Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
STATE STREET RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1946

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
STATE STREET CORPORATION

ONE CONGRESS STREET/ OCB 8
BOSTON, MA 02114

2b Employer Identification Number (EIN) 04-2456637

2c Plan Sponsor's telephone number 617-664-5433

2d Business code (see instructions) 551111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	SCOTT SPIEGEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	9134
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2824
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2593
b	Retired or separated participants receiving benefits	**6b**	1281
c	Other retired or separated participants entitled to future benefits	**6c**	4786
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8660
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	144
f	Total. Add lines **6d** and **6e**.	**6f**	8804
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

3H 3I 1C

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
STATE STREET RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STATE STREET CORPORATION

D Employer Identification Number (EIN)
04-2456637

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1414660	65099	81 GAC	0	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	2790256
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	97823		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	97823
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2888079
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	152404		
	(2) Administration charge made by carrier	7e(2)	17136		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	169540
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2718539

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
STATE STREET RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
STATE STREET CORPORATION

D Employer Identification Number (EIN)
04-2456637

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	860948802
b Actuarial value	**2b**	873114767

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1385	116131853	116131853
b For terminated vested participants	5080	388942869	388942869
c For active participants	2813	212213557	212213557
d Total	9278	717288279	717288279

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1700000
c Target normal cost	**6c**	1700000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/02/2026
Date

VONDA BUI
Type or print name of actuary

26-08474
Most recent enrollment number

MERCER
Firm name

617-747-9500
Telephone number (including area code)

99 HIGH STREET
BOSTON, MA 02110
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	190339588	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1700000	0
9	Amount remaining (line 7 minus line 8)	188639588	0
10	Interest on line 9 using prior year's actual return of 1.65 %	3112553	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	191752141	0

Part III Funding Percentages

14	Funding target attainment percentage	14	94.99 %
15	Adjusted funding target attainment percentage	15	121.72 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	117.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	
22 Weighted average retirement age			**22**	61

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [ ] Yes [X] No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] Yes [ ] No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1700000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1700000

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1700000	0	1700000

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. [ ] 2019 [ ] 2020 [ ] 2021

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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
STATE STREET RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STATE STREET CORPORATION

D Employer Identification Number (EIN)
04-2456637

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).. . . . . [X] 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

STATE STREET GLOBAL ADVISORS

04-1867445

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

SSARIS ADVISORS LLC

06-1620826

(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

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

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

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

STATE STREET GLOBAL ADVISORS

04-2456637

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 18 19 99 52 68 56	INV. ADVISORY	1414179	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 50	RECORDKEEPING	624306	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARIAL	185413	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

ERNST & YOUNG, LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDIT	67500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN HANCOCK

04-1414660

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMIN	17136	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
STATE STREET RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
STATE STREET CORPORATION

D Employer Identification Number (EIN)
04-2456637

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

a Name of MTIA, CCT, PSA, or 103-12 IE: US TIPS INDEX SL FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-103	C	44209767

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED US BOND SL FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-119	C	168964639

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH-YIELD BOND INDEX CTF

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3508891-001	C	27271764

a Name of MTIA, CCT, PSA, or 103-12 IE: US AGGREGATE BOND INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-070	C	1679963

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US TREASURY INDEX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-479	C	292933730

a Name of MTIA, CCT, PSA, or 103-12 IE: 3-10 YEARS US CREDIT INDEX NL QP CT

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-480	C	198491947

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US CREDIT INDEX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-146	C	14902217

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL MANAGED VOLATILITY NL

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN 45-6204294-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36016897

a Name of MTIA, CCT, PSA, or 103-12 IE: 3 10 YEAR US TREASURY INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN 04-0025081-477	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44927389

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

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b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
STATE STREET RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STATE STREET CORPORATION

D Employer Identification Number (EIN)
04-2456637

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	1908314	3841820
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5283765	4671
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2406906	1228917
(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)	807230414	829398313
(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)	2790257	2718539
(15) Other	1c(15)	46431340	52488646

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	866050996	889680906
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	5358240	118204
1k Total liabilities (add all amounts in lines 1g through1j)	1k	5358240	118204
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	860692756	889562702

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	75235	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		75235
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	60999141	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		60999141

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		11559182
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		704117
d Total income. Add all **income** amounts in column (b) and enter total	2d		73337675
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	41174443	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		41174443
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	624307	
(4) IQPA audit fees	2i(4)	67500	
(5) Investment advisory and investment management fees	2i(5)	1414179	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	185413	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1001887	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3293286
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		44467729
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		28869946
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: ERNST & YOUNG, LLP **(2)** EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		200000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 593196.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
STATE STREET RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STATE STREET CORPORATION

D Employer Identification Number (EIN)
04-2456637

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 | 0

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):

EIN(s): 04-3275867

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 | 292

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)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ 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? ..... ☐ Yes ☐ No ☐ 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. ..... ☐ Increase ☐ Decrease ☐ Both ☒ 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? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ 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.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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: 8.6 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 88.2 %
High-Yield Debt: 3.0 % Real Assets: _____ % Cash or Cash Equivalents: _____ % Other: 0.2 %

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_____.

Financial Statements and Supplemental Schedules

State Street Retirement Plan
Years Ended December 31, 2025 and 2024
With Report of Independent Auditors

State Street Retirement Plan

Audited Financial Statements and Supplemental Schedule
Years Ended December 31, 2025 and 2024

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Report of Independent Auditors

To the Plan Participants and Plan Administrator of State Street Retirement Plan

Opinion

We have audited the financial statements of State Street Retirement 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 December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as 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 at December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, 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.

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 after the date that 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.

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 of the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2025, and reportable transactions for the year then ended (referred to as the "supplemental schedules") 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 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.

In our opinion, the information in the supplemental 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.

/s/ Ernst & Young LLP

August 5, 2026

State Street Retirement Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2025	**2024**
Assets		
Cash	**$ 3,841,820**	$ 1,908,314
Investments at fair value:		
Short Term Investment Fund	**1,228,917**	2,406,906
Common and Collective Trust Funds	**829,398,313**	807,230,414
Limited Liability Corporations	**52,488,646**	46,431,340
Total investments at fair value	**883,115,876**	856,068,660
Investments, at contract value:		
John Hancock Group Annuity Contract	**2,718,539**	2,790,257
Total investments	**885,834,415**	858,858,917
Total investments and cash	**889,676,235**	860,767,231
Interest receivable	**4,671**	7,765
Receivable for investments sold	**—**	5,276,000
Total assets	**889,680,906**	866,050,996
Liabilities		
Payable for investments purchased	**—**	5,276,000
Accrued administrative expenses	**118,204**	82,240
Total liabilities	**118,204**	5,358,240
Net assets available for benefits	**$ 889,562,702**	$ 860,692,756

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

State Street Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2025	**2024**
Additions to net assets available for benefits		
Net appreciation in fair value of investments	**$ 72,558,323**	$ 15,206,171
Interest and dividend income	**779,352**	480,325
Total additions	**73,337,675**	15,686,496
Deductions from net assets available for benefits		
Benefit payments	**41,174,443**	38,681,068
Administrative expenses:		
Investment management fees	**1,414,179**	1,355,201
Recordkeeping fees	**624,307**	496,934
Pension Benefit Guaranty Corporation fees	**968,204**	950,713
Other	**286,596**	317,919
Total deductions	**44,467,729**	41,801,835
Net increase/(decrease) in net assets available for benefits	**28,869,946**	(26,115,339)
Net assets available for benefits at beginning of year	**860,692,756**	886,808,095
Net assets available for benefits at end of year	**$ 889,562,702**	$ 860,692,756

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

1. Description of the Plan

General

The description of the State Street Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description and Plan document for more complete information.

The Plan is a frozen defined benefit plan. The Plan Sponsor is State Street Corporation ("Plan Sponsor" or "State Street"). The Plan Administrator is the U.S. Benefits Committee of State Street. The Plan Administrator is responsible for the general administration of the Plan. State Street Bank and Trust Company ("Trustee") serves as the trustee and custodian of the Plan.

The Plan covered U.S. employees of State Street and certain related companies (collectively, the "Company") who were at least 21 years of age and had completed one year of service (comprising at least 1,000 hours), as defined in the Plan, except for certain specified categories of employees.

Plan Amendments

During 2025, the following changes occurred relative to the Plan:

- Effective January 1, 2024, the amount of the accrued annual interest credited to participant accounts is determined based on the average of the 90-day U.S. Treasury bill rates, as reported by the Federal Reserve under the U.S. government securities Secondary Market Rate, for the five consecutive months immediately preceding the calendar year plus 0.5%, not to exceed 10% or be less than 5%

There were no material amendments to the Plan in 2024.

Administrative Expenses

Certain costs and expenses incurred in connection with operations of the Plan are paid by State Street as Plan Sponsor, except for administrative fees permitted by Employee Retirement Income Security Act of 1974 ("ERISA"), which are paid by the Plan. The Plan's administrative expenses, except for administrative fees permitted under ERISA to be paid from the Plan trust, include actuarial, recordkeeping, investment management and trustee fees.

Contributions

State Street has agreed to contribute amounts as necessary to provide assets sufficient to meet the benefits to be paid to the Plan participants. The Corporation's policy is to contribute no less than the minimum contribution required by law plus additional amounts as needed and as cash flow permits, at the discretion of State Street, to maximize the security of participant benefits over both the short-term and long-term. The Plan has met the minimum funding requirements of the ERISA. All contributions to the Plan, if made by the Sponsor, are paid to the Trustee. The Trustee holds contributions in trust exclusively for participants and their beneficiaries, invests them, and makes benefit payments as they become due. There were no contributions to the Plan for either 2025 and 2024.

Vesting

Participants become fully vested upon the following: (i) completion of three years of service (for employees who terminated prior to January 1, 2008, five or ten years of service depending upon their termination date); (ii) attaining age 65 while an active employee; (iii) in the event of death while an active employee of the Company, or (iv) the partial or complete termination of the Plan.

Cash Balance Feature

The Plan was frozen as of December 31, 2007 and no new employees were eligible to participate in the Plan after this date. The Plan includes a frozen cash balance retirement plan feature. Under the cash balance formula, individual bookkeeping accounts were established for all Plan active participants on and after January 1, 1990. These hypothetical accounts are used to keep track of the participant's credits and interest and to determine the participant's account balance under the Plan. Until December 31, 2007, credits were allocated each year based upon a percentage (the "Applicable Percentage") of the participant's eligible compensation for the year, including base salary, overtime, performance bonus and commissions (the "Pensionable Earnings").

Until December 31, 2007, the Applicable Percentage was determined by the participant's year(s) in the Plan, and ranged from 4% (first calendar year or partial calendar year of participation) to 11.25% (30th calendar year of participation). As of January 1, 2008, and through December 31, 2010, a transition contribution credit equal to 3% of base salary paid was provided to eligible Plan participants.

In addition, participant cash balance accounts are credited with accrued annual interest by the Plan. The amount of the accrued annual interest credited to participant accounts is determined based on the average of the 90-day U.S. Treasury bill rates as reported by the Federal Reserve under the U.S. government securities Secondary Market Rate for the five consecutive months immediately preceding the calendar year plus 0.5%, not to exceed 10% or be less than 5%. The interest rate credited was 5.09% and 5.79% for 2025 and 2024, respectively.

Certain plan participants who were employed on December 31, 1989 are eligible for a grandfathered benefit calculation at such time that their final benefit calculation is performed. Grandfathered benefit calculations, and calculation of participant benefits accrued solely prior to the cash balance conversion on January 1, 1990, were based upon final average pay plan terms in effect from time to time prior to the conversion.

Plan Termination

State Street does not intend to terminate the Plan at this time; however, should the Plan be terminated at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all. In the event the Plan is terminated, the interest of all affected participants in benefits accrued to date of such termination will become fully vested and non-forfeitable to the extent the Plan is funded at the time. Further, the Plan trust fund, after the payment of any expenses, taxes or proper charges of the Trustee, will be allocated among the participants, their joint annuitants, and their beneficiaries (if any) in the order of precedence set forth in Section 4044(a) of ERISA and the regulations thereunder. To the extent unfunded vested benefits exist, ERISA provides that such benefits are payable to the participants by the PBGC, up to specified limitations, prescribed by ERISA.

2. Significant Accounting Policies

Basis of Accounting

The accounting records of the Plan are in conformity with generally accepted accounting principles in the United States (GAAP) and are maintained on the accrual basis.

Payment of Benefits

Benefits payments are recorded upon distribution.

Investment Valuation and Income Recognition

The John Hancock Group Annuity Contract is carried at contract value, the Short Term Investment Fund, Common and Collective Trust Funds and the Limited Liability Corporations are carried at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 5 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation in the fair value of investments is composed of realized and unrealized gains and losses. Realized gains and losses are calculated as the difference between the proceeds from the sales and the related investments' acquisition costs. Unrealized gains and losses are calculated as the difference between the fair value of the investments at the end of the year and their fair value at the beginning of the year, or acquisition date, if acquired during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by the employees up to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee credited service rendered up to the valuation date.

Use of Estimates

The preparation of the financial statements requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. Accumulated Plan Benefits

The Plan's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. The actuary estimated the accumulated plan benefits as of January 1, 2025. There were no significant changes to the Plan that would have changed the valuations had they been performed as of December 31, 2024.

The actuarial present value of accumulated plan benefits as of December 31, 2024, which represents the beginning amounts for the 2025 Plan year is as follows:

	December 31, 2024
Vested benefits:	
Active participants	$ 226,955,539
Inactive participants with deferred benefits	417,675,759
Inactive participants receiving benefits	125,783,915
Total vested benefits	770,415,213
Non-vested benefits	0
Total actuarial present value of accumulated plan benefits	$ 770,415,213

The changes in the actuarial present value of accumulated plan benefits for the year are as follows:

	December 31, 2024
Actuarial present value of accumulated plan benefits as of January 1, 2024	$ 815,350,761
Changes during the year attributable to:	
Benefits accumulated and non-investment (gains)/losses	(3,571,839)
Increase for interest due to decrease in discount period	33,050,376
Actual benefits paid	(38,530,299)
Change in actuarial assumptions	(35,883,786)
Net increase	(44,935,548)
Actuarial present value of accumulated plan benefits on December 31, 2024	$ 770,415,213

The significant assumptions underlying the actuarial valuation are shown below:

Assumed long-term rate of return on investments	4.16% (2024) and 4.33% (2023)
Mortality	Pri-2012 white-collar mortality tables projected generationally using the MP-2021 mortality improvement scale, sex distinct, with contingent annuitant tables for current surviving beneficiaries, for 2024 and 2023.
Retirement	Active employees will retire at varying percentages from age 55 to 70.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The increase for interest due to the decrease in the discount period represents the increase in the present value of accumulated benefits as a result of being one year closer to the projected benefit payout dates at January 1, 2025 as compared to January 1, 2024.

The impact of amendments adopted after January 1, 2025 has not been reflected in the latest available accumulated plan benefit information presented.

4. Investments

The Plan does not engage directly in securities lending; however, the Plan's investments include vehicles that are allowed to participate directly in securities lending. The securities lending activities within these vehicles are done with/through an affiliate of State Street. The Diversified US Bond Securities Lending Fund and the US TIPS Index Securities Lending Fund are the only investment vehicles under the Plan's trust that may participate in securities lending as of the date of these financial statements.

5. Fair Value Measurement

Accounting Standards Codification (ASC) Topic 820, Fair Value Measurements and Disclosures defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). ASC Topic 820 includes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described on the next page.

Level 1 Financial assets and liabilities with values based on unadjusted quoted prices for identical assets or liabilities in an active market.

Level 2 Financial assets and liabilities with values based on quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in non-active markets;
- Pricing models whose inputs are observable for substantially the full term of the asset or liability; and
- Pricing models whose inputs are derived principally from, or corroborated by, observable market information through correlation or other means for substantially the full term of the asset or liability.

The securities categorized as Level 2 are the Common and Collective Trust Funds and a Short Term Investment Fund. The fair value of the securities categorized in Level 2 are measured primarily using information obtained from third parties. This third-party information is subject to review by management as part of a validation process, which includes obtaining an understanding of the underlying assumptions and the level of market participant information used to support those assumptions. In addition, management compares significant assumptions used by third parties to available market information. Such information may include known trades or, to the extent that trading activity is limited, includes comparisons to market information pertaining to credit expectations, execution prices and the timing of cash flows.

Level 3 Financial assets and liabilities with values based on prices or valuation techniques that require inputs that are both unobservable in the market and significant to the overall fair value measurement. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the asset or liability, and are based on the best available information, none of which is internally developed. The Level 3 securities represent investments in Limited Liability Corporations.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, the determination of the classification of assets or liabilities within the fair value hierarchy is based on the lowest level of the input that is significant to the fair value measurement. The assessment of the significance of the particular input to the fair value measurement, in its entirety, requires judgment and considers factors specific for the input.

Following is a description of the valuation methodologies used by the Plan for assets measured at fair value:

Common and Collective Trust Funds: Valued at the net asset value per unit held by the Plan at year end as presented by the funds. State Street Investment Management, as investment manager of the Common and Collective Trust Funds, determines the net asset value per unit of the respective funds. Collective investment funds combine the assets of various individuals and organizations to create a larger, well-diversified portfolio.

Limited Liability Corporations: Valued at fair value as determined by the fund managers, and represent the Plan's proportionate share of the estimated fair value of the underlying net assets of the Limited Liability Corporations. The Magnitude Institutional Ltd Fund is a fund-of-funds hedge fund with a strategy to invest in a diversified set of absolute return strategies. The participation units in the Magnitude Institutional Ltd Fund are redeemable at net asset value on a quarterly basis, with a 65-day notification period. Wilton Private Equity Fund is a fund-of-funds private equity investment with a strategy to invest in privately held companies and other venture capital investments. The Plan's investment in the Wilton Private Equity Fund had a twelve-year term from the initial closing date of February 13, 2001, subject to extensions. Wilton Private Equity Fund made liquidating distributions on December 19, 2025.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2025 and December 31, 2024:

	Level 1	**Level 2**	**Level 3**	**Total**
Common and Collective Trust Funds	**$ —**	**$ 829,398,313**	**$ —**	**$ 829,398,313**
Short Term Investment Fund	**—**	**1,228,917**	**—**	**1,228,917**
Limited Liability Corporations	**—**	**—**	**52,488,646**	**52,488,646**
Total assets in the fair value hierarchy	**$ —**	**$ 830,627,230**	**$ 52,488,646**	**$ 883,115,876**

	Level 1	**Level 2**	**Level 3**	**Total**
Common and Collective Trust Funds	$ —	$ 807,230,414	$ —	$ 807,230,414
Short Term Investment Fund	—	2,406,906	—	2,406,906
Limited Liability Corporations	—	—	46,431,340	46,431,340
Total assets in the fair value hierarchy	$ —	$ 809,637,320	$ 46,431,340	$ 856,068,660

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2025 and December 31, 2024:

	2025 Limited Liability Corporations	**2024 Limited Liability Corporations**
Fair value at beginning of year	**$ 46,431,340**	$ 40,779,492
Sales	**(194,359)**	—
Realized gains/(losses)	**(701,128)**	—
Unrealized gains/(losses)	**6,952,793**	5,651,848
Fair value at end of year	**$ 52,488,646**	$ 46,431,340

No transfers of financial assets between Levels 1, 2 or 3 occurred during 2025. There were no liabilities measured at fair value during 2025.

All realized/unrealized gains and losses are reflected in net appreciation/(depreciation) in fair value of investments within the Statement of Changes in Net Assets Available for Benefits.

6. Investments at Contract Value

Group Annuity Contract with the John Hancock Life Insurance Company: Valued at contract value, which represents the guaranteed benefit reserves of Group Annuity Contract No. 81 plus interest and appreciation, less funds used for annuity payments and administrative expenses. Contract value approximates fair value. Under the contract, which is a participating contract, the insurer guarantees all retirees benefit payments and, accordingly, requires specified amounts of Plan assets be maintained in its general account at John Hancock. These assets earn interest based on the actual financial experience of the account during a calendar year period. The assets are subject to market value adjustments under certain conditions. The effective interest rates for the years ended December 31, 2025 and 2024, were 3.83% and 3.47%, respectively. Benefits are paid directly by the insurer from the Plan assets accumulated under the contract.

7. Transactions and Agreements with Parties-in-Interest

State Street Bank and Trust Company serves as trustee and custodian of the Plan. The Plan holds units of Common and Collective Trust Funds managed by SSIM, a wholly owned subsidiary of State Street Corporation. Administrative expenses incurred by the Plan included fees paid to SSIM as investment manager of the Plan and its assets, in the amounts of $1,414,179 and $1,355,201 for the years ended December 31, 2025 and 2024, respectively. These transactions are considered party-in-interest transactions under ERISA; however, they are operated in accordance with class exemptions under ERISA prohibited transaction rules.

8. Risks and Uncertainties

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

Contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

9. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated January 13, 2021 stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code), and, therefore, the related trust is tax-exempt. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan, as amended, is being operated in compliance with the applicable requirements of the Code, and therefore, believes the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Subsequent Events

Through August 5, 2026, the date the financial statements were available to be issued, no subsequent events or transactions had occurred that would have materially impacted the financial statements as of December 31, 2025.

Supplemental Schedules

State Street Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #04-2456637 Plan No #001
December 31, 2025

Identity of Issue	Description of Investment	Cost	Current Value
Short Term Investment Fund:			
*State Street Short Term Investment Fund	1,228,917 units	$ 1,228,917	$ 1,228,917
Limited Liability Corporations:			
Magnitude Institutional Ltd. Fund	15,666 units	25,000,000	52,488,646
*Common and Collective Trust Funds:			
State Street Long US Credit Index Non-Lending Fund	5,734,915 units	229,869,343	292,933,730
Diversified US Bond Securities Lending Fund	4,876,887 units	130,607,566	168,964,639
State Street Long US Treasury Index Non-Lending Fund	676,298 units	15,218,483	14,902,217
State Street US TIPS Index Securities Lending Fund	1,385,278 units	30,351,140	44,209,767
State Street Global Managed Volatility Non-Lending Fund	991,491 units	18,308,002	36,016,897
State Street US Aggregate Bond Index Non-Lending Fund	48,526 units	1,606,367	1,679,963
State Street High Yield Bond Index Non-Lending Fund	1,462,215 units	15,275,340	27,271,764
State Street 3-10 Year US Credit Index Non-Lending Fund	7,433,042 units	171,557,860	198,491,947
State Street 3-10 Year US Treasury Index Non-Lending Fund	2,269,863 units	42,048,493	44,927,389
		654,842,594	829,398,313
John Hancock Group Annuity Contract	3.83%	2,717,193	2,718,539
		$ 683,788,704	$ 885,834,415

** Indicates party-in-interest to the Plan.*

State Street Retirement Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN #04-2456637 Plan #001

Year Ended December 31, 2025

	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction	Net Gain/ (Loss)
Category (iii.) – Series of transactions in excess of 5% of Plan net assets					
3-10 Year US Credit Index Non-Lending Fund	2,800,000	40,666,202	32,844,534	43,466,202	7,821,668

There were no Category (i), Category (ii) and Category (iv) reportable transactions during 2025.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service[1]										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39		8									8
40–44		280	22								302
		7,922	26,529								
45–49		174	361	22							557
		11,400	43,519	74,516							
50–54		140	304	308	25						777
		19,509	55,998	94,606	143,394						
55–59		100	186	152	156	15					609
		22,062	67,713	109,725	176,971						
60–64		55	126	86	77	90	4				438
		31,768	66,483	120,086	186,858	229,201					
65–69		20	11	32	11	19	12	4			109
		17,878		122,589							
70 & up		6	2	2	3						13
Total		783	1,012	602	272	124	16	4			2,813

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average account balance. Average account balance is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

[1] Credited service shown is as of December 31, 2007 for the non-transition participants, December 31, 2010 for transition participants in the State Street Retirement Plan, and as of December 31, 2005 for the participants who were formerly in the Investors Bank & Trust Pension Plan.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions

Discount rate sponsor elections	
• Segment rates or full yield curve	Full Yield Curve
• 417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and unisex generational mortality.
Cash balance plans	
• Interest accumulation rate	5.09% for 2025, 5.60% thereafter
• Whipsaw calculations	No
• Annuity conversion	
— Mortality table	2025 IRC Section 417(e) unisex generational mortality
— Interest rate basis	Funding yield curve rates, with rates shifted to reflect year of commencement
Other economic assumptions	
• Salary increases	Not applicable
• Expected investment return	4.69% per year
• Expenses	$1,700,000 added to current year normal cost

Rationale for economic assumptions

- Cash balance interest accumulation rate – The rate is based on the 90-day Treasury Bill Secondary Market rates plus 50 basis points, with a floor of 5.00%. Mercer's Capital Market Outlook is leveraged to set the long-term assumption, with an adjustment to approximate the secondary market rates.
- Expected investment return – The expected investment return is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's target asset mix. The expected return on assets assumption is net of an adjustment of 35 basis points for expenses assumed to be paid from plan assets.
- Expenses – Average of two prior years' administrative expenses, rounded to nearest $100,000.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Demographic assumptions

- Mortality sponsor elections
  - — Healthy participants: Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables, in accordance with IRS regulation 1.430(h)(3)-1.
  - — Pre-1995 disabilities: Same as healthy
  - — Post-1994 disabilities: Same as healthy
- Withdrawal: Terminations of service for reasons other than death or retirement will be in accordance with the rates below:

  Age-related turnover for all participants:

Age	Rate
25	18.00%
30	12.20%
35	8.70%
40	7.25%
45	6.41%
50	7.00%
55	4.40%

- Disability incidence: Not applicable
- Retirement age: Retirements are assumed to occur in accordance with the following table:

Age	Retirement rate
55	10%
56	8%
57	8%
58	12%
59	12%
60	12%
61	15%
62	15%
63	15%
64	18%
65	32%
66	32%
67	32%
68	32%
69	32%
70+	100%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Pre-retirement Death Benefit	The vested account balance is payable to the beneficiary upon death of the participant.		
• Grandfathered Pre-retirement Death Benefit	It is assumed that the payment of the full account balance upon death exceeds the required pre-retirement spouse death benefit on the grandfathered benefit.		
• Benefit commencement age			
— Future vested deferred	65		
— Current vested deferred	65		
• Spouse Assumption (IBT Plan)	**Male participants**	**Female participants**	
— Percentage married	80%	80%	
— Spouse age difference	3 years younger	3 years older	

• Form of payment

Terminations from active status:	
Lump Sum (Immediate)	20%
Lump Sum (Deferred to age 65)	60%
Life Annuity (Deferred to age 65)	20%
Retirements from active status:	
Lump Sum (Immediate)	25%
Life Annuity (Immediate)	10%
Lump Sum (Deferred to age 65)	60%
Life Annuity (Deferred to age 65)	5%
Terminated Vested of the IBT Plan:	
Lump Sum (Immediate)	20%
Lump Sum (Deferred to age 65)	50%
Life Annuity (Deferred to age 65)	30%

Terminated Vested participants with deferred benefits retaining a cash balance account (terminating employment after January 1, 1999):

Form of payment	**Terminated within last 2 years**	**Terminated prior to last 2 years**
Lump Sum (Immediate)	25%	0%
Lump Sum (Deferred to age 65)	60%	80%
Life Annuity (Deferred to age 65)	15%	20%

Terminated vested participants of the State Street Retirement Plan with deferred benefits terminating employment before January 1, 1999 and deferred beneficiaries are assumed to be paid as annuities commencing when the participants turn age 65.

Terminated vested grandfathered participants who elected the VSP and are entitled to the greater of the VSP enhanced annuity or VSP enhanced cash balance account are assumed to be paid in five-year installments commencing immediately.

Death benefits are assumed to be paid as lump sums.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Unpredictable contingent event assumptions	Not applicable

Rationale for demographic assumptions

- Mortality – Prescribed by the IRS and based on the plan sponsor's election.
- Withdrawal – The withdrawal rates were developed based on an experience study undertaken in 2021 using data from 2016 through 2020.
- Retirement age – The retirement ages were developed based on an experience study undertaken in 2021 using data from 2016 through 2020.
- Benefit commencement age – The benefit commencement ages were developed based on an experience study undertaken in 2011 using data from 2005 through 2010. A review of the experience from 2010 through 2014 and again from 2016 through 2020 was performed and determined that no refinements were needed.
- Form of payment – The form of payment assumptions were developed based on an experience study undertaken in 2021 using data from 2016 through 2020.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value for the last month preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.

  No actuarial liability is included for terminated vested participants with pre-cash balance benefits who are at least 85 years old. These participants continue to be reflected in the participant statistics; however, their benefits are considered forfeited by the plan sponsor. If the participants are located and begin receiving their pension payments, their actuarial liability will be updated accordingly. Conversely, if it is confirmed that they are no longer entitled to a benefit, they will be removed from the statistics.

- **Insurance contracts**: State Street Corporation has an annuity contract with John Hancock. In the past, these participants (and the associated assets) have been included in funding and ASC 960 liabilities. Per PPA and IRS proposed regulations, State Street Corporation made the election to include these participants in the funding valuation.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used,

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

State Street Retirement Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN #04-2456637 Plan #001

Year Ended December 31, 2025

	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction	Net Gain/ (Loss)
Category (iii.) – Series of transactions in excess of 5% of Plan net assets					
3-10 Year US Credit Index Non-Lending Fund	2,800,000	40,666,202	32,844,534	43,466,202	7,821,668

There were no Category (i), Category (ii) and Category (iv) reportable transactions during 2025.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
STATE STREET RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
STATE STREET CORPORATION

D Employer Identification Number (EIN)
04-2456637

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	860,948,802
b Actuarial value	**2b**	873,114,767

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,385	116,131,853	116,131,853
b For terminated vested participants	5,080	388,942,869	388,942,869
c For active participants	2,813	212,213,557	212,213,557
d Total	9,278	717,288,279	717,288,279

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.30%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,700,000
c Target normal cost	**6c**	1,700,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Vonda Bui VB
Signature of actuary

9/2/2026
Date

VONDA BUI
Type or print name of actuary

2608474
Most recent enrollment number

MERCER
Firm name

617-747-9500
Telephone number (including area code)

99 HIGH STREET
BOSTON MA 02110
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	190,339,588	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1,700,000	0
9	Amount remaining (line 7 minus line 8)	188,639,588	0
10	Interest on line 9 using prior year's actual return of 1.65%	3,112,553	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	191,752,141	0

Part III Funding Percentages

14	Funding target attainment percentage	14	94.99 %
15	Adjusted funding target attainment percentage	15	121.72 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	117.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [ ] Yes [X] No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... [X] Yes [ ] No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1,700,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,700,000

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1,700,000	0	1,700,000

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. [ ] 2019 [ ] 2020 [ ] 2021

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	10.0%	10,000	1,000.00	55,000
56	8.0%	9,000	720.00	40,320
57	8.0%	8,280	662.40	37,757
58	12.0%	7,617	914.11	53,018
59	12.0%	6,703	804.42	47,461
60	12.0%	5,899	707.89	42,473
61	15.0%	5,191	778.68	47,499
62	15.0%	4,412	661.88	41,036
63	15.0%	3,750	562.59	35,443
64	18.0%	3,188	573.85	36,726
65	32.0%	2,614	836.54	54,375
66	32.0%	1,778	568.85	37,544
67	32.0%	1,209	386.82	25,917
68	32.0%	822	263.03	17,886
69	32.0%	559	178.86	12,342
70	100.0%	380	380.09	26,606
Total			10,000.00	611,404
Average				61.1

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	10,343,630	48,835,085	12,986,407	72,165,122
2026	10,077,400	25,422,561	12,124,972	47,624,933
2027	12,320,575	24,449,516	11,328,440	48,098,531
2028	15,394,538	23,587,706	10,651,561	49,633,805
2029	16,943,442	28,141,399	9,881,244	54,966,085
2030	17,947,687	28,892,544	9,418,087	56,258,318
2031	17,712,877	26,838,704	9,065,286	53,616,867
2032	19,359,888	29,386,718	8,709,951	57,456,557
2033	17,783,210	29,524,158	8,342,718	55,650,086
2034	17,521,459	32,251,672	7,960,168	57,733,299
2035	18,553,482	28,818,407	7,570,246	54,942,135
2036	19,923,991	33,356,850	7,184,509	60,465,350
2037	17,039,666	28,765,418	6,793,233	52,598,317
2038	15,024,620	26,631,462	6,397,657	48,053,739
2039	14,165,678	24,735,798	5,999,202	44,900,678
2040	14,090,545	23,837,356	5,599,446	43,527,347
2041	12,627,765	21,241,820	5,200,173	39,069,758
2042	10,872,782	20,589,921	4,803,353	36,266,056
2043	9,473,638	17,968,494	4,411,094	31,853,226
2044	8,315,861	15,695,267	4,025,584	28,036,712
2045	7,651,338	13,154,286	3,649,060	24,454,684
2046	7,064,394	11,784,540	3,283,765	22,132,699
2047	6,517,039	10,580,821	2,931,947	20,029,807
2048	6,017,693	8,564,330	2,595,838	17,177,861
2049	5,599,858	7,670,243	2,277,659	15,547,760
2050	5,283,205	7,171,766	1,979,550	14,434,521
2051	5,042,026	6,871,865	1,703,396	13,617,287
2052	4,809,500	6,394,445	1,450,659	12,654,604
2053	4,576,694	5,998,306	1,222,310	11,797,310
2054	4,350,927	5,597,054	1,018,768	10,966,749
2055	4,125,924	5,198,361	839,848	10,164,133
2056	3,899,615	4,795,719	684,810	9,380,144
2057	3,668,291	4,398,323	552,377	8,618,991
2058	3,432,763	4,006,914	440,878	7,880,555
2059	3,194,682	3,625,807	348,362	7,168,851
2060	2,955,058	3,257,997	272,705	6,485,760
2061	2,715,400	2,906,196	211,724	5,833,320
2062	2,477,257	2,572,751	163,255	5,213,263
2063	2,242,300	2,259,696	125,239	4,627,235
2064	2,012,374	1,968,578	95,797	4,076,749
2065	1,789,465	1,700,527	73,260	3,563,252
2066	1,575,693	1,456,145	56,186	3,088,024
2067	1,373,066	1,235,507	41,110	2,649,683
2068	1,183,308	1,038,385	31,550	2,253,243
2069	1,007,932	864,158	24,452	1,896,542
2070	848,125	711,803	19,189	1,579,117
2071	704,626	580,053	15,274	1,299,953
2072	577,732	467,463	12,340	1,057,535
2073	467,231	372,408	10,113	849,752
2074	372,540	293,172	8,397	674,109

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions of the State State Retirement Plan

Effective date and plan year	Original plan: September 1, 1946 Restated plan: January 1, 2020 Plan year: Calendar year
Status of the plan	Employees are included in the Plan on the first January 1, April 1, July 1 or October 1 following the completion of one year of service (1,000 hours) and attainment of age 21. No new entrants are permitted after December 31, 2007 and accruals are frozen as of December 31, 2010.
Significant events that occurred during the year	None
Definitions	
• Compensation for cash balance plan benefits	Prior to 2008, total compensation (including base salary, performance bonuses, commissions, overtime payments and amounts deferred under any non-qualified deferred compensation plan) for the Plan Year. Beginning in 2008, plan compensation includes only base salary, shift differentials and overtime payments for the Plan Year. This is used to calculate transition benefits for eligible participants.
• Contributions	Prior to 2008, each participant's account is credited at the end of the year or upon termination, if earlier, with a percentage of his/her Compensation for that year determined in accordance with the following table:

Calendar Year in Plan	%	Calendar Year in Plan	%
1	4.00%	16	7.75%
2	4.25	17	8.00
3	4.50	18	8.25
4	4.75	19	8.50
5	5.00	20	8.75
6	5.25	21	9.00
7	5.50	22	9.25
8	5.75	23	9.50
9	6.00	24	9.75
10	6.25	25	10.00
11	6.50	26	10.25
12	6.75	27	10.50
13	7.00	28	10.75
14	7.25	29	11.00
15	7.50	30	11.25

Beginning in 2008, 3% of compensation is credited to accounts of plan participants eligible for transition benefits. The group eligible for transition benefits comprises participants employed on December 31, 2007, who attained age 47 and 7 years of vesting service as of that date. Participants not receiving transition benefits receive no additional contributions after

Schedule SB, Part V — Summary of Plan Provisions

	December 31, 2007. Transition-eligible participants receive no additional credits after December 31, 2010 (or their date of termination of employment, if earlier). No contributions are made for service in excess of 30 years. Furthermore, participants who elected to terminate employment during the second quarter of 2003 via the Voluntary Separation Program (VSP) and who were at least 50 years old and had at least five years of vesting service as of August 31, 2003 received an additional five years of contribution credits. The additional credits were based upon the above schedule and the participant's rate of pay at termination of employment.
• Interest earnings	Each year interest is credited to the account balance at the beginning of the year at a rate which, when compounded quarterly, will equal the average of the 90 day Treasury Bill Secondary Market rates for the preceding calendar year, plus 1/2%, subject to a minimum rate of 5%. Such credits are made quarterly. Interest is credited up to the date of retirement or termination.
Normal retirement	
• Eligibility	The first day of the month coinciding with or next following the employee's 65th birthday.
• Benefit	The amount of the account balance as of the date of termination or an actuarially equivalent annuity computed using IRC Section 417(e) mortality and PPA segment rates. These rates are based on the rates for the fourth month prior to the first date of the plan year in which the determination is made.
• Minimum grandfathered benefit	For employees in the service of the Bank on December 31, 1989 with continuous service to retirement, the Plan provides for a minimum guaranteed benefit equal to the greatest of A, B or C below: A. The sum of 1) the monthly accrued benefit under the Plan as of June 30, 1989, multiplied by Final Average Salary as of retirement and divided by Final Average Salary as of June 30, 1989 2) 1.5% of Final Average Salary multiplied by years of credited service after June 30, 1989 (total credited service, including pre- June 30, 1989 service, is limited to thirty years). B. 1.6667% of Final Average Salary minus 1.6667% of the Social Security Benefit, multiplied by years of accrual service (as defined in the prior plan) not in excess of thirty. C. For participants employed on December 31, 1970, 1.25% of annual compensation (as defined in the prior plan) for each year of service, plus 0.5% of Final Average Salary in excess of $4,800 multiplied by service. Service is the sum of Past Service and Future Service as defined under the prior plan. Final Average Salary is the highest average base rate of pay as of July 1 for any five consecutive years out of the last ten years preceding determination. Benefit Accruals under the Minimum Grandfathered Benefit Formula were frozen effective August 31, 2003.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement

- Eligibility

Attainment of age 55 and completion of ten years of vesting service. For participants terminating employment during the second quarter of 2003 via the Voluntary Separation Program (VSP), the eligibility criteria was lowered to the attainment of age 50 and completion of five years of vesting service as of August 31, 2003.

- Benefit

The amount of the account balance as of the date of early retirement or an actuarially equivalent annuity.

- Minimum grandfathered benefit

Minimum grandfathered benefits are reduced for early commencement prior to age 65 according to the following schedule:

	20 or More Years of Service		Less Than 20 Years of Service	
Age at Commencement	**Standard Factor**	**Enhanced Factor Under VSP**	**Standard Factor**	**Enhanced Factor Under VSP**
65	100%	130%	100%	130%
64	100%	130%	93%	124%
63	100%	130%	87%	118%
62	100%	130%	80%	112%
61	96%	124%	73%	106%
60	92%	118%	67%	100%
59	88%	112%	63%	93%
58	84%	106%	60%	87%
57	81%	100%	57%	80%
56	78%	96%	53%	73%
55	75%	92%	50%	67%
54	N/A	88%	N/A	63%
53	N/A	84%	N/A	60%
52	N/A	81%	N/A	57%
51	N/A	78%	N/A	53%
50	N/A	75%	N/A	50%

The enhanced factors were available to participants in the 2003 Voluntary Separation Program (VSP) who were at least 50 years old at termination of employment.

Schedule SB, Part V — Summary of Plan Provisions

Late retirement	
• Benefit	Cash balance accounts continue to receive interest credits, and previously they received continued accrual of benefits subject to 30 year contribution maximum. Grandfathered benefit amounts under the final average pay formula are actuarially increased, if applicable.
• Minimum grandfathered benefit	For employees in the service of the Bank on December 31, 1989 with continuous service to retirement, the Plan provides for a minimum guaranteed benefit calculated as under Normal Retirement, but reflecting service and Final Average Salary as of late retirement date and the benefit freeze date of August 31, 2003.
Vesting on Termination	
• Eligibility	Three years (five years prior to 2008) of vesting service or age 65, if earlier. Participants in the 2003 Voluntary Separation Program were granted vested status.
• Benefit	The amount of the account balance payable at termination date, or the account balance at termination date with interest credits to any date of commencement between termination and age 65. Alternatively, participants may elect an equivalent annuity, computed using IRC Section 417(e) mortality and interest rates, commencing at any date prior to or at Normal Retirement Date. These interest rates are based on the segment rates for the fourth month prior to the first date of the plan year in which the determination is made.
• Involuntary cash-out of vested benefit	If a participant terminates and is entitled to a vested benefit, the Committee will pay the entire account balance upon termination provided that the value of such payment is not in excess of $1,000 or such higher amount permitted under applicable law. In the case where a participant's balance is between $1,000 and $5,000, in absence of an election, the balance will be automatically rolled over into an Individual Retirement Arrangement (IRA).
Disability	
• Eligibility	Enrolled in the Company's Long Term Disability Program.
• Benefit	Continued accrual of benefits under the Plan at the rate of Compensation in effect on the date of disablement. Participants not receiving transition receive no additional contributions after December 31, 2007. Transition-eligible participants receive no additional credits after December 31, 2010 (or their date of termination of employment, if earlier).
Pre-retirement death	
• Eligibility	Employee must be vested. If the employee was married at the time of death, the entire account balance will be payable to the spouse, unless the spouse has consented in writing to another beneficiary.
• Benefit	The actuarial equivalent of the amount of the qualified account balance or the actuarial equivalent of the 50% Qualified Joint & Survivor annuity form on the grandfathered benefits. Actuarial equivalence is computed using IRC Section 417(e) mortality and interest rates. These interest rates are based on the segment rates for the fourth month prior to the first date of the plan year in which the determination is made.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	Reduced 50% Joint and Survivor annuity option unless the Employee elects not to be covered.
• Optional forms	The optional forms are as follows: - Single Life Annuity - Lump Sum - 5-Year Certain and Continuous Annuity - 10-Year Certain and Continuous Annuity - 50%, 66 2/3%, 75%, 100% Joint and Survivor Annuity - 5-Year installment
• Optional form conversion factors	Actuarial equivalence is computed using IRC Section 417(e) mortality and interest rates. These interest rates are based on the segment rates for the fourth month prior to the first date of the plan year in which the determination is made.
Miscellaneous	
• Maximum compensation	Not applicable, the plan is frozen.
• Maximum benefits	Not applicable, the plan is frozen.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions of the Investors Bank & Trust Pension Plan (Merger into the State Street Retirement Plan effective December 15, 2011)

Effective date and plan year	Original plan: September 1, 1946 Restated plan: January 1, 2007 with most recent amendment as of December 20, 2011 Plan year: Calendar year
Status of the plan	Effective December 31, 2005 future service accruals were frozen with respect to any participant.
Significant events that occurred during the year	None
Definitions	
• Participation	Participation is frozen as of December 31, 1996.
• Years of benefit service	The sum of years and months of service as an active plan participant. Periods of service are measured in years and months with any part of a month of service counted as a full month.
• Final average compensation	Participant's highest 60 consecutive months' average compensation for the 5 consecutive years of highest compensation of the last 10 years. Maximum annual compensation: $210,000 for 2005.
• Covered compensation	The average of the Social Security taxable wage bases for the 35-year period ending in the year the employee attains his Social Security Retirement Age.
• Accrued benefit	Normal Retirement Benefit the participant would receive at Normal Retirement Date, assuming the Years of Benefit Service continue without interruption to Normal Retirement Date multiplied by a fraction, the numerator of which is the number of Years of Benefit Service credited to the Participant on the date of determination and the denominator of which is the total number of Years of Benefit Service which the Participant would be credited with if his/her employment terminated on his/her Normal Retirement Date.
Normal retirement	
• Eligibility	The first day of the month coinciding with or next following attainment of age 65.
• Benefit	(1) 1.6% times Final Average Compensation up to Covered Compensation times Years of Benefit Service at Normal Retirement up to 25, plus (2) 2.15% times Final Average Compensation in excess of Covered Compensation times Years of Benefit Service at Normal Retirement up to 25, plus (3) 0.75% times Final Average Compensation times Years of Benefit Service at Normal Retirement in excess of 25 up to 40 years.
Early retirement	
• Eligibility	Age 55 and 10 years of vesting service.
• Benefit	The amount of benefit is equal to the Normal Retirement Benefit multiplied by a ratio of Years of Benefit Service at Early Retirement over Years of Benefit Service at Normal Retirement and reduced for early payment. Early retirement reduction is 0.6% per month for the first 60 months and 0.3% per month for the next 60 months.

Schedule SB, Part V — Summary of Plan Provisions

Late retirement	
• Eligibility	First day of the month following the date of actual retirement after reaching Normal Retirement Eligibility.
• Benefit	The Normal Retirement Benefit actuarially increased to Late Retirement.
Vesting on Termination	
• Eligibility	Termination for reasons other than death or retirement after completing 5 years of vesting service.
• Benefit	100% of the Accrued Benefit payable at Normal Retirement Date. If the participant terminates his/her employment prior to satisfying the age requirement for Early Retirement, but after satisfying the service requirement, he/she can elect to receive his/her vested Accrued Benefit, reduced for early payment, on his/her Early Retirement Date upon satisfying the age requirement.
Disability	
• Eligibility	Total and permanent disability after attaining age 55 and 10 years of vesting service.
• Benefit	Accrued pension payable immediately. Reduction and offset same as for Early Retirement.
Pre-retirement death	
• Eligibility	Death in active service after becoming vested or death after termination of employment with entitlement to a deferred vested pension.
• Benefit	The present value of Accrued Benefits payable to a beneficiary, however in no event will the benefits payable be less than the minimum spouse's death benefit. In the case of a married participant, the beneficiary is deemed to be the spouse, unless the participant elects an alternative beneficiary.
Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	Reduced 50% Joint and Survivor annuity with spouse as beneficiary.
• Optional forms	The optional forms are as follows: (1) Life Annuity (2) 50% Joint and Survivor annuity. (3) 66-2/3% Joint and Survivor annuity. (4) 75% Joint and Survivor annuity. (5) 100% Joint and Survivor annuity. (6) Lump Sum.
Miscellaneous	
• Maximum compensation	Not applicable, the plan is frozen.
• Maximum benefits	Not applicable, the plan is frozen.

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated January 1, 2020, are included in this valuation:

- **Most recent plan amendments included:** None
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *SSRP Active participants:* Cash balance accounts continue to receive interest credits, and previously they received continued accrual of benefits subject to 30 year contribution maximum. In addition, grandfathered benefit amounts under the final average pay formula are actuarially increased, if applicable.
  - *IBT Active participants:* Active participants assumed to retire after normal retirement age are valued including the late retirement actuarial increase.
  - *SSRP Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase if their benefit is computed under grandfathered final average pay formula.
  - *IBT Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.

– *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

Unpredictable contingent event benefits: The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

None.

State Street Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #04-2456637 Plan No #001
December 31, 2025

Identity of Issue	Description of Investment	Cost	Current Value
Short Term Investment Fund:			
*State Street Short Term Investment Fund	1,228,917 units	$ 1,228,917	$ 1,228,917
Limited Liability Corporations:			
Magnitude Institutional Ltd. Fund	15,666 units	25,000,000	52,488,646
*Common and Collective Trust Funds:			
State Street Long US Credit Index Non-Lending Fund	5,734,915 units	229,869,343	292,933,730
Diversified US Bond Securities Lending Fund	4,876,887 units	130,607,566	168,964,639
State Street Long US Treasury Index Non-Lending Fund	676,298 units	15,218,483	14,902,217
State Street US TIPS Index Securities Lending Fund	1,385,278 units	30,351,140	44,209,767
State Street Global Managed Volatility Non-Lending Fund	991,491 units	18,308,002	36,016,897
State Street US Aggregate Bond Index Non-Lending Fund	48,526 units	1,606,367	1,679,963
State Street High Yield Bond Index Non-Lending Fund	1,462,215 units	15,275,340	27,271,764
State Street 3-10 Year US Credit Index Non-Lending Fund	7,433,042 units	171,557,860	198,491,947
State Street 3-10 Year US Treasury Index Non-Lending Fund	2,269,863 units	42,048,493	44,927,389
		654,842,594	829,398,313
John Hancock Group Annuity Contract	3.83%	2,717,193	2,718,539
		$ 683,788,704	$ 885,834,415

** Indicates party-in-interest to the Plan.*

Schedule SB, line 24 — Change in Actuarial Assumptions

- The cash balance interest accumulation rate assumption was updated to better reflect future expectations.
- The expected investment return was updated from 4.16% to 4.69%.