMA ARM                                                 | 0%               | 05/44#AW4688                                                                           | 40,662                      | ^ 42                      |
|     | FNMA ARM                                                 | 2.764%           | 12/01/2044#AX2197                                                                      | 67,954                      | ^ 70                      |
|     | FNMA                                                     | 4%               | 10/45#AZ4765                                                                           | 1,450,379                   | ^ 1,404                   |
|     | FNMA                                                     | 5.50%            | 2/33 #677709                                                                           | 10,206                      | ^ 11                      |
|     | FNW                                                      | 7%               | 07/25/2042                                                                             | 28,340                      | ^ 29                      |
|     | FNW                                                      | 7.50%            | 03/25/2044                                                                             | 5,048                       | ^ 5                       |
|     | FNW                                                      | 7.50%            | 06/25/2044                                                                             | 3,977                       | ^ 4                       |
|     | FNW                                                      |                  | 2005-W1 1A3 7 10/44                                                                    | 19,443                      | ^ 20                      |
|     | FEDERAL NAT MTG ASN GTD REM PA                           | 5.00%            | 05/25/2037                                                                             | 52,334                      | ^ 52                      |
|     | FNW                                                      |                  | 2007-W10 1A CSTR 8/47                                                                  | 16,305                      | ^ 16                      |
|     | FNW                                                      |                  | 2007-W10 2A CSTR 8/47                                                                  | 4,744                       | ^ 5                       |
|     | FHR                                                      |                  | 3312 AB 6.5 6/32                                                                       | 5,206                       | ^ 5                       |
|     | FNR                                                      |                  | 2008-24 GD 6.5 3/37                                                                    | 1,927                       | ^ 2                       |
|     | FNR                                                      |                  | 2009-40 TB 6 6/39                                                                      | 9,390                       | ^ 10                      |
|     | FNR                                                      | 7%               | 11/25/2040                                                                             | 66,260                      | ^ 70                      |
|     | FEDERAL NAT MTG ASN GTD REM PA                           | 3.50%            | 12/25/2030                                                                             | 301,283                     | ^ 299                     |
|     | FNMA                                                     | 5.50%            | 2/34 #725206                                                                           | 4,262                       | ^ 4                       |
|     | FNMA                                                     | 6.00%            | 3/34 #725228                                                                           | 49,283                      | ^ 51                      |
|     | FNMA                                                     | 6.00%            | 3/34 #725330                                                                           | 65,902                      | ^ 69                      |
|     | FNMA                                                     | 6.50%            | 12/32 #735415                                                                          | 25,753                      | ^ 27                      |
|     | FNMA ARM                                                 | 4.83%            | 8/35 #735869                                                                           | 2,318                       | ^ 2                       |
|     | FNMA ARM                                                 | 2.53%            | 1/36 #745303                                                                           | 5,269                       | ^ 5                       |
|     | FNMA                                                     | 6.00%            | 6/35 #745398                                                                           | 6,649                       | ^ 7                       |
|     | FNMA                                                     | 6.00%            | 4/34 #745942                                                                           | 8,990                       | ^ 9                       |
|     | FNMA ARM                                                 | 2.20%            | 8/35 #832257                                                                           | 3,972                       | ^ 4                       |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
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**SCHEDULE H - PART IV, LINE 4(i) - SCHEDULE OF ASSETS HELD**  
**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)  |               |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|------|---------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost | Current Value |
|     | FNMA                                                     | 4.50%            | 02/01/2041#BF0199                                                                      | 1,251,647                   | ^    | 1,256         |
|     | FNMA ARM                                                 | 0%               | 10/47#BH9347                                                                           | 18,447                      | ^    | 19            |
|     | FNMA                                                     | 4.50%            | 06/01/2048#BJ9262                                                                      | 478,526                     | ^    | 475           |
|     | FNMA                                                     | 4.50%            | 01/43#BM1357                                                                           | 267,102                     | ^    | 267           |
|     | FNMA ARM                                                 | 3.331%           | 03/01/2048#BM3572                                                                      | 506,088                     | ^    | 520           |
|     | FNMA                                                     | 4%               | 02/01/2047#BM3386                                                                      | 681,444                     | ^    | 660           |
|     | FNMA ARM                                                 | 3.359%           | 10/01/2049#BM6149                                                                      | 302,472                     | ^    | 307           |
|     | FNMA                                                     | 4%               | 05/01/2052#BV5583                                                                      | 1,680,788                   | ^    | 1,606         |
|     | FNMA                                                     | 4.50%            | 11/01/2048#CA2643                                                                      | 259,477                     | ^    | 258           |
|     | FNMA                                                     | 2.50%            | 07/01/2050#CA6271                                                                      | 3,658,415                   | ^    | 3,144         |
|     | FNMA                                                     | 2.50%            | 07/01/2050#CA6329                                                                      | 4,465,709                   | ^    | 3,851         |
|     | FNMA                                                     | 2.50%            | 07/01/2050#CA6398                                                                      | 2,457,272                   | ^    | 2,120         |
|     | FNMA                                                     | 4.50%            | 10/01/2052#CB4852                                                                      | 2,246,832                   | ^    | 2,204         |
|     | FNMA                                                     | 3.50%            | 01/01/2051#FM7599                                                                      | 1,955,151                   | ^    | 1,826         |
|     | FNMA                                                     | 2.50%            | 03/01/2051#FM8215                                                                      | 3,248,469                   | ^    | 2,807         |
|     | FNMA                                                     | 2.50%            | 11/01/2051#FM9719                                                                      | 9,447,168                   | ^    | 8,096         |
|     | FNMA                                                     | 3.50%            | 04/01/2052#FS1443                                                                      | 5,051,513                   | ^    | 4,700         |
|     | FNMA                                                     | 3%               | 09/01/2042#FS3743                                                                      | 2,234,446                   | ^    | 2,063         |
|     | FNMA                                                     | 4.50%            | 02/01/2054#FS9443                                                                      | 4,538,698                   | ^    | 4,446         |
|     | FNMA                                                     | 6.50%            | 11/37 #888891                                                                          | 6,852                       | ^    | 7             |
|     | FNMA                                                     | 6.00%            | 3/36 #888956                                                                           | 12,946                      | ^    | 13            |
|     | FNMA                                                     | 7.00%            | 12/37 #889886                                                                          | 8,352                       | ^    | 9             |
|     | FNMA ARM                                                 | 2.979%           | 2/37 #907860                                                                           | 3,564                       | ^    | 4             |
|     | FNMA                                                     | 6.00%            | 8/37 #995487                                                                           | 5,983                       | ^    | 6             |
|     | FNMA                                                     | 5.50%            | 9/36 #995575                                                                           | 5,062                       | ^    | 5             |
|     | FNMA ARM                                                 | 5.29%            | 10/38 #995005                                                                          | 1,255                       | ^    | 1             |
|     | FNMA                                                     | 6.00%            | 5/36 #995212                                                                           | 20,573                      | ^    | 22            |
|     | FNMA                                                     | 6.50%            | 12/38 #995694                                                                          | 5,083                       | ^    | 5             |
|     | FNMA                                                     | 5.50%            | 9/36 #995788                                                                           | 69,322                      | ^    | 72            |
|     | FNMA                                                     | 4.00%            | 11/1/30 #AB1763                                                                        | 45,802                      | ^    | 46            |
|     | FNMA                                                     | 4.00%            | 03/01/2034#MA1814                                                                      | 377,953                     | ^    | 379           |
|     | FNMA                                                     | 4.00%            | 09/01/2034 #MA2055                                                                     | 249,547                     | ^    | 249           |
|     | FNMA                                                     | 4.00%            | 01/01/2035#MA2141                                                                      | 350,829                     | ^    | 350           |
|     | FNMA                                                     | 4.00%            | 07/01/2035#MA2366                                                                      | 199,857                     | ^    | 199           |
|     | FNMA                                                     | 3.50%            | 04/37#MA2962                                                                           | 337,975                     | ^    | 330           |
|     | FNMA                                                     | 5%               | 03/01/2049#MA3617                                                                      | 143,575                     | ^    | 146           |
|     | FNMA                                                     | 4.00%            | 9/31 #MA3894                                                                           | 90,617                      | ^    | 90            |
|     | FNMA                                                     | 3.50%            | 06/01/2052#                                                                            | 1,288,226                   | ^    | 1,193         |
|     | FNMA                                                     | 4%               | 06/01/2052#MA4626                                                                      | 1,732,062                   | ^    | 1,652         |
|     | FNMA                                                     | 3.50%            | 05/01/2052#MA4600                                                                      | 6,268,366                   | ^    | 5,805         |
|     | FNMA                                                     | 3.50%            | 07/01/2052#MA4654                                                                      | 5,384,967                   | ^    | 4,987         |
|     | FNMA                                                     | 4.50%            | 08/01/2052#MA4701                                                                      | 1,869,867                   | ^    | 1,834         |
|     | FNMA                                                     | 4%               | 09/01/2052#MA4732                                                                      | 19,841,875                  | ^    | 18,924        |
|     | FNMA                                                     | 4.50%            | 09/01/2052#MA4733                                                                      | 5,567,352                   | ^    | 5,462         |
|     | FNMA                                                     | 4.50%            | 04/01/2053#MA4977                                                                      | 666,003                     | ^    | 653           |
|     | FNMA                                                     | 4.50%            | 07/01/2053#MA5070                                                                      | 855,258                     | ^    | 838           |
|     | FNMA                                                     | 4.50%            | 12/01/2054#MA5551                                                                      | 5,129,933                   | ^    | 5,010         |
|     | FNMA                                                     | 5.50%            | 9/38 #AD0198                                                                           | 33,100                      | ^    | 34            |
|     | FNMA                                                     | 5.50%            | 4/37 #AD0249                                                                           | 37,216                      | ^    | 38            |
|     | FNMA                                                     | 5.50%            | 12/39 #AD0494                                                                          | 5,872                       | ^    | 6             |
|     | FNMA                                                     | 5.50%            | 9/39 #AD0650                                                                           | 6,017                       | ^    | 6             |
|     | FNMA                                                     | 5.50%            | 6/36 #AD0663                                                                           | 26,171                      | ^    | 27            |
|     | FNMA                                                     | 5.50%            | 7/35 #AD0931                                                                           | 10,080                      | ^    | 10            |
|     | FNMA                                                     | 6.50%            | 9/38 #AE0012                                                                           | 24,846                      | ^    | 26            |
|     | FNMA                                                     | 6.50%            | 1/39 #AE0442                                                                           | 22,930                      | ^    | 24            |
|     | FHLM                                                     | 4%               | 04/01/2053#SL1300                                                                      | 1,644,295                   | ^    | 1,570         |
|     | FHLM ARM                                                 | 0%               | 01/01/2053#8C6022                                                                      | 6,501,845                   | ^    | 6,451         |
|     | GOVERNMENT NAT MTG ASSN HECM                             |                  | 12M+86.513 12/20/1967                                                                  | 972,104                     | ^    | 975           |

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**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                                       | (c)              | (d)                                                                                    | (e)                         | (f)           |
|-----|---------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|---------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party                  | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost          |
|     |                                                                           |                  |                                                                                        |                             | Current Value |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 2018-H02 FM TSFR12M+8                                                                  | 968,922                     | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 12M+98.513 9/20/1967                                                                   | 662,676                     | ^             |
|     | GNR                                                                       |                  | 02/68                                                                                  | 1,398,189                   | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 2018-H09 FA TSFR12M+1                                                                  | 802,466                     | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 1M+71.448 12/20/2                                                                      | 2,112,147                   | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 2019-H04 FA TSFR12M+1                                                                  | 867,169                     | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 12M+106.513 05/20                                                                      | 487,000                     | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 12M+116.513 05/20                                                                      | 3,498,054                   | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 1M+76.448 01/20/2                                                                      | 1,224,629                   | ^             |
|     | GNR                                                                       |                  | 2022-H09 FA SOFR30A+67                                                                 | 2,747,424                   | ^             |
|     | GOVERNMENT NAT MTG AS REMIC PT                                            |                  | 30A+97 05/20/20                                                                        | 1,189,415                   | ^             |
|     | SBAP                                                                      | 5.32%            | 2007-20D 1 4/27                                                                        | 2,624                       | ^             |
|     | US DEPT VETS AFF GTD REMI PASS                                            | 7.50%            | 6/15/2027                                                                              | 5,573                       | ^             |
|     |                                                                           |                  |                                                                                        |                             |               |
|     | Total Mortgage Backed Securities                                          |                  |                                                                                        |                             | 282,332       |
|     | Government Securities (Municipal Bonds & U.S. Govt & Foreign Obligations) |                  |                                                                                        |                             |               |
|     | CA ST                                                                     | 7.55%            | 04/01/2039                                                                             | 850,000                     | ^             |
|     | CA ST                                                                     | 7.3%             | 10/01/2039                                                                             | 410,000                     | ^             |
|     | CA ST                                                                     | 7.35%            | 11/01/2039                                                                             | 1,005,000                   | ^             |
|     | CA ST                                                                     | 7.625%           | 03/01/2040                                                                             | 785,000                     | ^             |
|     | IL ST TAXMUNI                                                             | 5.1%             | 06/01/2033                                                                             | 4,602,696                   | ^             |
|     | NEW JERSEY ST TPK AUTH TPK                                                |                  | 01/01/2041                                                                             | 1,470,000                   | ^             |
|     | USTPRIN                                                                   | 0%               | 08/15/2053                                                                             | 43,165,000                  | ^             |
|     | USTPRIN                                                                   | 0%               | 11/15/2055                                                                             | 2,762,000                   | ^             |
|     | UNITED STATES TREASURY BOND                                               | 2.875%           | 05/15/2052                                                                             | 6,345,000                   | ^             |
|     | UNITED STATES TREASURY BOND                                               | 3%               | 08/15/2052                                                                             | 1,066,000                   | ^             |
|     | USTN TII                                                                  | 1.5%             | 02/15/2053                                                                             | 2,610,000                   | ^             |
|     | UNITED STATES TREASURY BOND                                               | 3.625%           | 05/15/2053                                                                             | 2,960,000                   | ^             |
|     | UNITED STATES TREASURY BOND                                               | 4.125%           | 08/15/2053                                                                             | 20,838,000                  | ^             |
|     | UNITED STATES TREASURY BOND                                               | 4.25%            | 02/15/2054                                                                             | 15,504,000                  | ^             |
|     | USTN TII                                                                  | 2.125%           | 02/15/2054                                                                             | 736,000                     | ^             |
|     | UNITED STATES TREASURY BOND                                               | 4.5%             | 11/15/2054                                                                             | 10,506,000                  | ^             |
|     | UNITED STATES TREASURY BOND                                               | 4.625%           | 02/15/2055                                                                             | 1,352,000                   | ^             |
|     | USTN TII                                                                  | 2.375%           | 02/15/2055                                                                             | 1,835,000                   | ^             |
|     | UNITED STATES TREASURY BOND                                               | 4.75%            | 05/15/2055                                                                             | 1,986,000                   | ^             |
|     | UST NOTES                                                                 | 4.25%            | 08/15/2035                                                                             | 12,149,000                  | ^             |
|     | UST NOTES                                                                 | 4%               | 11/15/2035                                                                             | 9,612,000                   | ^             |
|     | COLOMBIA REPUBLIC OF                                                      | 3.125%           | 04/15/2031                                                                             | 1,250,000                   | ^             |
|     | COLOMBIA REPUBLIC OF                                                      | 7.75%            | 11/07/2036                                                                             | 250,000                     | ^             |
|     | COLOMBIA REPUBLIC OF                                                      | 7.375%           | 04/25/2030                                                                             | 1,325,000                   | ^             |
|     |                                                                           |                  |                                                                                        |                             |               |
|     | Total Government Securities                                               |                  |                                                                                        |                             | 104,105       |
|     | Asset-Backed Securities                                                   |                  |                                                                                        |                             |               |
|     | ECMC GROUP STUDENT LN TR                                                  |                  | 2017-1A A SOFR30A+131.448                                                              | 2,489,830                   | ^             |
|     | FORD CRDT AUTO OWNER TRUST                                                | 5.09%            | 2024 12/15/2028                                                                        | 2,576,135                   | ^             |
|     | FORD CREDIT AUTO OWNER TRUST                                              | 4.52%            | 2025-A 02/15/2031                                                                      | 3,825,000                   | ^             |
|     | FORD CREDIT AUTO OWNER TRUST                                              | 4.88%            | 2024-D 09/15/2030                                                                      | 1,876,000                   | ^             |
|     | HONDA AUTO RECEIVABLES OWNER                                              | 4.57%            | 09/21/2029                                                                             | 1,972,000                   | ^             |
|     | HONDA AUTO RECEIVABLES OWNER                                              | 4.64%            | 05/21/2031                                                                             | 1,841,000                   | ^             |
|     | HYUNDAI AUTO RECEIVABLES TRUST                                            | 4.41%            | 2024-C A3 05/15/29                                                                     | 1,942,000                   | ^             |
|     | NAVIENT STUDENT LOAN TRUST                                                |                  | 2016-5A A SOFR30A+136.4                                                                | 4,139,018                   | ^             |
|     | NAVIENT STUDENT LOAN TRUST                                                |                  | 2017-2 SOFR30A+116.448                                                                 | 9,117,280                   | ^             |
|     | NISSAN AUTO RECEIVABLES                                                   | 4.34%            | 2024-B OWNER TRUST 0                                                                   | 1,603,000                   | ^             |
|     | SLC STUDENT LN TR SOFR                                                    |                  | 90A+41.161 02/15/2045                                                                  | 4,463,808                   | ^             |
|     | SLC STUDENT LN TR                                                         |                  | 2007 1 A5 SOFR90A+35.161 05/15/2                                                       | 1,430,855                   | ^             |
|     | SLM STUDENT LN TR SOFR                                                    |                  | 90A+43.161 07/25/2040                                                                  | 5,204,615                   | ^             |

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**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)  |               |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|------|---------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost | Current Value |
|     | SLM STUDENT LN TR                                        |                  | 01/25/2041                                                                             | 1,779,910                   | ^    | 1,723         |
|     | SMB PRIVATE ED LN TR                                     | 4.99%            | 2023-B A1A 10/16/2056 1                                                                | 1,956,140                   | ^    | 1,973         |
|     | SBAP                                                     |                  | 2006-20A 1 5.21 1/26                                                                   | 499                         | ^    | —             |
|     | SBAP                                                     |                  | 2006-20C 1 5.57 3/26                                                                   | 712                         | ^    | 1             |
|     | SBAP                                                     | 6.07%            | 2006-20G 1 7/26                                                                        | 1,718                       | ^    | 2             |
|     | SBAP                                                     |                  | 2007-20A 1 5.32 1/27                                                                   | 2,080                       | ^    | 2             |
|     | SBAP                                                     |                  | 2007-20C 1 5.23 3/27                                                                   | 3,763                       | ^    | 4             |
|     | SBAP                                                     |                  | 2007-20G 1 5.82 7/27                                                                   | 3,144                       | ^    | 3             |
|     | SMB PRIVATE EDUCATION LOAN TRUST                         | 5.24%            | 2024-A A1A                                                                             | 2,455,570                   | ^    | 2,500         |
|     | SMB PRIVATE ED LN TR                                     | 5.13%            | 2025-A 04/15/2054 144A                                                                 | 1,439,385                   | ^    | 1,461         |
|     | TOYOTA AUTO RECEIVABLES                                  | 4.64%            | 2025-A OWNER TRUST 0                                                                   | 1,208,000                   | ^    | 1,221         |
|     | UNION PAC RR CO                                          | 6.176%           | 2007 3 PT TR 01/02/2031                                                                | 64,931                      | ^    | 69            |
|     | Total Asset backed securities                            |                  |                                                                                        |                             |      | 51,575        |
|     | Cash & Cash Equivalents                                  |                  |                                                                                        |                             |      |               |
|     | State Street Bank & Trust Co                             |                  | Short Term Investment Fund                                                             | 7,933,704                   | ^    | 7,934         |
|     | Unsettled Sales & Purchases                              |                  |                                                                                        |                             |      | 17,252        |
|     | TOTAL SEPARATE ACCOUNT (DODGE & COX)                     |                  |                                                                                        |                             |      | 668,430       |
|     | CHEVRON STABLE VALUE SEPARATE ACCOUNT (PUTNAM)           |                  |                                                                                        |                             |      |               |
|     | Guaranteed Investment Contracts                          |                  |                                                                                        |                             |      |               |
|     | Principal Life Insurance Co.                             | 5.86%            |                                                                                        | 11,514,730                  | ^    | 11,515        |
|     | Lincoln National Life Insurance Co.                      | 5.87%            |                                                                                        | 11,555,284                  | ^    | 11,555        |
|     | Lincoln National Life Insurance Co.                      | 5.93%            | 12/31/2027                                                                             | 5,766,798                   | ^    | 5,767         |
|     | Minnesota Life Insurance Co.                             | 5.60%            |                                                                                        | 11,461,910                  | ^    | 11,462        |
|     | Metropolitan Life Insurance Co.                          | 5.65%            | 1/30/2026                                                                              | 5,747,264                   | ^    | 5,747         |
|     | Athene Annuity and Life Co.                              | 4.84%            | 3/31/2028                                                                              | 5,133,843                   | ^    | 5,134         |
|     | United of Omaha Insurance Co.                            | 4.82%            | 6/30/2028                                                                              | 5,134,219                   | ^    | 5,134         |
|     | Total Guaranteed Investment Contracts                    |                  |                                                                                        |                             |      | 56,314        |
|     | Security-Backed Investment Contracts                     |                  |                                                                                        |                             |      |               |
|     | Putnam Short Duration Government Corporate Trust:        |                  |                                                                                        |                             |      |               |
|     | Prudential Insurance Co.                                 | 5.45%            |                                                                                        | 20,847,334                  | ^    | 20,847        |
|     | American General Life Insurance Co.                      | 5.77%            |                                                                                        | 25,837,432                  | ^    | 25,838        |
|     | Massachusetts Mutual Insurance Co.                       | 5.77%            |                                                                                        | 25,838,041                  | ^    | 25,838        |
|     | Pacific Life Insurance Co.                               | 5.44%            |                                                                                        | 20,849,271                  | ^    | 20,849        |
|     | New York Life Insurance Co.                              | 5.77%            |                                                                                        | 24,667,201                  | ^    | 24,667        |
|     | Citibank                                                 | 5.44%            |                                                                                        | 20,848,782                  | ^    | 20,849        |
|     | American United Life Insurance Co.                       | 5.45%            |                                                                                        | 20,850,271                  | ^    | 20,850        |
|     | Total Security-Backed Investment Contracts               |                  |                                                                                        |                             |      | 159,738       |
|     | Cash & Cash Equivalents                                  |                  |                                                                                        |                             |      |               |
|     | Fidelity                                                 |                  | Short Term Investment Fund                                                             | 2,181,015                   | ^    | 2,181         |
|     | Unsettled Sales & Purchases                              |                  |                                                                                        |                             |      | (471)         |
|     | TOTAL CHEVRON STABLE VALUE SEPARATE ACCOUNT (PUTNAM)     |                  |                                                                                        |                             |      | 217,762       |
|     | TOTAL INVESTMENTS PER FINANCIAL STATEMENTS               |                  |                                                                                        |                             |      | 22,126,532    |
|     | Cash                                                     |                  |                                                                                        |                             |      | —             |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
EIN 94-0890210 PLAN NO. 001  
**SCHEDULE H - PART IV, LINE 4(i) - SCHEDULE OF ASSETS HELD**  
**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)                  |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|----------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost                 |
|     |                                                          |                  |                                                                                        |                             | Current Value        |
| *   | <b>PARTICIPANT LOANS</b>                                 |                  | Interest rates ranging from 2.23% to 10.25%<br>Maturity dates extend to 2054           |                             | <b>124,295</b>       |
|     | <b>TOTAL INVESTMENTS PER FORM 5500</b>                   |                  |                                                                                        |                             | <b>\$ 22,250,827</b> |

\* Party-in-interest as defined by ERISA.

^ Participant directed investment cost not required to be included

PN:001

**CHEVRON**  
**EMPLOYEE SAVINGS INVESTMENT PLAN**

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE

TOGETHER WITH REPORT OF INDEPENDENT  
REGISTERED PUBLIC ACCOUNTING FIRM

DECEMBER 31, 2025 AND 2024

# CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN

## TABLE OF CONTENTS

|                                                                                                   | <u>Page No.</u> |
|---------------------------------------------------------------------------------------------------|-----------------|
| Independent Auditor's Report *                                                                    | 1               |
| Financial Statements                                                                              |                 |
| Statements of Net Assets Available for Benefits<br>as of December 31, 2025 and 2024               | 3               |
| Statement of Changes in Net Assets Available for Benefits<br>for the Year Ended December 31, 2025 | 4               |
| Notes to Financial Statements                                                                     | 5               |
| Supplemental Schedule                                                                             |                 |
| Schedule of Assets (Held at End of Year)<br>as of December 31, 2025                               | 20              |

\* 2025 Independent Auditor's Report is a copy of the original

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of  
Chevron Employee Savings Investment Plan:

### Opinion

We have audited the financial statements of Chevron Employee Savings Investment Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Chevron Employee Savings Investment Plan as of December 31, 2025 and 2024, and the changes in net assets available for benefits for the year ended December 31, 2025 in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

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 Chevron Employee Savings Investment Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Chevron Employee Savings Investment Plan's ability to continue as a going concern for a reasonable period of time.

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.

#### **Supplemental Schedule Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Part IV – Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 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 management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in blue ink, reading 'Withum Smith & Brown, PC'.

June 24, 2026

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2025 AND 2024**  
(thousands of dollars)

|                                    | <u>2025</u>                 | <u>2024</u>                 |
|------------------------------------|-----------------------------|-----------------------------|
| <u>Assets</u>                      |                             |                             |
| Investments - at fair value        | \$ 21,910,480               | \$ 20,044,135               |
| Investments - at contract value    | 216,052                     | 210,966                     |
| Notes receivable from brokers      | 1,145                       | 75                          |
| Notes receivable from participants | <u>124,295</u>              | <u>123,529</u>              |
| Total assets                       | <u>22,251,972</u>           | <u>20,378,705</u>           |
| <u>Liabilities</u>                 | <u>—</u>                    | <u>—</u>                    |
| Net assets available for benefits  | <u><u>\$ 22,251,972</u></u> | <u><u>\$ 20,378,705</u></u> |

The accompanying notes are an integral part of these financial statements.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2025**  
(thousands of dollars)

|                                                        |                      |
|--------------------------------------------------------|----------------------|
| <u>Additions</u>                                       |                      |
| Contributions:                                         |                      |
| Employer contributions                                 | \$ 326,339           |
| Participant contributions                              | 410,123              |
| Participant rollovers                                  | 93,930               |
| Total contributions                                    | <u>830,392</u>       |
| Investment income:                                     |                      |
| Net appreciation in fair value of investments          | 2,650,269            |
| Interest and dividends                                 | 242,520              |
| Total investment income                                | <u>2,892,789</u>     |
| Other additions:                                       |                      |
| Interest income on notes receivable from participants  | <u>8,409</u>         |
| Total additions                                        | <u>3,731,590</u>     |
| <u>Deductions</u>                                      |                      |
| Distribution to participants                           | 3,016,350            |
| Administrative fees                                    | 3,320                |
| Total deductions                                       | <u>3,019,670</u>     |
| <u>Transfer from another plan</u>                      |                      |
| Transfer from Hess Corporation Employees' Savings Plan | <u>1,161,347</u>     |
| Net increase in net assets available for benefits      | 1,873,267            |
| Net assets available for benefits:                     |                      |
| Beginning of year                                      | <u>20,378,705</u>    |
| End of year                                            | <u>\$ 22,251,972</u> |

The accompanying notes are an integral part of this financial statement.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 1 - Description of the Plan**

The following description of the Chevron Employee Savings Investment Plan (ESIP or the Plan) provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan that is intended to be a qualified profit-sharing plan under Section 401(a) of the Internal Revenue Code (the Code), a qualified cash or deferred arrangement under Section 401(k) of the Code, and, effective December 1, 1989, to include a leveraged Employee Stock Ownership Plan (ESOP) qualified under Section 4975(e)(7) of the Code.

**Plan Sponsor/Administrator.** Chevron Corporation (the Corporation) is the Plan Sponsor and the Plan Administrator of the ESIP. It has the authority to appoint one or more trustees to hold the assets of the Plan and to appoint a recordkeeper. In its capacity as fiduciary and administrator, the Corporation makes such rules, regulations and computations and takes whatever action is necessary to administer the Plan in accordance with provisions of the Code and the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Eligibility.** Employees of the Corporation and each other participating company (the Company) or employees who are represented by a labor organization that has bargained for and agreed to participation in the Plan, hired on to the U.S. payroll are eligible to join the Plan upon their first day of employment.

**Contributions.** Participants may contribute up to 75 percent of regular pay each pay period as combined basic (1 or 2 percent) and supplemental (up to 73 percent) contributions. For 2025, the maximum contribution amount on a combined before-tax and Roth 401(k) basis was the annual Code limit of \$23,500 for participants under age 50 and \$31,000 for participants aged 50 and up. The Plan has a fixed match feature. The Company will match 4 percent of regular pay to participants making basic contributions of 1 percent to the Plan or 8 percent of regular pay to participants making basic contributions of 2 percent to the Plan. The Code limits the amount of compensation that can be taken into account when calculating participant and company matching contributions to the Plan; for the year 2025, company matching contributions ceased when a participant reached regular pay of \$350,000.

The Company matching contribution is made in cash and allocated according to the participants' current payroll elections. Participants may elect to receive dividends on shares in their Chevron Stock and Chevron ESOP accounts as a taxable distribution or reinvest the dividends into their Chevron Stock account.

**Vesting.** Employees are always fully vested in all contributions to their accounts, as well as the investment income earned from all contributions to the Plan.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 1 - Description of the Plan (Continued)**

**Participant Accounts.** Contributions are invested in various investment options offered within the Plan. Employee contributions are comprised of basic and supplemental contributions and rollover contributions from other qualified retirement plans or from a rollover IRA, on a pre-tax, after-tax, and/or Roth 401(k) basis.

**Trustee.** Fidelity Management Trust Company and Fidelity Workplace Services, LLC are the Plan's trustee and the recordkeeper, respectively (collectively referred to herein as Fidelity). Fidelity also performs the custodial and administrator functions for the separate accounts. The trustee has the authority to manage the assets of the Plan in accordance with the terms of the service agreements.

**Notes Receivable from Participants.** The Plan loan provision allows participants to borrow funds from their Plan account, subject to certain restrictions and limitations. Participants may borrow up to the lesser of \$50,000 or 50% of their total account balance or the value of the account(s) used to fund the loan. The minimum loan is \$1,000. The minimum term for repayment of any loan is 6 months and the maximum term is 5 years. However, the maximum term for repayment of a loan to purchase the participant's principal residence is 25 years. Loans bear a reasonable fixed rate of interest. Interest rates charged during 2025 and 2024 on new and carried loans ranged from 2.23% to 10.25% with maturities extending to 2054. Most loan repayments are made through payroll deductions and the principal and interest paid by the participants are reinvested in the participants' accounts. Notes receivable from participants totaled \$124,294,748 and \$123,529,117 as of December 31, 2025 and 2024, respectively.

**Plan Termination.** The Corporation expects to continue the ESIP indefinitely but has the authority to amend or terminate the ESIP at any time. In the event of Plan termination, the trust fund shall continue until any previously unallocated assets of the Plan are allocated to accounts and distributed to participants or beneficiaries in accordance with applicable law and pursuant to written rules and procedures adopted by the Corporation prior to such termination. In addition, upon Plan termination, neither the Corporation nor any other person shall have a liability or obligation to provide additional benefits. Participants or beneficiaries shall obtain benefits solely from the trust fund.

**Benefit Payment / Distribution.** At the request of the participant, distributions can be received in installment payments, partial distribution, or single lump-sum payment after termination of employment. While employed, a participant may make withdrawals from their employer or employee contribution accounts (as allowed under IRS regulations) subject to certain restrictions described in the Plan, which may be waived in the event a participant demonstrates a financial hardship. The Plan requires automatic cash outs of account balances less than \$1,000 upon termination of employment. Benefit payments to participants are recorded when paid.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 1 - Description of the Plan (Continued)**

**Plan Expenses.** In accordance with the Department of Labor's (DOL) rules under ERISA Section 408(b)(2), total all-in fees are disclosed by the service provider. In accordance with these DOL rules, recordkeeping and trustee fees are unbundled and paid by the participants. Other administrative expenses relating to the Plan, including audit fees and participant education retirement services are paid by the Plan to the extent Plan forfeiture funds or other suspense account funds are sufficient. If not, such fees are paid by the Corporation. Certain Chevron employee labor and administrative costs for Plan-related services are reimbursed to the Corporation by the Plan. As of December 31, 2025 and 2024, funds in the forfeiture account were \$1,366,027 and \$419,496, respectively. Amounts of forfeited account balances used to pay Plan expenses totaled \$278,624 for the year ended December 31, 2025. As of December 31, 2025 and 2024, funds in all suspense accounts were \$2,317,403 and \$1,152,948, respectively. Amounts of suspense account balances used to pay Plan expenses totaled \$1,557,764 for the year ended December 31, 2025.

**Diversification.** Each participant is permitted to direct any contributions made to their account to be invested in investment options available under the Plan. Participants are not subject to any restriction, holding periods or otherwise, when moving assets, other than those noted below under Stable Value Funds Equity Wash.

**Put Option.** For so long as the Corporation's shares are readily tradable on an established market, the Corporation shall not be required to provide the participant or beneficiary with an option to put the shares to the Corporation, in accordance with Section 409(h) of the Code.

**Plan Mergers.** Effective December 31, 2025, the assets and participant accounts of the Hess Corporation Employees' Savings Plan (Hess 401(k)) merged into the ESIP. The investments of \$1,161,346,863 were transferred on December 31, 2025.

**Stable Value Fund Equity Wash.** Per agreement with the Plan's stable value fund managers, to discourage market timing and other forms of speculative behavior, investors are restricted from moving assets from these funds directly into existing ESIP money market funds. All assets moving out of these stable value funds are to be moved to another non-money market ESIP investment for at least 90 days before moving to a money market investment. These provisions apply to the Chevron Stable Value Separate Account (Putnam).

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 2 - Summary of Significant Accounting Policies**

The following are the significant accounting policies followed by the Plan:

**Basis of Accounting.** The financial statements of the ESIP are presented on the accrual basis of accounting.

**Investment Valuation and Income Recognition.** Investments, with the exception of the Chevron Stable Value Separate Account (Putnam), are reported at fair value, which 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. Investments in the core and supplemental options are valued on each business day on which the New York Stock Exchange is open for trading to reflect contributions, distributions, income, expenses, gains and losses. The difference between cost and market value represents unrealized appreciation or depreciation as of the reporting date. The valuation of the underlying securities in Fidelity Brokerage Link are determined by Fidelity Brokerage Service daily. The Putnam account is at contract value. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contracts, because contract value is the amount participants generally receive when executing transactions under the terms of the contract and plan provisions.

Net appreciation (depreciation) in fair value of investments includes realized gains (losses) and unrealized appreciation (depreciation).

Realized gains (losses) on investments are based on sales proceeds less average cost. Sales and purchases between participants are included in realized gains (losses). Security purchases and sales are recorded as of the trade date for such transactions.

Dividend income earned on investments held and interest income earned on funds pending investment are recorded on an accrual basis.

**Notes Receivable from Participants.** Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan rules.

**Use of Estimates.** The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Net Asset Value (NAV) as a practical expedient: Inputs to the valuation methodology are allowed as a practical expedient to measure certain investments at NAV provided:

- The investment doesn't have a readily determinable fair value;
- The investee is an investment company within the scope of ASC Topic 946, Financial Services - Investment Companies.

The asset's 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 must maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

- Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.
- Preferred stock held in a separate account fund values are derived from both dealer-supplied valuations and pricing models at year-end.
- Shares of registered investment companies are valued at the closing price reported on the active market on which the individual securities are traded.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 3 - Fair Value Measurements (continued)**

- Corporate bonds held in a separate account fund values are derived from both dealer-supplied valuations and pricing models at year-end.
- Other collective investment fund values are given the market value of underlying investments and are therefore classified as Level 2.
- Mortgage backed securities held in a separate account fund are valued on the basis of their future principal and interest payments discounted at prevailing interest rates for similar investments.
- U.S. government securities held in a separate account fund values are derived from both dealer supplied valuations and pricing models at year-end.
- Asset backed securities are priced based on a compilation of primarily observable market information.
- Cash equivalents are valued at cost, which approximates fair value.
- Investments in Fidelity BrokerageLink hold shares of registered investment companies and are valued at the closing price reported on the active market on which the individual securities are traded.
- Stable value collective trusts are stated at fair value based on the NAV of the underlying investments, as reported to the Plan by the contract issuer. The NAV, as provided by Fidelity Management Trust Company, is used as a practical expedient to estimate fair value.

The 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 at fair value as of December 31, 2025 and 2024:

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 3 - Fair Value Measurements (Continued)**

|                                                 | Investments at Fair Value (in thousands) as of December 31, 2025 |               |         |                      |
|-------------------------------------------------|------------------------------------------------------------------|---------------|---------|----------------------|
|                                                 | Level 1                                                          | Level 2       | Level 3 | Total                |
| Common stocks                                   | \$ 4,739,578                                                     | \$ —          | \$ —    | \$ 4,739,578         |
| Registered investment companies                 | —                                                                | —             | —       | —                    |
| Fidelity BrokerageLink                          | 689,002                                                          | —             | —       | 689,002              |
| Other collective investment funds               | —                                                                | 15,811,760    | —       | 15,811,760           |
| Separate account (Dodge & Cox):                 |                                                                  |               |         |                      |
| Preferred stock                                 | —                                                                | 4,705         | —       | 4,705                |
| Corporate bonds                                 | —                                                                | 200,527       | —       | 200,527              |
| Mortgage backed securities                      | —                                                                | 282,332       | —       | 282,332              |
| Government securities                           | —                                                                | 104,105       | —       | 104,105              |
| Asset backed securities                         | —                                                                | 51,575        | —       | 51,575               |
| Cash equivalents                                | —                                                                | 7,934         | —       | 7,934                |
| Unsettled sales & purchases                     | —                                                                | 17,252        | —       | 17,252               |
| Chevron Stable Value Separate Account (Putnam): |                                                                  |               |         |                      |
| Cash equivalents                                | —                                                                | 2,181         | —       | 2,181                |
| Unsettled sales & purchases                     | —                                                                | (471)         | —       | (471)                |
| Total investments in the fair value hierarchy   | \$ 5,428,580                                                     | \$ 16,481,900 | \$ —    | \$ 21,910,480        |
| Total investments at fair value                 |                                                                  |               |         | <u>\$ 21,910,480</u> |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 3 - Fair Value Measurements (Continued)**

| Investments at Fair Value (in thousands) as of December 31, 2024 |              |               |         |               |
|------------------------------------------------------------------|--------------|---------------|---------|---------------|
|                                                                  | Level 1      | Level 2       | Level 3 | Total         |
| Common stocks                                                    | \$ 4,807,816 | \$ —          | \$ —    | \$ 4,807,816  |
| Registered investment companies                                  | 216          | —             | —       | 216           |
| Fidelity BrokerageLink                                           | 583,833      | —             | —       | 583,833       |
| Other collective investment funds                                | —            | 14,018,594    | —       | 14,018,594    |
| Separate account (Dodge & Cox):                                  |              |               |         |               |
| Preferred stock                                                  | —            | 4,671         | —       | 4,671         |
| Corporate bonds                                                  | —            | 180,702       | —       | 180,702       |
| Mortgage backed securities                                       | —            | 271,247       | —       | 271,247       |
| Government securities                                            | —            | 111,532       | —       | 111,532       |
| Asset backed securities                                          | —            | 42,844        | —       | 42,844        |
| Cash equivalents                                                 | —            | 9,596         | —       | 9,596         |
| Unsettled sales & purchases                                      | —            | 9,255         | —       | 9,255         |
| Chevron Stable Value Separate Account (Putnam):                  |              |               |         |               |
| Cash equivalents                                                 | —            | 3,104         | —       | 3,104         |
| Unsettled sales & purchases                                      | —            | 41            | —       | 41            |
| Total investments in the fair value hierarchy                    | \$ 5,391,865 | \$ 14,651,586 | \$ —    | \$ 20,043,451 |
| Investments at NAV <sup>(a)</sup>                                |              |               |         | 684           |
| Total investments at fair value                                  |              |               |         | \$ 20,044,135 |

(a) In accordance with Topic 820, certain investments that were measured at net asset value per share (or its equivalent) 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.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 3 - Fair Value Measurements (Continued)**

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2024. Redemption restrictions are reported above in Note 1, Stable Value Fund Equity Wash; the redemption notice period is applicable only to the Plan.

|                                                  | December 31, 2024<br>Fair Value<br>(in thousands) | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|--------------------------------------------------|---------------------------------------------------|-------------------------|-------------------------|-----------------------------|
| <b>Stable value collective investment funds:</b> |                                                   |                         |                         |                             |
| Associated Benefits Corporation                  | \$ 130                                            | N/A                     | Daily                   | 12 months                   |
| Associated Benefits Corporation                  | \$ 554                                            | N/A                     | Daily                   | 12 months                   |
|                                                  | <u>\$ 684</u>                                     |                         |                         |                             |

**NOTE 4 - Investments**

At December 31, 2025, the following broad range of investment options were utilized by the Plan:

**Target Date Retirement Funds**

| Fund Name                                          | Fund Type |
|----------------------------------------------------|-----------|
| BlackRock LifePath Index Retirement Account C      | Balanced  |
| BlackRock LifePath Index 2030 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2035 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2040 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2045 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2050 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2055 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2060 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2065 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2070 Retirement Account C | Balanced  |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 4 - Investments (Continued)**

**Core Funds**

| Fund Name                                                      | Fund Type                    |
|----------------------------------------------------------------|------------------------------|
| BlackRock U.S. Debt Index Account C                            | Fixed Income                 |
| BlackRock Equity Index Account C                               | Large-Cap Stock              |
| BlackRock Extended Equity Market Fund M                        | Small & Mid-Cap Growth Stock |
| BlackRock MSCI ACWI ex-U.S. Index Account C                    | International Stock          |
| BlackRock Gov't Short-Term Investment Account C                | Money Market                 |
| Chevron Stable Value Separate Account (Putnam)                 | Fixed Income                 |
| Principal Diversified Real Asset CIT Tier 3                    | Real Assets                  |
| EARNEST Partners Smid Cap Core Fund Class                      | Small & Midcap Stock         |
| Separate Account (Dodge & Cox)                                 | Fixed Income                 |
| Capital Group EuroPacific Growth Trust                         | International Stock          |
| Associated Benefits Corporation Stable Value Fund <sup>1</sup> | Fixed Income                 |

<sup>1</sup> Residual values; no longer available for participant investment.

**Chevron Stock**

| Fund Name              | Fund Type     |
|------------------------|---------------|
| Chevron Leveraged ESOP | Company Stock |
| Chevron Common Stock   | Company Stock |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 4 - Investments (Continued)**

At December 31, 2024, the following broad range of investment options were utilized by the Plan:

**Target Date Retirement Funds**

| Fund Name                                          | Fund Type |
|----------------------------------------------------|-----------|
| BlackRock LifePath Index Retirement Account C      | Balanced  |
| BlackRock LifePath Index 2030 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2035 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2040 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2045 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2050 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2055 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2060 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2065 Retirement Account C | Balanced  |
| BlackRock LifePath Index 2070 Retirement Account C | Balanced  |

**Core Funds**

| Fund Name                                                      | Fund Type                    |
|----------------------------------------------------------------|------------------------------|
| BlackRock U.S. Debt Index Account C                            | Fixed Income                 |
| BlackRock Equity Index Account C                               | Large-Cap Stock              |
| BlackRock Extended Equity Market Fund M                        | Small & Mid-Cap Growth Stock |
| BlackRock MSCI ACWI ex-U.S. Index Account C                    | International Stock          |
| BlackRock Gov't Short-Term Investment Account C                | Money Market                 |
| Chevron Stable Value Separate Account (Putnam)                 | Fixed Income                 |
| Principal Diversified Real Asset CIT Tier 3                    | Real Assets                  |
| EARNEST Partners Smid Cap Core Fund Class                      | Small & Midcap Stock         |
| Separate Account (Dodge & Cox)                                 | Fixed Income                 |
| Capital Group EuroPacific Growth Trust                         | International Stock          |
| Associated Benefits Corporation Stable Value Fund <sup>1</sup> | Fixed Income                 |
| Vanguard Federal Money Market Fund <sup>1</sup>                | Money Market                 |
| Fidelity Managed Income Portfolio (MIP CL2) <sup>2</sup>       | Fixed Income                 |

<sup>1</sup> Residual values; no longer available for participant investment.

<sup>2</sup> Fund transferred to the Chevron ESIP from PDC Energy on December 31, 2024.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 4 - Investments (Continued)**

**Chevron Stock**

| Fund Name              | Fund Type     |
|------------------------|---------------|
| Chevron Leveraged ESOP | Company Stock |
| Chevron Common Stock   | Company Stock |

**Fidelity BrokerageLink**

Through the Fidelity Brokerage Services, LLC, a participant may choose from approximately 10,000 mutual funds from Fidelity and other companies, and Exchange-Traded Funds that are not included in the core or supplemental investment funds. There is no annual fee charged to participants who use this option. Within each fund offered in the Fidelity BrokerageLink, additional fees may be charged, either accrued within a fund's pooled price or charged directly on deposits or withdrawals depending upon the investment.

**Chevron Stable Value Separate Account (Putnam)**

The investments that make up the Chevron Stable Value Separate Account (Putnam) are held by the Plan in a separate account with the Plan's recordkeeper. These investments are primarily high-quality guaranteed investment contracts (GICs) and security-backed investment contracts (SBICs) also referred to as a synthetic GIC. GICs are issued by insurance companies which guarantee the return of principal and a stated rate of interest (Contract Value). SBICs are comprised of two components: investment contracts issued by a financial institution and underlying portfolios of fixed income securities whose market prices fluctuate. The investment contract component of the SBIC is designed to allow participants to transact at Contract Value without reference to the price fluctuations of the underlying fixed income securities. Therefore, GICs and SBICs are normally valued at Contract Value.

The key difference between a synthetic investment contract and a traditional investment contract is that the Plan owns the underlying assets of the synthetic investment contract. A synthetic investment contract includes a wrapper contract, which is an agreement for the wrap issuer, such as a bank or insurance company, to make payments to the Plan in certain circumstances. The wrapper contract typically includes certain conditions and limitations on the underlying assets owned by the Plan. With traditional investment contracts, the Plan owns only the contract itself. Synthetic and traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 4 - Investments (Continued)**

The synthetic investment contracts held by the Plan include wrapper contracts that provide a guarantee that the credit rate will not fall below 0 percent. Cash flow volatility (for example, timing of benefit payments) as well as asset underperformance can be passed through to the Plan through adjustments to future contract crediting rates. Formulas are provided in each contract that adjusts renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets. Crediting rates are reviewed monthly for resetting.

Both the contracts that back GICs and SBICs are not tradable on any secondary market; however, they are fully benefit-responsive to Plan-permitted transactions, which allows participants to initiate withdrawals, loans or transfers to other funds within the Plan at Contract Value. Franklin Templeton, on behalf of the Plan, negotiates both GIC and SBIC contracts with certain employer-initiated transaction provisions (e.g., allowances for targeted layoffs and reorganizations) that make it unlikely that any event would occur that would limit a participant's ability to transact at Contract Value. There currently are no events that limit the ability to transact at contract value.

The only events or circumstances that would allow issuers to immediately terminate one of the Plan's GICs or SBICs at an amount different from Contract Value would be if they were provided with willfully fraudulent information about the Plan. Issuers, in some cases, have provisions that allow them to terminate at book value over a specified period of time.

Total Contract Value for GICs and SBICs held directly by the Plan is as follows (in thousands):

|                                                               | December 31,     |                  |
|---------------------------------------------------------------|------------------|------------------|
|                                                               | 2025             | 2024             |
| Guaranteed Investment Contracts (GICs)                        | \$56,314         | \$59,825         |
| Security-Backed Investment Contracts (SBICs) (synthetic GICs) | 159,738          | 151,141          |
| <b>Total Investment Contracts</b>                             | <b>\$216,052</b> | <b>\$210,966</b> |

The Chevron Stable Value Separate Account (Putnam) includes cash and cash equivalents as noted on the fair value tables in Note 3, above.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 5 - Income Taxes**

The Plan received a determination letter dated October 23, 2013 from the Internal Revenue Service (IRS) stating that the Plan is qualified with the applicable requirements of the Code. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Subsequent to this issuance of the determination letter, the Plan was restated and amended. The Corporation believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as restated and amended, is qualified and the related trust is tax exempt.

The Corporation has reviewed the Plan's administrative procedures and is of the opinion that they are in accordance with technical compliance requirements of ERISA.

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 would not meet the more likely than not standard and be-sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

**NOTE 6 - 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, both positive and negative, in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**NOTE 7 - Related Party Transactions**

Plan investments include a Separate Account managed by Fidelity and shares of common stock of the Corporation. Transactions with Fidelity, as the trustee and recordkeeper and the Corporation as the Plan Sponsor and Plan Administrator, qualify as party-in-interest transactions. Certain internal and external administrative costs are reimbursed by the Plan to Chevron. In 2025, \$358,277 was reimbursed.

As of December 31, 2025 and 2024, the Plan held 31,097,309 and 33,193,767 shares Chevron Corporation common stock, respectively, with a fair value of \$4,739,578,577 and \$4,807,815,608, respectively. In 2025, \$217,223,544 in dividends of Chevron common stock were paid to participants.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2025 AND 2024**

**NOTE 8 - Subsequent Events**

The Plan has evaluated subsequent events through June 24, 2026, the date the financial statements were available to be issued.

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
**EIN 94-0890210 PLAN NO. 001**  
**SCHEDULE H - PART IV, LINE 4(i) - SCHEDULE OF ASSETS HELD**  
**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)               |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|-------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost              |
|     |                                                          |                  |                                                                                        |                             | Current Value     |
|     | <b>COMMON STOCK</b>                                      |                  |                                                                                        |                             |                   |
| *   | Chevron Corporation                                      |                  | Common Stock                                                                           | 31,097,309                  | ^                 |
|     |                                                          |                  |                                                                                        |                             | \$ 4,739,578      |
|     | <b>TOTAL COMMON STOCK</b>                                |                  |                                                                                        |                             |                   |
|     |                                                          |                  |                                                                                        |                             | <b>4,739,578</b>  |
| *   | <b>FIDELITY BROKERAGELINK</b>                            |                  |                                                                                        |                             |                   |
|     |                                                          |                  |                                                                                        |                             | ^                 |
|     | <b>STABLE VALUE COLLECTIVE INVESTMENT FUNDS</b>          |                  |                                                                                        |                             |                   |
|     | Associated Benefits Corporation Stable Value Fund        |                  |                                                                                        | 6,488                       | ^                 |
|     |                                                          |                  |                                                                                        |                             | —                 |
|     | <b>TOTAL STABLE VALUE FUNDS</b>                          |                  |                                                                                        |                             |                   |
|     |                                                          |                  |                                                                                        |                             | —                 |
|     | <b>OTHER COLLECTIVE INVESTMENT FUNDS</b>                 |                  |                                                                                        |                             |                   |
|     | EARNEST Partners Small Midcap Core Fund Class 1          |                  |                                                                                        | 3,095,333                   | ^                 |
|     | Principal Diversified Real Asset Fund                    |                  |                                                                                        | 8,593,361                   | ^                 |
|     | BlackRock LifePath Index Retirement Account C            |                  |                                                                                        | 42,632,968                  | ^                 |
|     | BlackRock LifePath Index 2030 Account C                  |                  |                                                                                        | 32,270,938                  | ^                 |
|     | BlackRock LifePath Index 2035 Account C                  |                  |                                                                                        | 35,952,620                  | ^                 |
|     | BlackRock LifePath Index 2040 Account C                  |                  |                                                                                        | 33,294,821                  | ^                 |
|     | BlackRock LifePath Index 2045 Account C                  |                  |                                                                                        | 35,226,326                  | ^                 |
|     | BlackRock LifePath Index 2050 Account C                  |                  |                                                                                        | 28,106,244                  | ^                 |
|     | BlackRock LifePath Index 2055 Account C                  |                  |                                                                                        | 18,366,778                  | ^                 |
|     | BlackRock LifePath Index 2060 Account C                  |                  |                                                                                        | 9,909,466                   | ^                 |
|     | BlackRock LifePath Index 2065 Account C                  |                  |                                                                                        | 5,106,299                   | ^                 |
|     | BlackRock LifePath Index 2070 Account C                  |                  |                                                                                        | 737,102                     | ^                 |
|     | BlackRock MSCI ACWI ex-U.S. Index Account C              |                  |                                                                                        | 86,008,705                  | ^                 |
|     | BlackRock Equity Index Account C                         |                  |                                                                                        | 438,308,968                 | ^                 |
|     | BlackRock Extended Equity Market Fund M                  |                  |                                                                                        | 126,836,508                 | ^                 |
|     | BlackRock Government Short-Term Invstmnt Acct C          |                  |                                                                                        | 1,008,801,986               | ^                 |
|     | BlackRock U.S. Debt Index Account C                      |                  |                                                                                        | 45,294,033                  | ^                 |
|     | Capital Group EuropPacific Growth Trust                  |                  |                                                                                        | 17,723,765                  | ^                 |
|     |                                                          |                  |                                                                                        |                             | 296,873           |
|     | <b>TOTAL OTHER COLLECTIVE INVESTMENT FUNDS</b>           |                  |                                                                                        |                             |                   |
|     |                                                          |                  |                                                                                        |                             | <b>15,811,760</b> |
|     | <b>SEPARATE ACCOUNT (DODGE &amp; COX)</b>                |                  |                                                                                        |                             |                   |
|     | Preferred Stock                                          |                  |                                                                                        |                             |                   |
|     | CITIGROUP CAP XIII                                       | 7.875%           | VAR PFD PAR=25                                                                         | 155,850                     | ^                 |
|     |                                                          |                  |                                                                                        |                             | 4,705             |
|     | Corporate Debt                                           |                  |                                                                                        |                             |                   |
|     | AT&T INC                                                 | 2.55%            | 12/01/2033                                                                             | 1,900,000                   | ^                 |
|     | ELEVANCE HEALTH INC                                      | 5.15%            | 06/15/2029                                                                             | 875,000                     | ^                 |
|     | ELEVANCE HEALTH INC                                      | 4.75%            | 02/15/2030                                                                             | 750,000                     | ^                 |
|     | BAT CAPITAL CORP                                         | 6.421%           | 08/02/2033                                                                             | 775,000                     | ^                 |
|     | BAT CAPITAL CORP                                         | 2.726%           | 03/25/2031                                                                             | 1,775,000                   | ^                 |
|     | BAT CAPITAL CORP                                         | 4.742%           | 03/16/2032                                                                             | 900,000                     | ^                 |
|     | BNP PARIBAS                                              | 4.375%           | 05/12/2026 144A                                                                        | 2,000,000                   | ^                 |
|     | BNP PARIBAS                                              | 4.625%           | 03/13/2027 144A                                                                        | 600,000                     | ^                 |
|     | BANK OF AMERICA CORPORATION                              | 4.25%            | 10/22/2026                                                                             | 875,000                     | ^                 |
|     | BANK OF AMERICA CORPORATION                              | 3.593%           | VAR 07/21/2028                                                                         | 650,000                     | ^                 |
|     | BANK OF AMERICA CORPORATION                              | 2.496%           | VAR 02/13/2031                                                                         | 1,350,000                   | ^                 |
|     | BANK OF AMERICA CORPORATION                              | 3.846%           | VAR 03/08/2037                                                                         | 3,050,000                   | ^                 |
|     | BANK OF AMERICA CORPORATION                              | 4.948%           | VAR 07/22/2028                                                                         | 1,000,000                   | ^                 |
|     | BANK OF AMERICA CORPORATION                              | 4.623%           | VAR 05/09/2029                                                                         | 1,275,000                   | ^                 |
|     | BARCLAYS PLC                                             | 4.836%           | 05/09/2028                                                                             | 1,525,000                   | ^                 |
|     | BARCLAYS PLC                                             | 5.09%            | VAR 06/20/2030                                                                         | 625000                      | ^                 |
|     | BARCLAYS PLC                                             | 5.501%           | VAR 08/09/2028                                                                         | 600,000                     | ^                 |
|     | BARCLAYS PLC                                             | 7.437%           | VAR 11/02/2033                                                                         | 350,000                     | ^                 |
|     | BARCLAYS PLC                                             | 5.829%           | VAR 05/09/2027                                                                         | 925,000                     | ^                 |
|     |                                                          |                  |                                                                                        |                             | 930               |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
EIN 94-0890210 PLAN NO. 001  
**SCHEDULE H - PART IV, LINE 4(i) - SCHEDULE OF ASSETS HELD**  
**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)                       |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|---------------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost<br><br>Current Value |
|     | BARCLAYS PLC                                             | 6.49%            | VAR 09/13/2029                                                                         | 575,000                     | ^ 608                     |
|     | BAYER US FIN LLC                                         | 6.25%            | 01/21/2029 144A                                                                        | 600,000                     | ^ 631                     |
|     | BAYER US FIN LLC                                         | 6.375%           | 11/21/2030 144A                                                                        | 1,477,000                   | ^ 1,579                   |
|     | BAYER US FIN LLC                                         | 6.5%             | 11/21/2033 144A                                                                        | 400,000                     | ^ 433                     |
|     | BAYER US FIN II LLC                                      | 4.375%           | 12/15/2028 144A                                                                        | 1,100,000                   | ^ 1,101                   |
|     | BNP PARIBAS                                              | 2.588%           | VAR 08/12/2035 144A                                                                    | 1,975,000                   | ^ 1,786                   |
|     | BNP PARIBAS                                              | 5.786%           | VAR 01/13/2033 144A                                                                    | 625,000                     | ^ 656                     |
|     | BNP PARIBAS                                              | 5.085%           | VAR 05/09/2031 144A                                                                    | 1,000,000                   | ^ 1,021                   |
|     | BOSTON PROPERTIES LP                                     | 3.65%            | 02/01/2026                                                                             | 2,275,000                   | ^ 2,274                   |
|     | BOSTON PROPERTIES LP                                     | 2.75%            | 10/01/2026                                                                             | 450,000                     | ^ 446                     |
|     | BOSTON PROPERTIES LP                                     | 3.4%             | 06/21/2029                                                                             | 1,450,000                   | ^ 1,404                   |
|     | BOSTON PROPERTIES LP                                     | 6.5%             | 01/15/2034                                                                             | 700,000                     | ^ 754                     |
|     | CCO HLDGS LLC/CAP CORP                                   | 4.5%             | 06/01/2033 144A                                                                        | 3,875,000                   | ^ 3,392                   |
|     | CCO HLDGS LLC/CAP CORP                                   | 4.5%             | 05/01/2032                                                                             | 1,505,000                   | ^ 1,351                   |
|     | CIGNA GROUP (THE)                                        | 4.375%           | 10/15/2028                                                                             | 450,000                     | ^ 454                     |
|     | CIGNA GROUP (THE)                                        | 7.875%           | 05/15/2027                                                                             | 234,000                     | ^ 245                     |
|     | CIGNA GROUP (THE)                                        | 2.4%             | 03/15/2030                                                                             | 1,000,000                   | ^ 928                     |
|     | CVS HEALTH CORP                                          | 4.78%            | 03/25/2038                                                                             | 450,000                     | ^ 425                     |
|     | CVS HEALTH CORP                                          | 5.05%            | 03/25/2048                                                                             | 450,000                     | ^ 397                     |
|     | CVS HEALTH CORP                                          | 3.75%            | 04/01/2030                                                                             | 275,000                     | ^ 269                     |
|     | CVS HEALTH CORP                                          | 5.125%           | 02/21/2030                                                                             | 1,000,000                   | ^ 1,027                   |
|     | CVS HEALTH CORP                                          | 6.75%            | VAR 12/10/2054                                                                         | 325,000                     | ^ 339                     |
|     | CVS HEALTH CORP                                          | 7%               | VAR 03/10/2055                                                                         | 2,400,000                   | ^ 2,518                   |
|     | CAPITAL ONE FIN CORP                                     | 4.927%           | VAR 05/10/2028                                                                         | 825,000                     | ^ 835                     |
|     | CAPITAL ONE FIN CORP                                     | 7.624%           | VAR 10/30/2031                                                                         | 2,225,000                   | ^ 2,515                   |
|     | CAPITAL ONE FIN CORP                                     | 5.7%             | VAR 02/01/2030                                                                         | 1,050,000                   | ^ 1,092                   |
|     | CEMEX SAB DE CV                                          | 5.45%            | 11/19/2029 144A                                                                        | 1,650,000                   | ^ 1,671                   |
|     | CEMEX SAB DE CV                                          | 5.2%             | 09/17/2030 144A                                                                        | 925,000                     | ^ 937                     |
|     | CEMEX SAB DE CV                                          | 3.875%           | 07/11/2031 144A                                                                        | 700,000                     | ^ 669                     |
|     | LLC / CHARTER COM                                        |                  |                                                                                        | 1,180,000                   | ^ 1,109                   |
|     | LLC / CHARTER COM                                        |                  |                                                                                        | 2,575,000                   | ^ 2,121                   |
|     | LLC / CHARTER COM                                        |                  |                                                                                        | 1,275,000                   | ^ 1,088                   |
|     | COMCAST CORP                                             | 4.95%            | 05/15/2032                                                                             | 650,000                     | ^ 666                     |
|     | COX COMMUNICATIONS INC                                   | 3.35%            | 09/15/2026 144A                                                                        | 775,000                     | ^ 771                     |
|     | COX COMMUNICATIONS INC                                   | 3.5%             | 08/15/2027 144A                                                                        | 400,000                     | ^ 395                     |
|     | COX COMMUNICATIONS INC                                   | 1.8%             | 10/01/2030 144A                                                                        | 675,000                     | ^ 591                     |
|     | COX COMMUNICATIONS INC                                   | 5.45%            | 09/15/2028 144A                                                                        | 1,325,000                   | ^ 1,363                   |
|     | COX COMMUNICATIONS INC                                   | 5.7%             | 06/15/2033 144A                                                                        | 1,100,000                   | ^ 1,109                   |
|     | UBS GROUP AG                                             | 6.327%           | VAR 12/22/2027 144A                                                                    | 250,000                     | ^ 255                     |
|     | UBS GROUP AG                                             | 6.246%           | VAR 09/22/2029 144A                                                                    | 1,175,000                   | ^ 1,237                   |
|     | UBS GROUP AG                                             | 6.301%           | VAR 09/22/2034 144A                                                                    | 1,575,000                   | ^ 1,718                   |
|     | DILLARDS INC                                             | 7.75%            | 07/15/2026                                                                             | 210,000                     | ^ 213                     |
|     | DILLARDS INC                                             | 7.75%            | 05/15/2027                                                                             | 125,000                     | ^ 129                     |
|     | DILLARDS INC                                             | 7%               | 12/1/2028                                                                              | 280,000                     | ^ 294                     |
|     | DOMINION ENERGY INC                                      | 5%               | 6/15/2030                                                                              | 1,850,000                   | ^ 1901                    |
|     | ELANCO ANIMAL HEALTH INC VAR                             |                  | 08/28/2028                                                                             | 975,000                     | ^ 1,019                   |
|     | ENEL FINANCE INTL NV                                     | 6%               | 10/07/2039 144A                                                                        | 825,000                     | ^ 867                     |
|     | ENEL FINANCE INTL NV                                     | 5%               | 06/15/2032 144A                                                                        | 1,125,000                   | ^ 1,145                   |
|     | META PLATFORMS INC                                       | 4.6%             | 11/15/2032                                                                             | 425,000                     | ^ 428                     |
|     | META PLATFORMS INC                                       | 4.875%           | 11/15/2035                                                                             | 475,000                     | ^ 474                     |
|     | FORD MOTOR CREDIT CO LLC                                 | 2.7%             | 08/10/2026                                                                             | 925,000                     | ^ 916                     |
|     | FORD MOTOR CREDIT CO LLC                                 | 7.35%            | 11/04/2027                                                                             | 1,850,000                   | ^ 1,931                   |
|     | FORD MOTOR CREDIT CO LLC                                 | 6.8%             | 05/12/2028                                                                             | 1,575,000                   | ^ 1,643                   |
|     | FORD MOTOR CREDIT CO LLC                                 | 6.798%           | 11/07/2028                                                                             | 1,350,000                   | ^ 1,416                   |
|     | FORD MOTOR CREDIT CO LLC                                 | 4.542%           | 08/01/2026                                                                             | 1,144,000                   | ^ 1,142                   |
|     | GE HEALTHCARE TECHNOLOGIES INC                           | 4.8%             | 08/14/2029                                                                             | 625,000                     | ^ 639                     |
|     | GE HEALTHCARE TECHNOLOGIES INC                           | 5.905%           | 11/22/2032                                                                             | 800,000                     | ^ 862                     |
|     | GOLDMAN SACHS GROUP INC (THE)                            | 5.727%           | VAR 04/25/2030                                                                         | 1,175,000                   | ^ 1,228                   |
|     | GOLDMAN SACHS GROUP INC (THE)                            | 4.937%           | VAR 04/23/2028                                                                         | 1,150,000                   | ^ 1,163                   |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
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**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)  |               |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|------|---------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost | Current Value |
|     | GOLDMAN SACHS GROUP INC (THE)                            | 5.218%           | VAR 04/23/2031                                                                         | 875,000                     | ^    | 904           |
|     | GOLDMAN SACHS GROUP INC (THE)                            | 3.615%           | VAR 03/15/2028                                                                         | 1,775,000                   | ^    | 1,765         |
|     | HCA INC                                                  | 3.375%           | 03/15/2029                                                                             | 1,450,000                   | ^    | 1,413         |
|     | HCA INC                                                  | 5.25%            | 03/01/2030                                                                             | 975,000                     | ^    | 1,007         |
|     | HSBC HOLDINGS PLC                                        | 6.5%             | 05/02/2036                                                                             | 1,360,000                   | ^    | 1,514         |
|     | HSBC HOLDINGS PLC                                        | 6.5%             | 09/15/2037                                                                             | 1,300,000                   | ^    | 1,426         |
|     | HSBC HOLDINGS PLC                                        | 2.357%           | VAR 08/18/2031                                                                         | 1,100,000                   | ^    | 1,000         |
|     | HSBC HOLDINGS PLC                                        | 4.762%           | VAR 03/29/2033                                                                         | 1,525,000                   | ^    | 1,516         |
|     | HSBC HOLDINGS PLC                                        | 4.755%           | VAR 06/09/2028                                                                         | 1,275,000                   | ^    | 1,286         |
|     | HSBC HOLDINGS PLC                                        | 8.113%           | VAR 11/03/2033                                                                         | 350,000                     | ^    | 410           |
|     | HSBC HOLDINGS PLC                                        | 6.254%           | VAR 03/09/2034                                                                         | 1,050,000                   | ^    | 1,142         |
|     | HSBC HOLDINGS PLC                                        | 5.24%            | VAR 05/13/2031                                                                         | 700,000                     | ^    | 721           |
|     | IMPERIAL BRANDS FINANCE PLC                              | 3.5%             | 07/26/2026 144A                                                                        | 375,000                     | ^    | 373           |
|     | IMPERIAL BRANDS FINANCE PLC                              | 3.875%           | 07/26/2029 144A                                                                        | 1,200,000                   | ^    | 1,176         |
|     | IMPERIAL BRANDS FINANCE PLC                              | 6.125%           | 07/27/2027 144A                                                                        | 800,000                     | ^    | 823           |
|     | IMPERIAL BRANDS FINANCE PLC                              | 5.5%             | 02/01/2030 144A                                                                        | 850,000                     | ^    | 881           |
|     | IMPERIAL BRANDS FINANCE PLC                              | 5.875%           | 07/01/2034 144A                                                                        | 425,000                     | ^    | 444           |
|     | IMPERIAL BRANDS FINANCE PLC                              | 4.5%             | 06/30/2028 144A                                                                        | 1,050,000                   | ^    | 1,058         |
|     | JPMORGAN CHASE & CO                                      | 2.739%           | VAR 10/15/2030                                                                         | 800,000                     | ^    | 759           |
|     | JPMORGAN CHASE & CO                                      | 2.522%           | VAR 04/22/2031                                                                         | 900,000                     | ^    | 838           |
|     | JPMORGAN CHASE & CO                                      | 2.956%           | VAR 05/13/2031                                                                         | 5,770,000                   | ^    | 5,443         |
|     | JPMORGAN CHASE & CO                                      | 5.717%           | VAR 09/14/2033                                                                         | 1,225,000                   | ^    | 1,295         |
|     | JAPAN TOBACCO INC                                        | 4.85%            | 05/15/2028 144A                                                                        | 375,000                     | ^    | 382           |
|     | JAPAN TOBACCO INC                                        | 5.21%            | 06/15/2030 144A                                                                        | 525,000                     | ^    | 545           |
|     | JAPAN TOBACCO INC                                        | 5.856%           | 06/15/2035 144A                                                                        | 375,000                     | ^    | 400           |
|     | KINDER MORGAN ENERGY PTNRS LP                            | 6.95%            | 01/15/2038                                                                             | 325,000                     | ^    | 365           |
|     | KINDER MORGAN ENERGY PTNRS LP                            | 6.5%             | 09/01/2039                                                                             | 925,000                     | ^    | 998           |
|     | KINDER MORGAN INC DEL                                    | 4.8%             | 02/01/2033                                                                             | 725,000                     | ^    | 727           |
|     | LLOYDS BANKING GROUP PLC                                 | 7.953%           | VAR 11/15/2033                                                                         | 2,400,000                   | ^    | 2,792         |
|     | LLOYDS BANKING GROUP PLC                                 | 4.818%           | VAR 06/13/2029                                                                         | 625,000                     | ^    | 635           |
|     | LLOYDS BANKING GROUP PLC                                 | 4.65%            | 03/24/2026                                                                             | 1,500,000                   | ^    | 1,502         |
|     | MARS INC                                                 | 4.45%            | 03/01/2027 144A                                                                        | 300,000                     | ^    | 302           |
|     | MARS INC                                                 | 4.6%             | 03/01/2028 144A                                                                        | 450,000                     | ^    | 456           |
|     | MARS INC                                                 | 4.8%             | 03/01/2030 144A                                                                        | 1,600,000                   | ^    | 1,635         |
|     | PROSUS NV                                                | 4.85%            | 07/06/2027 144A                                                                        | 2,100,000                   | ^    | 2,114         |
|     | NATWEST GROUP PLC                                        | 1.642%           | VAR 06/14/2027                                                                         | 800,000                     | ^    | 791           |
|     | NATWEST GROUP PLC                                        | 6.016%           | VAR 03/02/2034                                                                         | 2,425,000                   | ^    | 2,601         |
|     | NATWEST GROUP PLC                                        | 6.475%           | VAR 06/01/2034                                                                         | 650,000                     | ^    | 682           |
|     | NEXTERA ENERGY CAP HLDGS INC                             | 4.625%           | 07/15/2027                                                                             | 800,000                     | ^    | 809           |
|     | NEXTERA ENERGY CAP HLDGS INC                             | 4.90%            | 3/15/2029                                                                              | 1,600,000                   | ^    | 1640          |
|     | NEXTERA ENERGY CAP HLDGS INC                             | 4.85%            | 02/04/2028                                                                             | 450,000                     | ^    | 458           |
|     | NEXTERA ENERGY CAP HLDGS INC                             | 5.05%            | 03/15/2030                                                                             | 1,900,000                   | ^    | 1,960         |
|     | NORDSTROM INC                                            | 6.95%            | 03/15/2028                                                                             | 125,000                     | ^    | 129           |
|     | FIBERCOP SPA                                             | 7.2%             | 07/18/2036 144A                                                                        | 318,000                     | ^    | 316           |
|     | FIBERCOP SPA                                             | 7.721%           | 06/04/2038 144A                                                                        | 859,000                     | ^    | 861           |
|     | ORACLE CORP                                              | 4.2%             | 09/27/2029                                                                             | 1,125,000                   | ^    | 1,103         |
|     | ORACLE CORP                                              | 4.8%             | 08/03/2028                                                                             | 525,000                     | ^    | 528           |
|     | PETROLEOS MEXICANOS                                      | 6.625%           | 06/15/2035                                                                             | 2,350,000                   | ^    | 2,225         |
|     | PETROLEOS MEXICANOS                                      | 6.7%             | 02/16/2032                                                                             | 3,237,000                   | ^    | 3,228         |
|     | PETROLEOS MEXICANOS                                      | 6.75%            | 09/21/2047                                                                             | 725,000                     | ^    | 595           |
|     | PETROLEOS MEXICANOS                                      | 7.69%            | 01/23/2050                                                                             | 8,025,000                   | ^    | 7,193         |
|     | PHILIP MORRIS INTL INC                                   | 5.125%           | 02/15/2030                                                                             | 1,050,000                   | ^    | 1,085         |
|     | PHILIP MORRIS INTL INC                                   | 5.375%           | 02/15/2033                                                                             | 900,000                     | ^    | 941           |
|     | PHILIP MORRIS INTL INC                                   | 4.875%           | 02/13/2029                                                                             | 150,000                     | ^    | 154           |
|     | PHILIP MORRIS INTL INC                                   | 5.125%           | 02/13/2031                                                                             | 150,000                     | ^    | 155           |
|     | PROSUS NV                                                | 3.68%            | 01/21/2030 144A                                                                        | 200,000                     | ^    | 192           |
|     | PROSUS NV                                                | 3.832%           | 02/08/2051 144A                                                                        | 1,173,000                   | ^    | 788           |
|     | PROSUS NV                                                | 3.061%           | 07/13/2031 144A                                                                        | 3,075,000                   | ^    | 2,792         |
|     | PROSUS NV                                                | 4.193%           | 01/19/2032 144A                                                                        | 775,000                     | ^    | 743           |

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| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)           |         |
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|     |                                                          |                  |                                                                                        |                             | Current Value |         |
|     | PROSUS NV                                                | 4.987%           | 01/19/2052 144A                                                                        | 1,500,000                   | ^             | 1,193   |
|     | UNUM GROUP                                               | 7.25%            | 03/15/2028                                                                             | 185,000                     | ^             | 194     |
|     | RTX CORP                                                 | 6%               | 03/15/2031                                                                             | 375,000                     | ^             | 404     |
|     | RTX CORP                                                 | 6.1%             | 03/15/2034                                                                             | 375,000                     | ^             | 410     |
|     | RIO OIL FINANCE TRUST SERIES                             | 9.75%            | 01/06/20                                                                               | 367,999                     | ^             | 378     |
|     | RIO OIL FINANCE TR SER                                   | 8.2%             | 04/06/2028 144A                                                                        | 1,180,850                   | ^             | 1,217   |
|     | NATWEST GROUP PLC                                        | 4.892%           | VAR 05/18/2029                                                                         | 825,000                     | ^             | 839     |
|     | SCHWAB CHARLES CORP                                      | 5.643%           | VAR 05/19/2029                                                                         | 1,050,000                   | ^             | 1,090   |
|     | SCHWAB CHARLES CORP                                      | 5.853%           | VAR 05/19/2034                                                                         | 200,000                     | ^             | 214     |
|     | SCHWAB CHARLES CORP                                      | 6.136%           | VAR 08/24/2034                                                                         | 750,000                     | ^             | 817     |
|     | SCHWAB CHARLES CORP                                      | 6.196%           | VAR 11/17/2029                                                                         | 1,275,000                   | ^             | 1,348   |
|     | SOUTHERN COMPANY STEP                                    |                  | 08/01/2027                                                                             | 1,825,000                   | ^             | 1,854   |
|     | SOUTHERN COMPANY T                                       |                  | 5Y+NA 01/15/2051                                                                       | 1,875,000                   | ^             | 1,874   |
|     | SOUTHERN COMPANY                                         | 3.75%            | VAR 09/15/2051                                                                         | 1,125,000                   | ^             | 1,109   |
|     | SOUTHERN COMPANY                                         | 4.85%            | 06/15/2028                                                                             | 675,000                     | ^             | 687     |
|     | SYNOPSYS INC                                             | 4.65%            | 04/01/2028                                                                             | 225,000                     | ^             | 228     |
|     | SYNOPSYS INC                                             | 4.85%            | 04/01/2030                                                                             | 1,090,000                   | ^             | 1,113   |
|     | SYNOPSYS INC                                             | 5%               | 04/01/2032                                                                             | 475,000                     | ^             | 485     |
|     | T-MOBILE USA INC                                         | 4.375%           | 04/15/2040                                                                             | 375,000                     | ^             | 336     |
|     | T-MOBILE USA INC                                         | 3.875%           | 04/15/2030                                                                             | 1,175,000                   | ^             | 1,155   |
|     | T-MOBILE USA INC                                         | 3.375%           | 04/15/2029                                                                             | 1,225,000                   | ^             | 1,194   |
|     | T-MOBILE USA INC                                         | 3.5%             | 04/15/2031                                                                             | 1,125,000                   | ^             | 1,076   |
|     | T-MOBILE USA INC                                         | 2.55%            | 02/15/2031                                                                             | 550,000                     | ^             | 502     |
|     | T-MOBILE USA INC                                         | 3.4%             | 10/15/2052                                                                             | 800,000                     | ^             | 538     |
|     | TIME WARNER CABLE LLC                                    | 7.3%             | 07/01/2038                                                                             | 400,000                     | ^             | 428     |
|     | TRANSCANADA TRUST                                        | 5.875%           | VAR 08/15/2076                                                                         | 2,762,000                   | ^             | 2,765   |
|     | TRANSCANADA TRUST                                        | 5.3%             | VAR 03/15/2077                                                                         | 2,400,000                   | ^             | 2,400   |
|     | TRANSCANADA TRUST                                        | 5.5%             | VAR 09/15/2079                                                                         | 2,225,000                   | ^             | 2,208   |
|     | UBS GROUP AG                                             | 5.959%           | VAR 01/12/2034 144A                                                                    | 2,050,000                   | ^             | 2,185   |
|     | UNUM GROUP                                               | 6.75%            | 12/15/2028                                                                             | 75,000                      | ^             | 80      |
|     | ULTRAPAR INTERNATIONL SA                                 | 5.25%            | 10/06/2026 144A                                                                        | 700,000                     | ^             | 697     |
|     | ULTRAPAR INTERNATIONL SA                                 | 5.25%            | 06/06/2029 144A                                                                        | 286,000                     | ^             | 284     |
|     | UNICREDIT SPA                                            | 7.296%           | VAR 04/02/2034 144A                                                                    | 2,300,000                   | ^             | 2,466   |
|     | UNICREDIT SPA                                            | 5.459%           | VAR 06/30/2035 144A                                                                    | 2,550,000                   | ^             | 2,599   |
|     | UNION PAC RR CO                                          | 5.866%           | 07/02/2030                                                                             | 15,814                      | ^             | 16      |
|     | VERIZON COMMUNICATIONS INC                               | 1.75%            | 01/20/2031                                                                             | 1,925,000                   | ^             | 1,694   |
|     | VODAFONE GROUP PLC USSW                                  |                  | 5+NA 04/04/2079                                                                        | 1,375,000                   | ^             | 1,457   |
|     | WELLS FARGO & CO NEW                                     | 4.1%             | 06/03/2026                                                                             | 675,000                     | ^             | 675     |
|     | WELLS FARGO & CO NEW                                     | 2.393%           | VAR 06/02/2028                                                                         | 725,000                     | ^             | 708     |
|     | WELLS FARGO & CO NEW                                     | 3.35%            | VAR 03/02/2033                                                                         | 600,000                     | ^             | 560     |
|     | WELLS FARGO & CO NEW                                     | 4.897%           | VAR 07/25/2033                                                                         | 1,275,000                   | ^             | 1,295   |
|     | WELLS FARGO & CO NEW                                     | 5.389%           | VAR 04/24/2034                                                                         | 1,075,000                   | ^             | 1,118   |
|     | WELLS FARGO & CO NEW                                     | 5.198%           | VAR 01/23/2030                                                                         | 1,000,000                   | ^             | 1,030   |
|     | WELLS FARGO & CO NEW                                     | 4.9%             | VAR 01/24/2028                                                                         | 625,000                     | ^             | 630     |
|     | Total Corporate Debt                                     |                  |                                                                                        |                             |               | 200,527 |
|     | Mortgage Backed Securities                               |                  |                                                                                        |                             |               |         |
|     | FHLG                                                     | 5.50%            | 1/35 #G01749                                                                           | 8,517                       | ^             | 9       |
|     | FHLG                                                     | 6.50%            | 12/32 #G01767                                                                          | 5,917                       | ^             | 7       |
|     | FHLG                                                     | 6.00%            | 2/35 #G01777                                                                           | 280,449                     | ^             | 294     |
|     | FHLG                                                     | 5.50%            | 3/34 #G01665                                                                           | 18,285                      | ^             | 19      |
|     | FNMA ARM                                                 | 2.37%            | 12/01/2050#841677                                                                      | 1,383,046                   | ^             | 1,311   |
|     | FNMA ARM                                                 | 2.322%           | 05/01/2052#841408                                                                      | 1,704,919                   | ^             | 1,566   |
|     | FNMA ARM                                                 | 3.307%           | 06/01/2052#841422                                                                      | 3,331,280                   | ^             | 3,204   |
|     | FHLG                                                     | 6.50%            | 10/26 #G30305                                                                          | 437                         | ^             | 1       |
|     | FHLM ARM                                                 | 3.326%           | 9/33 #1B1150                                                                           | 7,513                       | ^             | 8       |
|     | FHLM ARM                                                 | 2.74%            | 4/36 #847671                                                                           | 4,373                       | ^             | 5       |
|     | FHLG                                                     | 6.50%            | 03/01/2038#                                                                            | 12,739                      | ^             | 14      |

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|     | FHLG                                                     | 7.00%            | 11/38 #G05603                                                                          | 3,184                       | ^    | 3             |
|     | FHLG                                                     | 5.50%            | 07/01/2035#                                                                            | 10,874                      | ^    | 11            |
|     | FHLG                                                     | 6.00%            | 1/38 #G06238                                                                           | 11,170                      | ^    | 12            |
|     | FHLG                                                     | 6.00%            | 2/39 #G06570                                                                           | 13,113                      | ^    | 14            |
|     | FHLG                                                     | 6.00%            | 1/39 #G06932                                                                           | 143,514                     | ^    | 152           |
|     | FHLG                                                     | 5.50%            | 1/40 #G07074                                                                           | 234,259                     | ^    | 243           |
|     | FHLG                                                     | 4.50%            | 09/01/2041#G07568                                                                      | 217,071                     | ^    | 218           |
|     | FHLG                                                     | 4.50%            | 11/01/2043#G07596                                                                      | 201,362                     | ^    | 202           |
|     | FHLG                                                     | 4%               | 11/01/2035#C91857                                                                      | 156,275                     | ^    | 156           |
|     | FHLG                                                     | 3.50%            | 10/01/2035#C91853                                                                      | 253,915                     | ^    | 250           |
|     | FHLM ARM                                                 | 2.37%            | 1/36 #1H2581                                                                           | 4,961                       | ^    | 5             |
|     | FHLM ARM                                                 | 2.60%            | 3/37 #1G2667                                                                           | 4,846                       | ^    | 5             |
|     | FHLM ARM                                                 | 5.31%            | 7/37 #1G2080                                                                           | 8,277                       | ^    | 9             |
|     | FHLM ARM                                                 | 5.23%            | 2/38 #1Q0479                                                                           | 1,544                       | ^    | 2             |
|     | FHLM ARM                                                 | 4.93%            | 6/38 #1Q0556                                                                           | 2,594                       | ^    | 3             |
|     | FHLM ARM                                                 | 4.91%            | 4/38 #1Q0557                                                                           | 421                         | ^    | —             |
|     | FHLM ARM                                                 | 5.09%            | 4/38 #1Q0558                                                                           | 5,579                       | ^    | 6             |
|     | FHLM ARM                                                 | 0%               | 07/38#1Q1400                                                                           | 46,958                      | ^    | 49            |
|     | FHLG                                                     | 6.50%            | 9/37 #H09070                                                                           | 1,595                       | ^    | 2             |
|     | FHLG                                                     | 6.00%            | 6/38 #H09203                                                                           | 776                         | ^    | 1             |
|     | FHLM ARM                                                 | 5.43%            | 10/38 #848349                                                                          | 3,213                       | ^    | 3             |
|     | FHLM ARM                                                 | 2.54%            | 01/01/2042#849254                                                                      | 42,063                      | ^    | 44            |
|     | FHLM ARM                                                 | 0%               | 01/45#849625                                                                           | 43,974                      | ^    | 45            |
|     | FHLM ARM                                                 | 0%               | 05/44#2B2591                                                                           | 21,192                      | ^    | 22            |
|     | FHLM ARM                                                 | 2.896%           | 02/01/45#2B3797                                                                        | 64,755                      | ^    | 67            |
|     | FHLG                                                     | 3.50%            | 06/01/2034#SB0019                                                                      | 714,352                     | ^    | 704           |
|     | FHLG                                                     | 3%               | 04/01/2052#SD1000                                                                      | 9,860,843                   | ^    | 8,832         |
|     | FHLG                                                     | 3%               | 05/01/2052#SD1080                                                                      | 1,341,401                   | ^    | 1,198         |
|     | FHLG                                                     | 4.50%            | 01/01/2054#SD6706                                                                      | 12,098,746                  | ^    | 11,850        |
|     | FHLG                                                     | 4.50%            | 02/01/2054#SD7485                                                                      | 2,940,925                   | ^    | 2,883         |
|     | FHLG                                                     | 2.50%            | 11/01/2050#SD7530                                                                      | 3,559,914                   | ^    | 3,070         |
|     | FHLG                                                     | 3.50%            | 02/01/2052#                                                                            | 1,379,554                   | ^    | 1,283         |
|     | FHLG                                                     | 3.50%            | 06/52#SD8221                                                                           | 15,093,244                  | ^    | 13,978        |
|     | FHLG                                                     | 4%               | 07/01/2052#SD8227                                                                      | 9,956,387                   | ^    | 9,512         |
|     | FHLG                                                     | 3.50%            | 05/01/2052#SD8214                                                                      | 10,377,767                  | ^    | 9,611         |
|     | FHLG                                                     | 4%               | 10/01/2052#SD8256                                                                      | 6,704,013                   | ^    | 6,390         |
|     | FHLG                                                     | 4%               | 09/01/2052#SD8244                                                                      | 31,412,096                  | ^    | 29,960        |
|     | FHLG                                                     | 4%               | 12/01/2052#SD8274                                                                      | 3,749,188                   | ^    | 3,566         |
|     | FHLG                                                     | 4.50%            | 12/01/2052#SD8275                                                                      | 6,914,150                   | ^    | 6,783         |
|     | FHLG                                                     | 4.50%            | 03/47#V83108                                                                           | 411,191                     | ^    | 410           |
|     | FHLG                                                     | 4.50%            | 06/01/2047#Q48869                                                                      | 308,665                     | ^    | 308           |
|     | FHLG                                                     | 4.50%            | 02/45#G60034                                                                           | 264,359                     | ^    | 264           |
|     | FHLG                                                     | 4.50%            | 03/47#G61080                                                                           | 1,279,982                   | ^    | 1,282         |
|     | FHLG                                                     | 3.50%            | 06/01/2052#QE3344                                                                      | 1,900,064                   | ^    | 1,760         |
|     | FHLG                                                     | 4%               | 10/01/2052#QF1212                                                                      | 2,134,153                   | ^    | 2,034         |
|     | FHLG                                                     | 2.50%            | 11/01/2051#RA6337                                                                      | 10,274,558                  | ^    | 8,831         |
|     | FHLG                                                     | 3.50%            | 07/01/2052#RA7656                                                                      | 8,394,005                   | ^    | 7,811         |
|     | FHLG                                                     | 2%               | 01/01/2042#RB5141                                                                      | 2,189,905                   | ^    | 1,913         |
|     | FHLM ARM                                                 | 0%               | 08/46#840380                                                                           | 135,947                     | ^    | 140           |
|     | FHLM ARM                                                 | 0%               | 05/45#840402                                                                           | 296,311                     | ^    | 305           |
|     | FHLM ARM                                                 | 2.37%            | 2/34 #781274                                                                           | 6,993                       | ^    | 7             |
|     | FHLM ARM                                                 | 0%               | 09/36#782735                                                                           | 58,798                      | ^    | 60            |
|     | FEDERAL NAT MTG ASN GTD REM PA                           | 3%               | 12/25/42                                                                               | 1,623,975                   | ^    | 1,490         |
|     | FEDERAL NAT MTG ASN GTD REM PA                           |                  | 30A+63.448 12/25/43                                                                    | 147,345                     | ^    | 145           |
|     | FNMA                                                     | 7.00%            | 11/37 #256985                                                                          | 8,544                       | ^    | 9             |
|     | FNMA                                                     | 6.50%            | 2/38 #310048                                                                           | 5,060                       | ^    | 5             |
|     | FEDERAL HOME LN MTG MLT CTF GT VAR                       |                  | 12/15/2043                                                                             | 135,551                     | ^    | 135           |
|     | FEDERAL HOME LN MTG MLT CTF GT                           | 2.50%            | 01/15/2044                                                                             | 10,452,951                  | ^    | 9,335         |
|     | FEDERAL HOME LN MTG MLT CTF GT VAR                       |                  | 03/15/2044                                                                             | 272,472                     | ^    | 275           |

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**SCHEDULE H - PART IV, LINE 4(i) - SCHEDULE OF ASSETS HELD**  
**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)                       |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|---------------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost<br><br>Current Value |
|     | FEDERAL HOME LN MTG MLT CTF GT                           | 3%               | 12/15/20                                                                               | 1,293,250                   | ^ 1,196                   |
|     | FEDERAL HOME LN MTG MLT CTF GT VAR                       |                  | 03/25/2026                                                                             | 544,696                     | ^ 1                       |
|     | FEDERAL HOME LN MTG MLT CTF GT VAR                       |                  | 05/25/2026                                                                             | 207,045                     | ^ —                       |
|     | FEDERAL HOME LN MTG MLT CTF GT                           | 3.50%            | 03/15/2047                                                                             | 2,985,223                   | ^ 2,741                   |
|     | FEDERAL HOME LN MTG MLT CTF GT                           |                  | 04/25/2027                                                                             | 2,459,930                   | ^ 18                      |
|     | FEDERAL HOME LN MTG MLT CTF GT                           |                  | 06/25/2027                                                                             | 2,121,998                   | ^ 17                      |
|     | FEDERAL HOME LN MTG MLT CTF GT                           |                  | 7/25/2027                                                                              | 5,685,139                   | ^ 39                      |
|     | FEDERAL HOME LN MTG MLT CTF GT                           | 4%               | 08/15/2048                                                                             | 1,688,315                   | ^ 1,596                   |
|     | FEDERAL HOME LN MTG MLT CTF GT K                         |                  | 090 X1 VAR 02/25/29                                                                    | 15,881,433                  | ^ 323                     |
|     | FEDERAL HOME LN MTG MLT CTF GT X                         |                  | 1 CSTR 01/25/2030                                                                      | 7,157,393                   | ^ 371                     |
|     | FEDERAL HOME LN MTG MLT CTF GT                           | 3%               | 07/25/2041                                                                             | 2,221,842                   | ^ 2,027                   |
|     | FEDERAL HOME LN MTG MLT CTF GT                           | 2.50%            | 04/25/2050                                                                             | 884,082                     | ^ 775                     |
|     | FNMA                                                     | 6.00%            | 3/33 #555285                                                                           | 11,734                      | ^ 12                      |
|     | FNMA ARM                                                 | 5.79%            | 11/37 #AL0144                                                                          | 1,814                       | ^ 2                       |
|     | FNMA ARM                                                 |                  | 5.125 10/38 #AL1043                                                                    | 6,510                       | ^ 7                       |
|     | FNMA                                                     | 4.50%            | #AL4165                                                                                | 349,176                     | ^ 351                     |
|     | FNMA ARM                                                 | 0%               | 02/44#AL4831                                                                           | 92,937                      | ^ 96                      |
|     | FNMA ARM                                                 | 2.99%            | 02/01/2044#AL4980                                                                      | 51,565                      | ^ 53                      |
|     | FNMA ARM                                                 | 2.569%           | 04/01/2044#AL5129                                                                      | 127,785                     | ^ 132                     |
|     | FNMA                                                     | 4.50%            | #AL5441                                                                                | 186,475                     | ^ 187                     |
|     | FNMA                                                     | 4.50%            | 07/01/2042#AL5749                                                                      | 224,543                     | ^ 225                     |
|     | FNMA ARM                                                 | 2.719%           | 10/01/2044#AL5968                                                                      | 68,294                      | ^ 71                      |
|     | FNMA                                                     | 3.50%            | 12/01/2029#AL7205                                                                      | 70,357                      | ^ 70                      |
|     | FNMA                                                     | 4.50%            | 09/42#AL7306                                                                           | 325,288                     | ^ 326                     |
|     | FNMA                                                     | 4.50%            | 09/45#AL7384                                                                           | 164,922                     | ^ 165                     |
|     | FNMA                                                     | 4.50%            | 02/46#AL9781                                                                           | 293,333                     | ^ 294                     |
|     | FNMA                                                     | 3.50%            | 02/01/2031#AL9063                                                                      | 226,880                     | ^ 225                     |
|     | FNMA                                                     | 4.50%            | 02/01/2046#AL9128                                                                      | 65,031                      | ^ 65                      |
|     | FNMA                                                     | 4.50%            | #AL9407                                                                                | 93,562                      | ^ 94                      |
|     | FNMA ARM                                                 | 0%               | 11/01/2046#                                                                            | 81,833                      | ^ 85                      |
|     | FNMA                                                     | 4.50%            | 07/46#AL8816                                                                           | 241,306                     | ^ 241                     |
|     | FNMA ARM                                                 | 4.031%           | 04/01/2042#                                                                            | 58,887                      | ^ 61                      |
|     | FNMA ARM RFT                                             |                  | 1Y+156.5 565 03/01/2043#AR6900                                                         | 27,602                      | ^ 28                      |
|     | FNMA ARM                                                 | 2.907%           | 09/01/2044#AT7040                                                                      | 7,260                       | ^ 8                       |
|     | FNMA ARM                                                 | 0%               | 05/44#AW4688                                                                           | 40,662                      | ^ 42                      |
|     | FNMA ARM                                                 | 2.764%           | 12/01/2044#AX2197                                                                      | 67,954                      | ^ 70                      |
|     | FNMA                                                     | 4%               | 10/45#AZ4765                                                                           | 1,450,379                   | ^ 1,404                   |
|     | FNMA                                                     | 5.50%            | 2/33 #677709                                                                           | 10,206                      | ^ 11                      |
|     | FNW                                                      | 7%               | 07/25/2042                                                                             | 28,340                      | ^ 29                      |
|     | FNW                                                      | 7.50%            | 03/25/2044                                                                             | 5,048                       | ^ 5                       |
|     | FNW                                                      | 7.50%            | 06/25/2044                                                                             | 3,977                       | ^ 4                       |
|     | FNW                                                      |                  | 2005-W1 1A3 7 10/44                                                                    | 19,443                      | ^ 20                      |
|     | FEDERAL NAT MTG ASN GTD REM PA                           | 5.00%            | 05/25/2037                                                                             | 52,334                      | ^ 52                      |
|     | FNW                                                      |                  | 2007-W10 1A CSTR 8/47                                                                  | 16,305                      | ^ 16                      |
|     | FNW                                                      |                  | 2007-W10 2A CSTR 8/47                                                                  | 4,744                       | ^ 5                       |
|     | FHR                                                      |                  | 3312 AB 6.5 6/32                                                                       | 5,206                       | ^ 5                       |
|     | FNR                                                      |                  | 2008-24 GD 6.5 3/37                                                                    | 1,927                       | ^ 2                       |
|     | FNR                                                      |                  | 2009-40 TB 6 6/39                                                                      | 9,390                       | ^ 10                      |
|     | FNR                                                      | 7%               | 11/25/2040                                                                             | 66,260                      | ^ 70                      |
|     | FEDERAL NAT MTG ASN GTD REM PA                           | 3.50%            | 12/25/2030                                                                             | 301,283                     | ^ 299                     |
|     | FNMA                                                     | 5.50%            | 2/34 #725206                                                                           | 4,262                       | ^ 4                       |
|     | FNMA                                                     | 6.00%            | 3/34 #725228                                                                           | 49,283                      | ^ 51                      |
|     | FNMA                                                     | 6.00%            | 3/34 #725330                                                                           | 65,902                      | ^ 69                      |
|     | FNMA                                                     | 6.50%            | 12/32 #735415                                                                          | 25,753                      | ^ 27                      |
|     | FNMA ARM                                                 | 4.83%            | 8/35 #735869                                                                           | 2,318                       | ^ 2                       |
|     | FNMA ARM                                                 | 2.53%            | 1/36 #745303                                                                           | 5,269                       | ^ 5                       |
|     | FNMA                                                     | 6.00%            | 6/35 #745398                                                                           | 6,649                       | ^ 7                       |
|     | FNMA                                                     | 6.00%            | 4/34 #745942                                                                           | 8,990                       | ^ 9                       |
|     | FNMA ARM                                                 | 2.20%            | 8/35 #832257                                                                           | 3,972                       | ^ 4                       |

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**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)           |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|---------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost          |
|     |                                                          |                  |                                                                                        |                             | Current Value |
|     | FNMA                                                     | 4.50%            | 02/01/2041#BF0199                                                                      | 1,251,647                   | 1,256         |
|     | FNMA ARM                                                 | 0%               | 10/47#BH9347                                                                           | 18,447                      | 19            |
|     | FNMA                                                     | 4.50%            | 06/01/2048#BJ9262                                                                      | 478,526                     | 475           |
|     | FNMA                                                     | 4.50%            | 01/43#BM1357                                                                           | 267,102                     | 267           |
|     | FNMA ARM                                                 | 3.331%           | 03/01/2048#BM3572                                                                      | 506,088                     | 520           |
|     | FNMA                                                     | 4%               | 02/01/2047#BM3386                                                                      | 681,444                     | 660           |
|     | FNMA ARM                                                 | 3.359%           | 10/01/2049#BM6149                                                                      | 302,472                     | 307           |
|     | FNMA                                                     | 4%               | 05/01/2052#BV5583                                                                      | 1,680,788                   | 1,606         |
|     | FNMA                                                     | 4.50%            | 11/01/2048#CA2643                                                                      | 259,477                     | 258           |
|     | FNMA                                                     | 2.50%            | 07/01/2050#CA6271                                                                      | 3,658,415                   | 3,144         |
|     | FNMA                                                     | 2.50%            | 07/01/2050#CA6329                                                                      | 4,465,709                   | 3,851         |
|     | FNMA                                                     | 2.50%            | 07/01/2050#CA6398                                                                      | 2,457,272                   | 2,120         |
|     | FNMA                                                     | 4.50%            | 10/01/2052#CB4852                                                                      | 2,246,832                   | 2,204         |
|     | FNMA                                                     | 3.50%            | 01/01/2051#FM7599                                                                      | 1,955,151                   | 1,826         |
|     | FNMA                                                     | 2.50%            | 03/01/2051#FM8215                                                                      | 3,248,469                   | 2,807         |
|     | FNMA                                                     | 2.50%            | 11/01/2051#FM9719                                                                      | 9,447,168                   | 8,096         |
|     | FNMA                                                     | 3.50%            | 04/01/2052#FS1443                                                                      | 5,051,513                   | 4,700         |
|     | FNMA                                                     | 3%               | 09/01/2042#FS3743                                                                      | 2,234,446                   | 2,063         |
|     | FNMA                                                     | 4.50%            | 02/01/2054#FS9443                                                                      | 4,538,698                   | 4,446         |
|     | FNMA                                                     | 6.50%            | 11/37 #888891                                                                          | 6,852                       | 7             |
|     | FNMA                                                     | 6.00%            | 3/36 #888956                                                                           | 12,946                      | 13            |
|     | FNMA                                                     | 7.00%            | 12/37 #889886                                                                          | 8,352                       | 9             |
|     | FNMA ARM                                                 | 2.979%           | 2/37 #907860                                                                           | 3,564                       | 4             |
|     | FNMA                                                     | 6.00%            | 8/37 #995487                                                                           | 5,983                       | 6             |
|     | FNMA                                                     | 5.50%            | 9/36 #995575                                                                           | 5,062                       | 5             |
|     | FNMA ARM                                                 | 5.29%            | 10/38 #995005                                                                          | 1,255                       | 1             |
|     | FNMA                                                     | 6.00%            | 5/36 #995212                                                                           | 20,573                      | 22            |
|     | FNMA                                                     | 6.50%            | 12/38 #995694                                                                          | 5,083                       | 5             |
|     | FNMA                                                     | 5.50%            | 9/36 #995788                                                                           | 69,322                      | 72            |
|     | FNMA                                                     | 4.00%            | 11/1/30 #AB1763                                                                        | 45,802                      | 46            |
|     | FNMA                                                     | 4.00%            | 03/01/2034#MA1814                                                                      | 377,953                     | 379           |
|     | FNMA                                                     | 4.00%            | 09/01/2034 #MA2055                                                                     | 249,547                     | 249           |
|     | FNMA                                                     | 4.00%            | 01/01/2035#MA2141                                                                      | 350,829                     | 350           |
|     | FNMA                                                     | 4.00%            | 07/01/2035#MA2366                                                                      | 199,857                     | 199           |
|     | FNMA                                                     | 3.50%            | 04/37#MA2962                                                                           | 337,975                     | 330           |
|     | FNMA                                                     | 5%               | 03/01/2049#MA3617                                                                      | 143,575                     | 146           |
|     | FNMA                                                     | 4.00%            | 9/31 #MA3894                                                                           | 90,617                      | 90            |
|     | FNMA                                                     | 3.50%            | 06/01/2052#                                                                            | 1,288,226                   | 1,193         |
|     | FNMA                                                     | 4%               | 06/01/2052#MA4626                                                                      | 1,732,062                   | 1,652         |
|     | FNMA                                                     | 3.50%            | 05/01/2052#MA4600                                                                      | 6,268,366                   | 5,805         |
|     | FNMA                                                     | 3.50%            | 07/01/2052#MA4654                                                                      | 5,384,967                   | 4,987         |
|     | FNMA                                                     | 4.50%            | 08/01/2052#MA4701                                                                      | 1,869,867                   | 1,834         |
|     | FNMA                                                     | 4%               | 09/01/2052#MA4732                                                                      | 19,841,875                  | 18,924        |
|     | FNMA                                                     | 4.50%            | 09/01/2052#MA4733                                                                      | 5,567,352                   | 5,462         |
|     | FNMA                                                     | 4.50%            | 04/01/2053#MA4977                                                                      | 666,003                     | 653           |
|     | FNMA                                                     | 4.50%            | 07/01/2053#MA5070                                                                      | 855,258                     | 838           |
|     | FNMA                                                     | 4.50%            | 12/01/2054#MA5551                                                                      | 5,129,933                   | 5,010         |
|     | FNMA                                                     | 5.50%            | 9/38 #AD0198                                                                           | 33,100                      | 34            |
|     | FNMA                                                     | 5.50%            | 4/37 #AD0249                                                                           | 37,216                      | 38            |
|     | FNMA                                                     | 5.50%            | 12/39 #AD0494                                                                          | 5,872                       | 6             |
|     | FNMA                                                     | 5.50%            | 9/39 #AD0650                                                                           | 6,017                       | 6             |
|     | FNMA                                                     | 5.50%            | 6/36 #AD0663                                                                           | 26,171                      | 27            |
|     | FNMA                                                     | 5.50%            | 7/35 #AD0931                                                                           | 10,080                      | 10            |
|     | FNMA                                                     | 6.50%            | 9/38 #AE0012                                                                           | 24,846                      | 26            |
|     | FNMA                                                     | 6.50%            | 1/39 #AE0442                                                                           | 22,930                      | 24            |
|     | FHLM                                                     | 4%               | 04/01/2053#SL1300                                                                      | 1,644,295                   | 1,570         |
|     | FHLM ARM                                                 | 0%               | 01/01/2053#8C6022                                                                      | 6,501,845                   | 6,451         |
|     | GOVERNMENT NAT MTG ASSN HECM                             |                  | 12M+86.513 12/20/1967                                                                  | 972,104                     | 975           |

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**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                                       | (c)              | (d)                                                                                    | (e)                         | (f)           |
|-----|---------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|---------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party                  | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost          |
|     |                                                                           |                  |                                                                                        |                             | Current Value |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 2018-H02 FM TSFR12M+8                                                                  | 968,922                     | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 12M+98.513 9/20/1967                                                                   | 662,676                     | ^             |
|     | GNR                                                                       |                  | 02/68                                                                                  | 1,398,189                   | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 2018-H09 FA TSFR12M+1                                                                  | 802,466                     | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 1M+71.448 12/20/2                                                                      | 2,112,147                   | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 2019-H04 FA TSFR12M+1                                                                  | 867,169                     | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 12M+106.513 05/20                                                                      | 487,000                     | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 12M+116.513 05/20                                                                      | 3,498,054                   | ^             |
|     | GOVERNMENT NAT MTG ASSN HECM                                              |                  | 1M+76.448 01/20/2                                                                      | 1,224,629                   | ^             |
|     | GNR                                                                       |                  | 2022-H09 FA SOFR30A+67                                                                 | 2,747,424                   | ^             |
|     | GOVERNMENT NAT MTG AS REMIC PT                                            |                  | 30A+97 05/20/20                                                                        | 1,189,415                   | ^             |
|     | SBAP                                                                      | 5.32%            | 2007-20D 1 4/27                                                                        | 2,624                       | ^             |
|     | US DEPT VETS AFF GTD REMI PASS                                            | 7.50%            | 6/15/2027                                                                              | 5,573                       | ^             |
|     |                                                                           |                  |                                                                                        |                             |               |
|     | Total Mortgage Backed Securities                                          |                  |                                                                                        |                             | 282,332       |
|     |                                                                           |                  |                                                                                        |                             |               |
|     | Government Securities (Municipal Bonds & U.S. Govt & Foreign Obligations) |                  |                                                                                        |                             |               |
|     | CA ST                                                                     | 7.55%            | 04/01/2039                                                                             | 850,000                     | ^             |
|     | CA ST                                                                     | 7.3%             | 10/01/2039                                                                             | 410,000                     | ^             |
|     | CA ST                                                                     | 7.35%            | 11/01/2039                                                                             | 1,005,000                   | ^             |
|     | CA ST                                                                     | 7.625%           | 03/01/2040                                                                             | 785,000                     | ^             |
|     | IL ST TAXMUNI                                                             | 5.1%             | 06/01/2033                                                                             | 4,602,696                   | ^             |
|     | NEW JERSEY ST TPK AUTH TPK                                                |                  | 01/01/2041                                                                             | 1,470,000                   | ^             |
|     | USTPRIN                                                                   | 0%               | 08/15/2053                                                                             | 43,165,000                  | ^             |
|     | USTPRIN                                                                   | 0%               | 11/15/2055                                                                             | 2,762,000                   | ^             |
|     | UNITED STATES TREASURY BOND                                               | 2.875%           | 05/15/2052                                                                             | 6,345,000                   | ^             |
|     | UNITED STATES TREASURY BOND                                               | 3%               | 08/15/2052                                                                             | 1,066,000                   | ^             |
|     | USTN TII                                                                  | 1.5%             | 02/15/2053                                                                             | 2,610,000                   | ^             |
|     | UNITED STATES TREASURY BOND                                               | 3.625%           | 05/15/2053                                                                             | 2,960,000                   | ^             |
|     | UNITED STATES TREASURY BOND                                               | 4.125%           | 08/15/2053                                                                             | 20,838,000                  | ^             |
|     | UNITED STATES TREASURY BOND                                               | 4.25%            | 02/15/2054                                                                             | 15,504,000                  | ^             |
|     | USTN TII                                                                  | 2.125%           | 02/15/2054                                                                             | 736,000                     | ^             |
|     | UNITED STATES TREASURY BOND                                               | 4.5%             | 11/15/2054                                                                             | 10,506,000                  | ^             |
|     | UNITED STATES TREASURY BOND                                               | 4.625%           | 02/15/2055                                                                             | 1,352,000                   | ^             |
|     | USTN TII                                                                  | 2.375%           | 02/15/2055                                                                             | 1,835,000                   | ^             |
|     | UNITED STATES TREASURY BOND                                               | 4.75%            | 05/15/2055                                                                             | 1,986,000                   | ^             |
|     | UST NOTES                                                                 | 4.25%            | 08/15/2035                                                                             | 12,149,000                  | ^             |
|     | UST NOTES                                                                 | 4%               | 11/15/2035                                                                             | 9,612,000                   | ^             |
|     | COLOMBIA REPUBLIC OF                                                      | 3.125%           | 04/15/2031                                                                             | 1,250,000                   | ^             |
|     | COLOMBIA REPUBLIC OF                                                      | 7.75%            | 11/07/2036                                                                             | 250,000                     | ^             |
|     | COLOMBIA REPUBLIC OF                                                      | 7.375%           | 04/25/2030                                                                             | 1,325,000                   | ^             |
|     |                                                                           |                  |                                                                                        |                             |               |
|     | Total Government Securities                                               |                  |                                                                                        |                             | 104,105       |
|     |                                                                           |                  |                                                                                        |                             |               |
|     | Asset-Backed Securities                                                   |                  |                                                                                        |                             |               |
|     | ECMC GROUP STUDENT LN TR                                                  |                  | 2017-1A A SOFR30A+131.448                                                              | 2,489,830                   | ^             |
|     | FORD CRDT AUTO OWNER TRUST                                                | 5.09%            | 2024 12/15/2028                                                                        | 2,576,135                   | ^             |
|     | FORD CREDIT AUTO OWNER TRUST                                              | 4.52%            | 2025-A 02/15/2031                                                                      | 3,825,000                   | ^             |
|     | FORD CREDIT AUTO OWNER TRUST                                              | 4.88%            | 2024-D 09/15/2030                                                                      | 1,876,000                   | ^             |
|     | HONDA AUTO RECEIVABLES OWNER                                              | 4.57%            | 09/21/2029                                                                             | 1,972,000                   | ^             |
|     | HONDA AUTO RECEIVABLES OWNER                                              | 4.64%            | 05/21/2031                                                                             | 1,841,000                   | ^             |
|     | HYUNDAI AUTO RECEIVABLES TRUST                                            | 4.41%            | 2024-C A3 05/15/29                                                                     | 1,942,000                   | ^             |
|     | NAVIENT STUDENT LOAN TRUST                                                |                  | 2016-5A A SOFR30A+136.4                                                                | 4,139,018                   | ^             |
|     | NAVIENT STUDENT LOAN TRUST                                                |                  | 2017-2 SOFR30A+116.448                                                                 | 9,117,280                   | ^             |
|     | NISSAN AUTO RECEIVABLES                                                   | 4.34%            | 2024-B OWNER TRUST 0                                                                   | 1,603,000                   | ^             |
|     | SLC STUDENT LN TR SOFR                                                    |                  | 90A+41.161 02/15/2045                                                                  | 4,463,808                   | ^             |
|     | SLC STUDENT LN TR                                                         |                  | 2007 1 A5 SOFR90A+35.161 05/15/2                                                       | 1,430,855                   | ^             |
|     | SLM STUDENT LN TR SOFR                                                    |                  | 90A+43.161 07/25/2040                                                                  | 5,204,615                   | ^             |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
EIN 94-0890210 PLAN NO. 001  
**SCHEDULE H - PART IV, LINE 4(i) - SCHEDULE OF ASSETS HELD**  
**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)  |               |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|------|---------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost | Current Value |
|     | SLM STUDENT LN TR                                        |                  | 01/25/2041                                                                             | 1,779,910                   | ^    | 1,723         |
|     | SMB PRIVATE ED LN TR                                     | 4.99%            | 2023-B A1A 10/16/2056 1                                                                | 1,956,140                   | ^    | 1,973         |
|     | SBAP                                                     |                  | 2006-20A 1 5.21 1/26                                                                   | 499                         | ^    | —             |
|     | SBAP                                                     |                  | 2006-20C 1 5.57 3/26                                                                   | 712                         | ^    | 1             |
|     | SBAP                                                     | 6.07%            | 2006-20G 1 7/26                                                                        | 1,718                       | ^    | 2             |
|     | SBAP                                                     |                  | 2007-20A 1 5.32 1/27                                                                   | 2,080                       | ^    | 2             |
|     | SBAP                                                     |                  | 2007-20C 1 5.23 3/27                                                                   | 3,763                       | ^    | 4             |
|     | SBAP                                                     |                  | 2007-20G 1 5.82 7/27                                                                   | 3,144                       | ^    | 3             |
|     | SMB PRIVATE EDUCATION LOAN TRUST                         | 5.24%            | 2024-A A1A                                                                             | 2,455,570                   | ^    | 2,500         |
|     | SMB PRIVATE ED LN TR                                     | 5.13%            | 2025-A 04/15/2054 144A                                                                 | 1,439,385                   | ^    | 1,461         |
|     | TOYOTA AUTO RECEIVABLES                                  | 4.64%            | 2025-A OWNER TRUST 0                                                                   | 1,208,000                   | ^    | 1,221         |
|     | UNION PAC RR CO                                          | 6.176%           | 2007 3 PT TR 01/02/2031                                                                | 64,931                      | ^    | 69            |
|     | Total Asset backed securities                            |                  |                                                                                        |                             |      | 51,575        |
|     | Cash & Cash Equivalents                                  |                  |                                                                                        |                             |      |               |
|     | State Street Bank & Trust Co                             |                  | Short Term Investment Fund                                                             | 7,933,704                   | ^    | 7,934         |
|     | Unsettled Sales & Purchases                              |                  |                                                                                        |                             |      | 17,252        |
|     | TOTAL SEPARATE ACCOUNT (DODGE & COX)                     |                  |                                                                                        |                             |      | 668,430       |
|     | CHEVRON STABLE VALUE SEPARATE ACCOUNT (PUTNAM)           |                  |                                                                                        |                             |      |               |
|     | Guaranteed Investment Contracts                          |                  |                                                                                        |                             |      |               |
|     | Principal Life Insurance Co.                             | 5.86%            |                                                                                        | 11,514,730                  | ^    | 11,515        |
|     | Lincoln National Life Insurance Co.                      | 5.87%            |                                                                                        | 11,555,284                  | ^    | 11,555        |
|     | Lincoln National Life Insurance Co.                      | 5.93%            | 12/31/2027                                                                             | 5,766,798                   | ^    | 5,767         |
|     | Minnesota Life Insurance Co.                             | 5.60%            |                                                                                        | 11,461,910                  | ^    | 11,462        |
|     | Metropolitan Life Insurance Co.                          | 5.65%            | 1/30/2026                                                                              | 5,747,264                   | ^    | 5,747         |
|     | Athene Annuity and Life Co.                              | 4.84%            | 3/31/2028                                                                              | 5,133,843                   | ^    | 5,134         |
|     | United of Omaha Insurance Co.                            | 4.82%            | 6/30/2028                                                                              | 5,134,219                   | ^    | 5,134         |
|     | Total Guaranteed Investment Contracts                    |                  |                                                                                        |                             |      | 56,314        |
|     | Security-Backed Investment Contracts                     |                  |                                                                                        |                             |      |               |
|     | Putnam Short Duration Government Corporate Trust:        |                  |                                                                                        |                             |      |               |
|     | Prudential Insurance Co.                                 | 5.45%            |                                                                                        | 20,847,334                  | ^    | 20,847        |
|     | American General Life Insurance Co.                      | 5.77%            |                                                                                        | 25,837,432                  | ^    | 25,838        |
|     | Massachusetts Mutual Insurance Co.                       | 5.77%            |                                                                                        | 25,838,041                  | ^    | 25,838        |
|     | Pacific Life Insurance Co.                               | 5.44%            |                                                                                        | 20,849,271                  | ^    | 20,849        |
|     | New York Life Insurance Co.                              | 5.77%            |                                                                                        | 24,667,201                  | ^    | 24,667        |
|     | Citibank                                                 | 5.44%            |                                                                                        | 20,848,782                  | ^    | 20,849        |
|     | American United Life Insurance Co.                       | 5.45%            |                                                                                        | 20,850,271                  | ^    | 20,850        |
|     | Total Security-Backed Investment Contracts               |                  |                                                                                        |                             |      | 159,738       |
|     | Cash & Cash Equivalents                                  |                  |                                                                                        |                             |      |               |
|     | Fidelity                                                 |                  | Short Term Investment Fund                                                             | 2,181,015                   | ^    | 2,181         |
|     | Unsettled Sales & Purchases                              |                  |                                                                                        |                             |      | (471)         |
|     | TOTAL CHEVRON STABLE VALUE SEPARATE ACCOUNT (PUTNAM)     |                  |                                                                                        |                             |      | 217,762       |
|     | TOTAL INVESTMENTS PER FINANCIAL STATEMENTS               |                  |                                                                                        |                             |      | 22,126,532    |
|     | Cash                                                     |                  |                                                                                        |                             |      | —             |

**CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN**  
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**DECEMBER 31, 2025**  
(thousands of dollars)

| (a) | (b)                                                      | (c)              | (d)                                                                                    | (e)                         | (f)                  |
|-----|----------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|-----------------------------|----------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Rate of Interest | Description of Investment Including<br>Maturity Date,<br>Collateral, or Maturity Value | Number of<br>Shares / Units | Cost                 |
|     |                                                          |                  |                                                                                        |                             | Current Value        |
| *   | <b>PARTICIPANT LOANS</b>                                 |                  | Interest rates ranging from 2.23% to 10.25%<br>Maturity dates extend to 2054           |                             | <b>124,295</b>       |
|     | <b>TOTAL INVESTMENTS PER FORM 5500</b>                   |                  |                                                                                        |                             | <b>\$ 22,250,827</b> |

\* Party-in-interest as defined by ERISA.

^ Participant directed investment cost not required to be included