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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>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| 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 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>SHAWMUT GROUP EMPLOYEE STOCK OWNERSHIP PLAN                                                                                                                                                                                                                                                                |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                         |
| 1c      | Effective date of plan<br>12/01/1997                                                                                                                                                                                                                                                                                       |
| 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>SHAWMUT GROUP INC.<br><br>560 HARRISON AVE<br>BOSTON, MA 02118-2436 |
| 2b      | Employer Identification Number (EIN)<br>81-3645861                                                                                                                                                                                                                                                                         |
| 2c      | Plan Sponsor's telephone number<br>617-622-7000                                                                                                                                                                                                                                                                            |
| 2d      | Business code (see instructions)<br>236110                                                                                                                                                                                                                                                                                 |

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. | 09/14/2026 | MATTHEW YOUNG                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/14/2026 | MATTHEW YOUNG                                                |
|           | 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> 1218                                                                                                                                                                                                                                                                                                                           |
| <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> 778<br><b>6a(2)</b> 825<br><b>6b</b> 173<br><b>6c</b> 217<br><b>6d</b> 1215<br><b>6e</b> 2<br><b>6f</b> 1217<br><b>6g(1)</b> 1168<br><b>6g(2)</b> 1211<br><b>6h</b> 47 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                                                                                                |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2I 2P 2Q 3F 3I

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

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

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

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached 0
- (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 \_\_\_\_\_
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</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>Service Provider 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> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2024                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025

|                                                                                                            |                                                                                    |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>SHAWMUT GROUP EMPLOYEE STOCK OWNERSHIP PLAN</div>                | <div>B</div> <div>Three-digit plan number (PN)</div> <div>002</div>                |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>SHAWMUT GROUP INC.</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>81-3645861</div> |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

(b)

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

(b)

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

(b)

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

(b)

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

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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)

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

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

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

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

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

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

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

| (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. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (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 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>2024</div> <div>This Form is Open to Public Inspection</div> |
|                                                                                                                                                                                                                                              | For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025                                                                                                                                                                                        |                                                                                                |
|                                                                                                                                                                                                                                              | <div>A Name of plan</div> <div>SHAWMUT GROUP EMPLOYEE STOCK OWNERSHIP PLAN</div>                                                                                                                                                                                                  | <div>B Three-digit plan number (PN)</div> <div>002</div>                                       |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>SHAWMUT GROUP INC.</div>                                                                                                                                              | <div>D Employer Identification Number (EIN)</div> <div>81-3645861</div>                                                                                                                                                                                                           |                                                                                                |

Part I

Asset and Liability Statement

1

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

| Assets |                                                                                            | (a) Beginning of Year | (b) End of Year |
|--------|--------------------------------------------------------------------------------------------|-----------------------|-----------------|
| a      | Total noninterest-bearing cash .....                                                       | 1a                    |                 |
| b      | Receivables (less allowance for doubtful accounts):                                        |                       |                 |
|        | (1) Employer contributions .....                                                           | 1b(1)                 | 22091172209117  |
|        | (2) Participant contributions.....                                                         | 1b(2)                 |                 |
|        | (3) Other .....                                                                            | 1b(3)                 | 2186419668      |
| c      | General investments:                                                                       |                       |                 |
|        | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....  | 1c(1)                 | 58178146285638  |
|        | (2) U.S. Government securities .....                                                       | 1c(2)                 |                 |
|        | (3) Corporate debt instruments (other than employer securities):                           |                       |                 |
|        | (A) Preferred .....                                                                        | 1c(3)(A)              |                 |
|        | (B) All other .....                                                                        | 1c(3)(B)              |                 |
|        | (4) Corporate stocks (other than employer securities):                                     |                       |                 |
|        | (A) Preferred .....                                                                        | 1c(4)(A)              |                 |
|        | (B) Common .....                                                                           | 1c(4)(B)              |                 |
|        | (5) Partnership/joint venture interests .....                                              | 1c(5)                 |                 |
|        | (6) Real estate (other than employer real property) .....                                  | 1c(6)                 |                 |
|        | (7) Loans (other than to participants) .....                                               | 1c(7)                 |                 |
|        | (8) Participant loans .....                                                                | 1c(8)                 |                 |
|        | (9) Value of interest in common/collective trusts .....                                    | 1c(9)                 |                 |
|        | (10) Value of interest in pooled separate accounts .....                                   | 1c(10)                |                 |
|        | (11) Value of interest in master trust investment accounts .....                           | 1c(11)                |                 |
|        | (12) Value of interest in 103-12 investment entities .....                                 | 1c(12)                |                 |
|        | (13) Value of interest in registered investment companies (e.g., mutual funds) .....       | 1c(13)                |                 |
|        | (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14)                |                 |
|        | (15) Other.....                                                                            | 1c(15)                |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities.....                                              | <b>1d(1)</b> | 266146807             | 313531188       |
| (2) Employer real property.....                                           | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....       | <b>1f</b>    | 274195602             | 322045611       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                           | <b>1j</b>    | 27303237              | 45104690        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 27303237              | 45104690        |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                  | <b>1l</b>    | 246892365             | 276940921       |

**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.

|                                                                                              |                 |            |           |
|----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                      |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                 | <b>2a(1)(A)</b> | 5673350    |           |
| (B) Participants .....                                                                       | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers).....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                              | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....   | <b>2a(3)</b>    |            | 5673350   |
| <b>b Earnings on investments:</b>                                                            |                 |            |           |
| (1) Interest:                                                                                |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | <b>2b(1)(A)</b> | 249969     |           |
| (B) U.S. Government securities .....                                                         | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                         | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                 | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                  | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                              | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F).....                               | <b>2b(1)(G)</b> |            | 249969    |
| (2) Dividends: (A) Preferred stock.....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                       | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                          | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                              | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                          | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions).....                                        | <b>2b(4)(B)</b> |            |           |
| (C) 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: (A) Real estate .....                  | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                              | <b>2b(5)(B)</b> | 35458408   |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and (B) .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 2868750   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 44250477  |

**Expenses**

|                                                                                             |               |          |          |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 12020181 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |          |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 12020181 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |          | 917192   |
| <b>i</b> Administrative expenses:                                                           |               |          |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |          |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |          |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |          |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |          |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |          |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |          |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 0        |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 12937373 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 31313104 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  | 215659   |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 1480207  |

**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: **CROWE LLP**

(2) EIN: **35-0921680**

**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"/> |                                     | 5000000 |
| <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"/> |         |
| <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) |
|------------------------------|---------------------|--------------------|
| SHAWMUT GROUP 401K PLAN      | 81-3645861          | 001                |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**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/><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>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>2024</div> <div>This Form is Open to Public Inspection.</div> |          |
| For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |          |
| A Name of plan<br>SHAWMUT GROUP EMPLOYEE STOCK OWNERSHIP PLAN                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 002      |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SHAWMUT GROUP INC.                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>81-3645861                                            |          |
| 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                                                                                               | 11541528 |
| 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>EIN(s): 42-0127290                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |          |
| 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<br>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 _____<br>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 checked="" type="checkbox"/> No                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |          |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |          |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |          |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2024 v. 240311                                                           |          |

**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\_\_\_\_\_.

**SHAWMUT GROUP  
EMPLOYEE STOCK OWNERSHIP PLAN**

**FINANCIAL STATEMENTS**  
November 30, 2025 and 2024

SHAWMUT GROUP  
EMPLOYEE STOCK OWNERSHIP PLAN

FINANCIAL STATEMENTS  
November 30, 2025 and 2024

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## INDEPENDENT AUDITOR'S REPORT

To the Administrator  
Shawmut Group  
Employee Stock Ownership Plan  
Boston, Massachusetts

***Opinion***

We have audited the financial statements of Shawmut Group Employee Stock Ownership Plan (the 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 November 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended November 30, 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 the Plan as of November 30, 2025 and 2024, and the changes in its net assets available for benefits for the year ended November 30, 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Emphasis of Matter***

As discussed in Note 6, investments amounting to \$313,531,188 and \$266,146,807 as of November 30, 2025 and 2024, respectively, have been valued at estimated fair value by an independent appraisal which has been reviewed and approved by Plan management. This amount represents approximately 97% of total assets as of November 30, 2025 and 2024. Our opinion is not modified with respect to this matter.

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

Management is responsible for the preparation and fair presentation of 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 the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

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

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(Continued)

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

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 Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions as of and for the year ended November 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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(Continued)

In our opinion, the information in the accompanying schedules 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.

*Crowe LLP*

Crowe LLP

Chicago, Illinois  
September 11, 2026

SHAWMUT GROUP EMPLOYEE STOCK OWNERSHIP PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
November 30, 2025 and 2024

|                                                                           | 2025                  |                      |                       | 2024                  |                      |                       |
|---------------------------------------------------------------------------|-----------------------|----------------------|-----------------------|-----------------------|----------------------|-----------------------|
|                                                                           | <u>Allocated</u>      | <u>Unallocated</u>   | <u>Total</u>          | <u>Allocated</u>      | <u>Unallocated</u>   | <u>Total</u>          |
| <b>ASSETS</b>                                                             |                       |                      |                       |                       |                      |                       |
| Investment in Shawmut Group Inc.<br>common stock, at estimated fair value | \$ 214,128,977        | \$ 99,402,211        | \$ 313,531,188        | \$ 190,126,704        | \$ 76,020,103        | \$ 266,146,807        |
| Interest receivable                                                       | 19,668                | -                    | 19,668                | 21,864                | -                    | 21,864                |
| Contribution receivable, employer                                         | 2,209,117             | 672,116              | 2,881,233             | 2,209,117             | 784,690              | 2,993,807             |
| Investments, at fair value                                                | <u>6,285,638</u>      | <u>-</u>             | <u>6,285,638</u>      | <u>5,817,814</u>      | <u>-</u>             | <u>5,817,814</u>      |
| Total assets                                                              | 222,643,400           | 100,074,327          | 322,717,727           | 198,175,499           | 76,804,793           | 274,980,292           |
| <b>LIABILITIES</b>                                                        |                       |                      |                       |                       |                      |                       |
| Interest payable                                                          | -                     | 672,116              | 672,116               | -                     | 784,690              | 784,690               |
| Loan payable                                                              | <u>-</u>              | <u>45,104,690</u>    | <u>45,104,690</u>     | <u>-</u>              | <u>27,303,237</u>    | <u>27,303,237</u>     |
| Total liabilities                                                         | <u>-</u>              | <u>45,776,806</u>    | <u>45,776,806</u>     | <u>-</u>              | <u>28,087,927</u>    | <u>28,087,927</u>     |
| <b>NET ASSETS AVAILABLE FOR PLAN BENEFITS</b>                             | <u>\$ 222,643,400</u> | <u>\$ 54,297,521</u> | <u>\$ 276,940,921</u> | <u>\$ 198,175,499</u> | <u>\$ 48,716,866</u> | <u>\$ 246,892,365</u> |

See accompanying notes to financial statements.

SHAWMUT GROUP EMPLOYEE STOCK OWNERSHIP PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the year ended November 30, 2025

|                                                                                         | <u>Allocated</u>      | <u>Unallocated</u>   | <u>Total</u>          |
|-----------------------------------------------------------------------------------------|-----------------------|----------------------|-----------------------|
| <b>Additions to net assets attributable to:</b>                                         |                       |                      |                       |
| Investment income                                                                       |                       |                      |                       |
| Net appreciation in the fair value<br>of investments                                    | \$ 25,946,982         | \$ 12,380,176        | \$ 38,327,158         |
| Interest income                                                                         | 249,969               | -                    | 249,969               |
| Employer contributions                                                                  | 4,167,976             | 1,505,374            | 5,673,350             |
| Allocation of 102,326 shares of common<br>stock of Shawmut Group Inc.,<br>at fair value | <u>9,596,820</u>      | <u>-</u>             | <u>9,596,820</u>      |
|                                                                                         | 39,961,747            | 13,885,550           | 53,847,297            |
| <b>Deductions from net assets attributable to:</b>                                      |                       |                      |                       |
| Interest expense                                                                        | -                     | 917,192              | 917,192               |
| Benefit paid to participants                                                            | 12,020,181            | -                    | 12,020,181            |
| Diversification distributions                                                           | 1,480,207             | -                    | 1,480,207             |
| Allocation of 102,326 shares of common<br>stock of Shawmut Group Inc.,<br>at fair value | <u>-</u>              | <u>9,596,820</u>     | <u>9,596,820</u>      |
|                                                                                         | 13,500,388            | 10,514,012           | 24,014,400            |
| <b>Net increase prior to transfers</b>                                                  | 26,461,359            | 3,371,538            | 29,832,897            |
| Transfers from the Shawmut Group 401(k) Plan                                            | 215,659               | -                    | 215,659               |
| Transfer for debt service                                                               | (2,209,117)           | 2,209,117            | -                     |
| <b>Net assets available for benefits:</b>                                               |                       |                      |                       |
| Beginning of year                                                                       | <u>198,175,499</u>    | <u>48,716,866</u>    | <u>246,892,365</u>    |
| End of year                                                                             | <u>\$ 222,643,400</u> | <u>\$ 54,297,521</u> | <u>\$ 276,940,921</u> |

See accompanying notes to financial statements.

SHAWMUT GROUP  
EMPLOYEE STOCK OWNERSHIP PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2025 and 2024

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**NOTE 1 – PLAN DESCRIPTION**

The following description of the Shawmut Group Employee Stock Ownership Plan (the "Plan") provides only general information. Participants should refer to the plan document for more complete information.

Shawmut Design and Construction established the Plan, which contains a stock bonus portion, effective as of December 1, 1997. Shawmut Design and Construction underwent a restructuring effective December 1, 2016. Prior to the restructuring, the Plan owned 100% of the shares of Shawmut Design and Construction. As of December 1, 2016, all of the shares of Shawmut Design and Construction were transferred to a newly formed holding company, Shawmut Group Inc. (the "Company"). The Plan is a 100% owner of Shawmut Group Inc. The Plan was amended as of December 1, 2016 to reflect the new plan sponsor, Shawmut Group Inc. and to change the name of the Plan to Shawmut Group Employee Stock Ownership Plan.

The Plan operates, in relevant part, as a leveraged employee stock ownership plan (ESOP) and is designed to comply with Section 4975(e)(7), and the regulations thereunder, of the Internal Revenue Code of 1986 (the "Code"), as amended, and is subject to the applicable provisions of The Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is administered by The Principal Financial Group. The trust department of an independent third-party bank is the Plan's trustee (the "Trustee").

The Plan originally purchased 1,200,000 Company common shares using the proceeds of a borrowing from the Company and holds the stock in a trust established under the Plan. The borrowing was to be repaid over a period of ten (10) years from contributions by the Company to the ESOP and/or dividends on the Company's shares held by the ESOP. The loan was paid in full in 2003.

In the 2006 plan year, the Plan purchased an additional 231,259 shares of the Company's common stock using cash that was held in the Plan.

Also in the 2006 plan year, the Plan purchased 2,568,741 shares of the Company's common stock using the proceeds of a loan from the Company and holds the stock in a trust established under the Plan. The borrowing is to be repaid over a period of twenty-five (25) years from future contributions by the Company to the ESOP and/or dividends on the Company's shares held by the ESOP (see Note 7). As the Plan makes each payment of principal and interest, an appropriate percentage of stock will be allocated to eligible employee's accounts in accordance with applicable regulations under the Code.

In the 2016 plan year, the Plan purchased 448,822 shares of the Company's common stock using the proceeds of a loan from the Company and holds the stock in a trust established under the Plan. The borrowing is to be repaid over a period of twenty-five (25) years from future contributions by the Company to the ESOP and/or dividends on the Company's shares held by the ESOP (see Note 7). As the Plan makes each payment of principal and interest, an appropriate percentage of stock will be allocated to eligible employee's accounts in accordance with applicable regulations under the Code.

In the 2025 plan year, the Plan purchased 225,000 shares of the Company's common stock using the proceeds of a loan from the Company and holds the stock in a trust established under the Plan. The borrowing is to be repaid over a period of twenty-five (25) years from future contributions by the Company to the ESOP and/or dividends on the Company's shares held by the ESOP (see Note 7). As the Plan makes each payment of principal and interest, an appropriate percentage of stock will be allocated to eligible employee's accounts in accordance with applicable regulations under the Code.

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(Continued)

SHAWMUT GROUP  
EMPLOYEE STOCK OWNERSHIP PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2025 and 2024

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**NOTE 1 – PLAN DESCRIPTION** (Continued)

The borrowing is collateralized by the unallocated shares of stock. The lender has no rights against shares once they have been allocated under the ESOP. Accordingly, the financial statements of the Plan present separately the assets and liabilities, and changes therein, pertaining to:

- (a) the accounts of employees with vested rights in allocated stock (Allocated) and
- (b) stock not yet allocated to employees (Unallocated).

Eligibility: Eligible employees of the Company, as defined in the Plan, are eligible to participate in the Plan once they have reached the age of twenty-one (21) and completed one (1) year of service in twelve (12) consecutive months (represented by completing more than 1,000 hours in the plan year).

Participants who do not have at least 1,000 hours of service during a plan year or are not employed on the last working day of a plan year are generally not eligible for an allocation of Company contributions for such year.

Company Contributions and Forfeitures: The Company is obligated to make annual contributions to the Plan at least equal to the annual payments of principal and interest due under the 2006, 2016, and 2025 loans. Once the loans are repaid, all Company contributions become discretionary. Plan forfeitures are allocated to each participant's account based upon the relation of the participant's compensation to total compensation for the plan year. Forfeitures of terminated non-vested account balances allocated to remaining participants at November 30, 2025 totaled \$0 in cash. There were 10,973 forfeited shares allocated to participants during the year ending November 30, 2025. Plan earnings on forfeitures are allocated to each participant's account based on the ratio of the participant's beginning of the year account balance to all participants' beginning of the year account balance.

Payment of Benefits: Benefit payments include payments for termination of service, as well as diversifications. Upon termination of service due to retirement, disability, death (in which case payment shall be made to his or her beneficiary or, if none, his or her legal representatives) or otherwise, a participant will receive an amount equal to the vested interest in his or her account.

Voting Rights: Each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account on such corporate matters as approval or disapproval of corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution or sale of substantially all the assets of a trade or business. The Trustee is permitted to vote any share for which instructions have not been given by a participant and any unallocated shares in a manner determined by the plan administrator.

The Trustee is required, however, to vote any unallocated shares on behalf of the collective best interest of plan participants and beneficiaries.

Plan Termination: The Company reserves the right to terminate the Plan at any time, subject to plan provisions. Upon such termination of the Plan, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the plan terms and the Code. Upon termination of the Plan, the Employee Benefits Administration Committee shall direct the Trustee to pay all liabilities and expenses of the trust fund and to sell shares of financed stock held in the loan suspense account to the extent it determines such sale to be necessary in order to repay the loan. In the event of Plan termination, participants would become one hundred percent (100%) vested.

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(Continued)

SHAWMUT GROUP  
EMPLOYEE STOCK OWNERSHIP PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2025 and 2024

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**NOTE 1 – PLAN DESCRIPTION** (Continued)

Stock Bonus Contributions: The Plan has a stock bonus portion where the Company may make discretionary cash contributions to the Plan, which will be invested in the Plan's cash account. Contributions will be allocated in proportion to payroll deferral contributions, as defined by the Shawmut Group 401(k) Plan (the "Company's 401(k) Plan"). There were no stock bonus contributions made for the year ended November 30, 2025.

Plan Transfer: Effective September 23, 2024, the Company amended the Plan to provide eligible participants with a one-time opportunity to transfer a portion of their pre-tax account balances from the Company's 401(k) Plan into the Plan. Participants could elect to transfer up to 50% of their balance in the Company's 401(k) Plan, subject to a \$250,000 limit, excluding Roth, after-tax, loan, and QDRO amounts. Transferred funds were credited to each participants' Investment Cash Accounts of the Plan before being used to purchase shares of common stock at fair market value, which will be allocated to each participant's Investment Stock Accounts within the Plan. Transfers totaling \$215,659 are included on Statement Of Changes in Net Assets Available for Benefits under Transfers from the Shawmut Group 401(k) Plan. The plan transfers were structured to comply with Internal Revenue Code Section 411(d)(6)(D).

Participant Accounts: The Plan is a defined-contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each plan year with an allocation of shares of the Company's common stock released by the Trustee from the unallocated account and forfeitures of terminated participants' non vested accounts. Only those participants who are eligible employees of the Company as of the last day of the plan year will receive an allocation. Plan earnings are allocated to each participant's account based on the ratio of the participant's beginning of the year account balance to all participants' beginning of the year account balances. Allocations of shares of stock released from suspense by means of dividends paid on allocated shares are allocated to participants accounts based on the number of shares held in participants' accounts relative to the total number of allocated shares on the dividend declaration date. Allocations of shares of stock released from unallocated stock by all other means are based on a participant's eligible compensation, relative to total eligible compensation. Allocations of the stock bonus contributions are made in proportion to payroll deferrals, as defined by the Company's 401(k) Plan.

Vesting: If a participant's employment with the Company ends for any reason other than retirement, permanent disability or death, he or she will vest in the balances in his or her account based on total years of service with the Company. Shares vest ratably over six (6) years of service (as defined by the plan document) as follows:

|                     | <u>Vesting%</u> |
|---------------------|-----------------|
| Less than two years | 0%              |
| Two years           | 20%             |
| Three years         | 40%             |
| Four years          | 60%             |
| Five years          | 80%             |
| Six years or more   | 100%            |

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(Continued)

SHAWMUT GROUP  
EMPLOYEE STOCK OWNERSHIP PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2025 and 2024

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**NOTE 1 – PLAN DESCRIPTION (Continued)**

Put Option: Under federal income tax regulations, employer stock held by the Plan and its participants that is not readily tradable on an established market, or is subject to trading limitations, must include a put option. The put option is a right to demand that the Company buy from the Plan or its participants, any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. If the fair value of the participant's account exceeds \$10,000, the Company can pay for the purchase over a period of five (5) years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Diversification: Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least age fifty-five (55) with at least ten (10) years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six (6)-year period. In each of the first five (5) years, a participant may diversify up to twenty-five percent (25%) of the number of shares allocated to his or her account, less any shares previously diversified. In the sixth (6) year, the percentage changes to fifty percent (50%). If a participant elects to diversify, the participant has the option for the value to be transferred into the Company's 401(k) Plan or to receive a cash distribution, in accordance with the Plan.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting: The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Risks and Uncertainties: The Plan holds approximately 97% of its assets in common stock of the Company at November 30, 2025 and 2024. These investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in the fair values of investments 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.

Investment Valuation and Income Recognition: The shares of Company common stock are valued at estimated fair value. See Note 6 for discussion of fair value measurements.

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

Administrative Expenses: All administrative expenses of maintaining the Plan are paid by the Company.

Subsequent Events: The Plan has evaluated subsequent events through September 11, 2026, which is the date the financial statements were available to be issued.

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(Continued)

SHAWMUT GROUP  
EMPLOYEE STOCK OWNERSHIP PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2025 and 2024

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**NOTE 3 – TAX STATUS**

The Internal Revenue Service has determined and informed the Company, by a letter dated June 2, 2017, that the Plan is qualified, and the trust established under the Plan is tax-exempt, under the appropriate sections of the Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the Code. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to November 30, 2022.

**NOTE 4 – ADMINISTRATION OF PLAN ASSETS**

The Plan assets, which consist principally of Company common shares, are held by the Trustee of the Plan. Company contributions are held and managed by the Trustee, who invests cash received, interest and dividend income and makes distributions to participants. The Trustee also administers the payment of interest and principal on the loan, which is reimbursed to the Trustee through contributions made by the Company.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Administrative expenses for the Plan are paid directly by the Company.

**NOTE 5 – INVESTMENTS**

The Plan's investments in the Company common shares at November 30 are presented in the following table:

|                  | 2025             |                    | 2024             |                    |
|------------------|------------------|--------------------|------------------|--------------------|
|                  | <u>Allocated</u> | <u>Unallocated</u> | <u>Allocated</u> | <u>Unallocated</u> |
| Number of shares | 2,053,009        | 953,041            | 2,076,751        | 830,367            |
| Cost             | \$ 38,535,438    | \$ 40,309,010      | \$ 38,407,523    | \$ 22,169,682      |
| Fair value       | \$ 214,128,977   | \$ 99,402,211      | \$ 190,126,704   | \$ 76,020,103      |

During 2025, the Plan's investments in common stock (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$38,327,158.

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(Continued)

SHAWMUT GROUP  
EMPLOYEE STOCK OWNERSHIP PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2025 and 2024

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**NOTE 6 – FAIR VALUE MEASUREMENTS**

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

*Level 1:* Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

*Level 2:* Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

*Level 3:* Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at November 30, 2025 and 2024.

*Mutual Fund:* The fair value of the mutual fund investment is determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

*Company common stock:* The fair value of Shawmut Group common stock is estimated annually, as of the financial statement date, based upon the results of an independent third party appraisal performed by a business appraiser selected by the Plan Trustee, who is accredited by the American Society of Appraisers. The appraisals are performed using a combination of the income approach using the discounted cash flows method and the market approach based upon valuation multiples of guideline public companies (Level 3 inputs). Under the discounted cash flows method, projections are based upon past performance as identified in audited and unaudited financial statements of the Company and management's projections of the Company's future performance. The resulting cash flow projections are discounted using a market related discount rate (which incorporates the Company's estimated weighted average cost of capital). The guideline public companies method identifies pricing multiples of public companies deemed to be comparable to the Company. Under both approaches, a discount for a lack of marketability is applied, since the Company's stock is not readily tradable on an established market. The fair value of the shares of company stock at November 30, 2025 and 2024 was \$104.30 and \$91.55 per share, respectively.

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. During the plan year, the Plan purchased 225,000 shares of company stock (Level 3 investments) for \$20,598,750 and sold 126,068 shares of company stock for \$11,541,527.

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(Continued)

SHAWMUT GROUP  
EMPLOYEE STOCK OWNERSHIP PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2025 and 2024

**NOTE 6 – FAIR VALUE MEASUREMENTS (Continued)**

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2025 and 2024:

|                                 | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u>        |
|---------------------------------|---------------------|----------------|-----------------------|
| <u>2025</u>                     |                     |                |                       |
| Assets:                         |                     |                |                       |
| Shawmut Group Inc. common stock | \$ -                | \$ -           | \$ 313,531,188        |
| Mutual Fund                     | <u>6,285,638</u>    | <u>-</u>       | <u>-</u>              |
| Total                           | <u>\$ 6,285,638</u> | <u>\$ -</u>    | <u>\$ 313,531,188</u> |
| <u>2024</u>                     |                     |                |                       |
| Assets:                         |                     |                |                       |
| Shawmut Group Inc. common stock | \$ -                | \$ -           | \$ 266,146,807        |
| Mutual Fund                     | <u>5,817,814</u>    | <u>-</u>       | <u>-</u>              |
| Total                           | <u>\$ 5,817,814</u> | <u>\$ -</u>    | <u>\$ 266,146,807</u> |

Level 3 Valuation Process: Fair value determinations for Level 3 measurements of securities are the responsibility of the Plan sponsor. The sponsor company stock held by the Plan is reported at fair value based upon an appraisal. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years. The value of the sponsor company stock is estimated based on the discounted cash flow approach and guideline public company approach.

|                            | <u>Fair Value at<br/>11/30/2025</u> | <u>Valuation<br/>Technique</u>                                  | <u>Unobservable<br/>Inputs</u>                                           | <u>Range<br/>(Weighted<br/>Average)</u> |
|----------------------------|-------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------|
| Shawmut Group common stock | \$313,531,188                       | Discounted cash flow method and guideline public company method | Discount for lack of marketability, public comparables, revenue multiple | N/A                                     |
|                            | <u>Fair Value at<br/>11/30/2024</u> | <u>Valuation<br/>Technique</u>                                  | <u>Unobservable<br/>Inputs</u>                                           | <u>Range<br/>(Weighted<br/>Average)</u> |
| Shawmut Group common stock | \$266,146,807                       | Discounted cash flow method and guideline public company method | Discount for lack of marketability, public comparables, revenue multiple | N/A                                     |

(Continued)

SHAWMUT GROUP  
EMPLOYEE STOCK OWNERSHIP PLAN  
NOTES TO FINANCIAL STATEMENTS  
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**NOTE 7 – LOAN PAYABLE**

On December 30, 2005, the Plan borrowed \$55,227,919 from the Company. With the proceeds from the loan, along with \$4,972,081 of cash on hand, the Plan purchased 2,800,000 shares of the Company's outstanding Class B common stock at a price of \$21.50 per share. Unallocated shares are collateral for the loan. Shares are released from collateral and allocated to participants as payments of principal and interest are made. The number of shares released in any year is the number of shares held as collateral, times the ratio of the current year payments, divided by the total of this year's payments, plus all future years' principal and interest payments. This resulted in 84,373 shares being released and allocated for the plan year ended November 30, 2025.

The balance of the note payable as of November 30, 2025 and 2024 was \$13,254,701 and \$15,463,817, respectively. The Plan's loan payable to the Company is to be paid in twenty-five (25) annual principal payments of \$2,209,117, plus interest at five percent (5%) beginning December 31, 2006 and ending December 31, 2030.

On November 20, 2016, the Plan entered into a new leveraging transaction with the Company. The Plan borrowed \$16,135,160 from the Company. With the proceeds from the loan, the Plan purchased 448,822 shares of the Company's outstanding Class B common stock. Unallocated shares are collateral for the loan. Shares are released from collateral and allocated to participants as payments of principal and interest are made. The number of shares released in any year is the number of shares held as collateral, times the ratio of the current year payments, divided by the total of this year's payments, plus all future years' principal and interest payments. Interest to the Company on the note receivable accrues at a rate of 2% and shall be paid annually in arrears.

Principal and interest payments of \$833,257 are to be paid in twenty-five annual installments commencing on November 30, 2017 through November 30, 2041. This resulted in 17,953 shares being released and allocated for the plan year ended November 30, 2025.

The balance of the note payable as of November 30, 2025 and 2024 was \$11,251,239 and \$11,839,420, respectively.

On November 30, 2025, the Plan entered into a new leveraging transaction with the Company. The Plan borrowed \$20,598,750 from the Company. With the proceeds from the loan, the Plan purchased 225,000 shares of the Company's outstanding Class B common stock. Unallocated shares are collateral for the loan. Shares are released from collateral and allocated to participants as payments of principal and interest are made. The number of shares released in any year is the number of shares held as collateral, times the ratio of the current year payments, divided by the total of this year's payments, plus all future years' principal and interest payments. Interest to the Company on the note receivable accrues at a rate of 4.62% and shall be paid annually in arrears.

Principal and interest payments of \$1,407,482 are to be paid in twenty-five annual installments commencing on November 30, 2026 through November 30, 2050. No shares were released or allocated for the plan year ended November 30, 2025.

The balance of the note payable as of November 30, 2025 was \$20,598,750.

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(Continued)

SHAWMUT GROUP  
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NOTES TO FINANCIAL STATEMENTS  
November 30, 2025 and 2024

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**NOTE 7 – LOAN PAYABLE** (Continued)

Future minimum principal maturities on the debt are as follows for the years ending November 30:

|            |                      |
|------------|----------------------|
| 2026       | \$ 3,265,293         |
| 2027       | 3,298,779            |
| 2028       | 3,333,495            |
| 2029       | 3,369,492            |
| 2030       | 3,406,822            |
| Thereafter | <u>28,430,809</u>    |
|            | <u>\$ 45,104,690</u> |

**NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS**

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company. The Plan holds shares of Shawmut Group Inc. common stock (Note 5), and recognized net appreciation of \$38,327,158 during 2025 from this related party investment. Therefore, the stock transactions discussed in Note 6 and the notes payable and related interest as described in Note 7 are party-in-interest transactions.

## **SUPPLEMENTAL SCHEDULES**

SHAWMUT GROUP  
EMPLOYEE STOCK OWNERSHIP PLAN  
SCHEDULE H, PART IV, LINE 4(i)– SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
Year Ended November 30, 2025

|                                 |                           |
|---------------------------------|---------------------------|
| Name of Plan Sponsor:           | <u>Shawmut Group Inc.</u> |
| Employer Identification Number: | <u>81-3645861</u>         |
| Three-Digit Plan Number:        | <u>002</u>                |

| (a) | (b)<br>Identity of<br>Issue, Borrower,<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d)<br>Cost          | (e)<br>Fair<br>Value  |
|-----|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
| *   | Shawmut Group Inc.                                         | Shawmut Group Inc.<br>common stock (3,006,050 shares)                                                                  | \$ 78,844,448        | \$ 313,531,188        |
|     | Goldman Sachs                                              | GS Financial Square<br>Treasury Obligations Fund                                                                       | <u>6,285,638</u>     | <u>6,285,638</u>      |
|     |                                                            |                                                                                                                        | <u>\$ 85,130,086</u> | <u>\$ 319,816,826</u> |

\* Party-in-interest as defined by ERISA

See Independent Auditor's Report.

SHAWMUT GROUP  
EMPLOYEE STOCK OWNERSHIP PLAN  
SCHEDULE H, PART IV, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS  
For the Year Ended November 30, 2025

|                                 |                    |
|---------------------------------|--------------------|
| Name of Plan Sponsor:           | Shawmut Group Inc. |
| Employer Identification Number: | 81-3645861         |
| Three-Digit Plan Number:        | 002                |

| (a)                                                                                                                               | (b)                                                                               | (c)               | (d)              | (g)              | (h)                                              | (i)                |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------|------------------|------------------|--------------------------------------------------|--------------------|
| Identity of<br>Party Involved                                                                                                     | Description of Asset<br>Including Interest Rate and<br>Maturity in Case of a Loan | Purchase<br>Price | Selling<br>Price | Cost<br>of Asset | Current Value<br>of Asset on<br>Transaction Date | Net<br>Gain (Loss) |
| <b><u>Category (i) - a single transaction in excess of 5% of the current value of Plan assets:</u></b>                            |                                                                                   |                   |                  |                  |                                                  |                    |
| * Shawmut Group Inc.                                                                                                              | Shawmut Group Inc. Common Stock                                                   | \$ 20,598,750     | \$ -             | \$ 20,598,750    | \$ 20,598,750                                    | \$ -               |
| <b><u>Category (iii) - a series of transactions in the same security in excess of 5% of the current value of Plan assets:</u></b> |                                                                                   |                   |                  |                  |                                                  |                    |
| * Shawmut Group Inc.                                                                                                              | Shawmut Group Inc. Common Stock                                                   | \$ 20,598,750     | \$ -             | \$ 20,598,750    | \$ 20,598,750                                    | \$ -               |
| * Shawmut Group Inc.                                                                                                              | Shawmut Group Inc. Common Stock                                                   | \$ -              | \$ 11,541,527    | \$ 2,331,508     | \$ 11,541,527                                    | \$ 9,210,019       |

\* Denotes party-in-interest.

See Independent Auditor's Report.