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
FUJITSU GROUP WELFARE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 502

1c Effective date of plan 04/01/1985

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)
FUJITSU NORTH AMERICA, INC.

350 COBALT WAY, M/S 223
SUNNYVALE, CA 94085

2b Employer Identification Number (EIN)
46-4314843

2c Plan Sponsor's telephone number
408-746-6000

2d Business code (see instructions)
423600

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	SABREENA COVINGTON
	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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1779
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)**	1715
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1645
b	Retired or separated participants receiving benefits	**6b**	47
c	Other retired or separated participants entitled to future benefits	**6c**	23
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1715
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
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**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4D 4E 4Q

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
FUJITSU GROUP WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
FUJITSU NORTH AMERICA, INC.

D Employer Identification Number (EIN)
46-4314843

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
HAWAII MEDICAL SERVICE ASSOCIATION

(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
99-0040115	49948	74987	1	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

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	(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 ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] 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)	
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)	
(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)	
(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	8300
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 [X] No

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

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

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

A Name of plan
FUJITSU GROUP WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
FUJITSU NORTH AMERICA, INC.

D Employer Identification Number (EIN)
46-4314843

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
KAISER FOUNDATION HEALTH PLAN INC.

(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
94-1340523	00000	116466	30	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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	234699
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 [X] No

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

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).

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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
FUJITSU GROUP WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
FUJITSU NORTH AMERICA, INC.

D Employer Identification Number (EIN)
46-4314843

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
KAISER FOUNDATION HEALTH PLAN, INC.

(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
94-1340523	60053	13814	2	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
535	0

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

WILLIS TOWERS WATSON NORTHEAST INC
38 EASTWOOD DRIVE
SUITE 300
SOUTH BURLINGTON, VT 05403

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
535			3

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	15253
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 [X] No

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

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
FUJITSU GROUP WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
FUJITSU NORTH AMERICA, INC.

D Employer Identification Number (EIN)
46-4314843

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
KAISER FOUNDATION HEALTH PLAN, INC.

(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
94-1340523	00000	8189	62	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 ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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)	
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)	
(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)	
(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	635326
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 [X] No

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

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
FUJITSU GROUP WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
FUJITSU NORTH AMERICA, INC.

D Employer Identification Number (EIN)
46-4314843

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
HCC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1817054	92711	HCL36992	1371	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
41255	56873

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

WILLIS TOWERS WATSON MIDWEST, INC.
233 SOUTH WACKER DRIVE
SUITE 2000
CHICAGO, IL 60606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	56873	OVERRIDE	3

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

WILLIS TOWERS WATSON NORTHEAST INC.
200 LIBERTY STREET, FLOOR 3
NEW YORK, NY 10281

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41255			3

(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 ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [X] 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)	
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)	
(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)	
(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	1178715
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 [X] No

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

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
FUJITSU GROUP WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
FUJITSU NORTH AMERICA, INC.

D Employer Identification Number (EIN)
46-4314843

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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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)

ANTHEM BL. CR. LF AND HLTH INS. CO.

95-4331852

(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?
12 13 15 49 50 62	CONTRACT ADMNSTRTR	1221749	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOKIO MARINE

35-1817054

(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 ADMNSTRTR	1178715	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPYREAN BENEFIT SOLUTIONS, INC.

20-3029813

(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 ADMNSTRTR	181525	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)

DELTA DENTAL OF CALIFORNIA

94-1461312

(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?
12 13 50	CONTRACT ADMNSTRTR	90404	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAKER TILLY US, LLP

30-1413443

(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	AUDITOR	57325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FNAI ADMIN SVCS

46-4314843

(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 ADMNSTRTR	53345	Yes ☐ No ☒	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)

VISION SERVICE PLAN

94-1632821

(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 ADMNSTRTR	34665	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEALTH ADVOCATE

3043 WALTON ROAD
SUITE 150
PLYMOUTH MEETING, PA 19462

(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 ADMNSTRTR	20007	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OG LAW

92-3715595

(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?
14 50	ATTORNEY	12341	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)

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(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?
21 50	TRUSTEE	11392	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEALTH EQUITY

52-2383166

(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?
14 50	CONTRACT ADMNSTRTR	9099	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT SOLUTIONS LLC

36-2235791

(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?
16 50	CONSULTANT	8250	Yes [ ] No [X]	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 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
FUJITSU GROUP WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
FUJITSU NORTH AMERICA, INC.

D Employer Identification Number (EIN)
46-4314843

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6453	0
(2) Participant contributions	1b(2)	21308	0
(3) Other	1b(3)	144408	68030
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3969568	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	668308
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	4141737	736338
Liabilities			
1g Benefit claims payable	1g	1980000	1971000
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	93927
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1980000	2064927
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2161737	-1328589

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)	22879888	
(B) Participants	2a(1)(B)	7418885	
(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)		30298773
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	149625	
(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)		149625
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9000
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		30457398
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	30172478	
(2) To insurance carriers for the provision of benefits	2e(2)	891964	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		31064442
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)	2883282	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2883282
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		33947724
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-3490326
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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		5000000
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			
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.) ..... ☐ Yes ☐ No ☐ Not determined

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

Independent Auditors' Report and
Financial Statements with
Supplemental Schedules

Fujitsu Group Welfare Benefit Plan

December 31, 2025 and 2024

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Independent Auditors' Report

To the Plan Administrator and Participants of
Fujitsu Group Welfare Benefit Plan

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

We have performed audits of the financial statements of Fujitsu Group Welfare Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in benefit obligations and net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

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

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Fujitsu Group Welfare Benefit 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 ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Fujitsu Group Welfare Benefit Plan's ability to continue as a going concern for at least one year following 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Fujitsu Group Welfare Benefit 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 Fujitsu Group Welfare Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



San Jose, California
October 13, 2026

Financial Statements

Fujitsu Group Welfare Benefit Plan
Statements of Benefit Obligations and Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
BENEFIT OBLIGATIONS		
Claims payable and claims incurred but not reported	$ 1,971,000	$ 1,980,000
ASSETS		
Investment, at fair value		
Interest-bearing cash	-	3,969,568
Money market fund	668,308	-
Total investments, at fair value	668,308	3,969,568
Receivables		
Contributions		
Employer's	-	6,453
Participants'	-	21,308
Stop-loss reimbursement	63,296	127,631
Other	4,734	16,777
Total receivables	68,030	172,169
Total assets	736,338	4,141,737
LIABILITIES		
Accounts payable for administrative expenses and other liabilities	93,927	-
Net assets available for benefits	642,411	4,141,737
Surplus (deficit) of net assets available for benefits over benefit obligations	$ (1,328,589)	$ 2,161,737

See accompanying notes.

Fujitsu Group Welfare Benefit Plan
Statements of Changes in Benefit Obligations and Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Net change in benefit obligations		
Change in claims payable and claims incurred but not reported at year-end	$ (9,000)	$ (364,000)
Additions to net assets available for benefits		
Employer's contributions	22,879,888	22,232,577
Participants' contributions	7,418,885	7,319,330
Interest income	149,625	74,896
Total additions	30,448,398	29,626,803
Deductions from net assets available for benefits		
Claims paid	30,172,478	25,119,264
Insurance premiums paid	891,964	1,853,720
Administrative expenses	2,883,282	1,831,042
Total deductions	33,947,724	28,804,026
Net change in net assets available for benefits	(3,499,326)	822,777
Net change in net assets available for benefits over benefit obligations	(3,490,326)	1,186,777
Surplus (deficit) of net assets available for benefits over benefit obligations		
Beginning of year	2,161,737	974,960
End of year	$ (1,328,589)	$ 2,161,737

See accompanying notes.

Note 1 – The Plan and its Significant Accounting Policies

General – The following description of Fujitsu Group Welfare Benefit Plan (the Plan) provides only general information. Participants should refer to the plan document (Plan Document) for a more complete description of the Plan's provisions.

The Plan is a health and welfare plan adopted by Fujitsu North America, Inc. (the Plan Sponsor). The Plan provides medical, dental, and vision benefits to participants of subsidiaries and affiliates of the Plan Sponsor who elect to participate in the Plan (Participating Companies). The Plan is designed to comply and operate in accordance with the applicable requirements of the Internal Revenue Code (the Code) and the Employee Retirement Income Security Act of 1974 (ERISA).

Basis of accounting – The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). Accordingly, contributions are recorded as earned. Claim payments are recorded when paid by the third-party claims processors. Claims payable and claims incurred but not reported are included in the statements of benefit obligations and net assets available for benefits.

Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein; incurred but not reported claims payable; and claims incurred and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Plan expenses – The Plan Sponsor manages the operation and administration of the Plan. Third-party administrators process claims for the Plan. The Plan Document provides that either the Plan or the Plan Sponsor pay the Plan's administrative expenses, which consist of fees charged by the Plan's contract administrators, and the trustee of the Plan's assets, legal, accounting, and consulting fees. The Plan pays substantially all administrative expenses.

Insured benefits – The Plan offers Health Maintenance Organizations (HMOs) that participants can choose. The Plan fully insures these benefits. The Plan Sponsor purchases annual insurance contracts for these insured benefits. Premiums for all insured benefits are paid from the assets of the trust.

Self-insured benefits – All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan's trust. Despite the Plan's utilization of third-party claim's processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

Stop-loss arrangements – The Plan Sponsor entered into a stop-loss arrangement with an insurance company. Premiums for stop-loss insurance are included in insurance premiums paid and stop-loss recoveries are netted against claims paid in the accompanying statements of changes in benefit obligations and net assets available for benefits. Stop-loss netted against claims for Plan years 2025 and 2024 are approximately $1,093,000 and $1,690,000, respectively, including receivables of approximately $63,000 and $128,000 as of December 31, 2025 and 2024, respectively.

Investment valuation and investment income – The Plan's investment is valued at cost, which approximates fair value. Purchases and sales in this investment are recorded on a trade-date basis. Interest income is recorded when earned.

Income taxes – The trust has obtained a favorable tax exemption letter dated March 16, 1988, from the Internal Revenue Service (IRS) stating that the trust is tax-exempt under Section 501(a) of the Code as a Voluntary Employee Beneficiary Association. The Plan believes that the trust, as amended on July 29, 1991, continues to operate in conformity with the Code and ERISA. As a result of the Plan's funding policy, from time to time, it may be subject to income taxes. No federal or California unrelated business income taxes were incurred for the years ended December 31, 2025 and 2024.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. No uncertain positions have been identified that would require recognition of a liability (or asset) or disclosure in the financial statements as of December 31, 2025 and 2024. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS audits for any tax periods in progress.

Subsequent events – The Plan has evaluated subsequent events through October 13, 2026, which is the date the financial statements were available to be issued.

Note 2 – Fair Value Measurements

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

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

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

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

The Plan's assets are invested in First American Treasury Obligations Fund – Class Z at December 31, 2025, which is valued at the net asset value reported in an active market and considered a Level 1 asset. The Plan's assets were invested in the U.S. Bank Money Market Fund at December 31, 2024, which was valued at the net asset value reported in an active market and considered a Level 1 asset.

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

Note 3 – Related-Party Transactions

The Plan's investment is held by U.S. Bank National Association, the trustee of the Plan, and is managed by an affiliate of the trustee. Any purchases and sales of the investment are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Note 4 – Contributions and Benefit Payments

Contributions to the medical, dental, and vision components of the Plan are made by both the Plan Sponsor and the participants. The percentage that participants contribute is dependent on the selected level of health coverage (e.g., number of dependents). Contributions are determined annually based on actual claims filed by participants and administrative costs. Participating Companies will make periodic payments sufficient to meet current benefits and administrative expenses of the Plan to the extent such benefits and expenses exceed participant contributions. Any deficit in the Plan's net assets over benefit obligations is funded by the Participating Companies on a pay-as-you-go basis. The Plan's accounting policy is to record claims when submitted to the Plan by the claims processor for reimbursement. As a result of this policy, claims paid by the claims processor prior to year-end that are not reimbursed by the Plan are recorded as a component of benefit obligations.

Note 5 – Participation

All full-time employees, except those who normally work less than 20 hours per week, and covered dependents are eligible to participate in the medical, dental, and vision benefits of the Plan.

Participation as an active employee automatically terminates at the end of the month for the following events (whichever comes first): participant ceases to be an eligible employee, participant ceases contributions to the Plan, plan termination, or death of the participant. Participation in certain portions of the Plan may continue for a former participating employee and/or his/her dependent(s) if a qualifying event within the meaning of the Consolidated Omnibus Budget Reconciliation Act (COBRA) has occurred and the employee or dependent has elected coverage.

Note 6 – Premiums Paid

Certain benefits under the Plan are covered by HMOs and stop-loss insurance as described in Note 1, in exchange for payment of insurance premiums.

Note 7 – Benefit Obligations

Plan benefit obligations for health claims incurred by active participants but not reported at that date are estimated by the Plan's actuary in accordance with accepted actuarial principles. The reserve estimates reflect the enrolled population as of December 31, 2025 and 2024. The actuary did not assume any further increases or decreases in enrollment.

For the years ended December 31, 2025 and 2024, the actuary used the completion factor method, which uses past payment lag patterns to estimate the incurred claim amount for each month. The load for margin and fluctuations was assumed at 0.0% for the years ended December 31, 2025 and 2024.

The cost trend assumptions were 5% for medical, prescription, and vision claims and 3% for dental claims for the years ended December 31, 2025 and 2024.

Note 8 – Risks and Uncertainties

The Plan's benefit obligations are reported based on certain assumptions pertaining to historical trends, projections, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 9 – Certified Investment Information

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by U.S. Bank National Association, a qualified institution:

- Investment reflected on the accompanying statements of benefit obligations and net assets available for benefits as of December 31, 2025 and 2024.

- Interest income reflected on the accompanying statements of changes in benefit obligations and net assets available for benefits for the years ended December 31, 2025 and 2024.

- Investment reflected on the schedule of assets (held at end of year) as of December 31, 2025.
- Schedule of reportable transactions for the year ended December 31, 2025.

Note 10 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31:

	2025	2024
Net assets available for benefits	$ 642,411	$ 4,141,737
Benefit obligations currently payable	(1,971,000)	(1,980,000)
Net assets available for benefits per the Form 5500	$ (1,328,589)	$ 2,161,737

The following is a reconciliation of claims paid per the financial statements to the Form 5500 for the year ended December 31:

	2025
Claims paid per the financial statements	$ 30,172,478
Add benefit obligations currently payable	1,971,000
Less benefit obligations payable from prior year	(1,980,000)
Claims paid per the Form 5500	$ 30,163,478

Note 11 – Plan Termination or Modification

The Plan Sponsor intends to continue the Plan indefinitely for the benefit of its employees; however, it reserves the right to terminate or modify the Plan at any time by resolution of its Plan Sponsor and subject to the provisions of ERISA. Any remaining undistributed funds are to be disposed of for the benefit of covered individuals. In the event that benefits due and payable exceed available funds, the Plan Sponsor or Participating Companies will contribute to the Plan such amounts as may be necessary to ensure continuance of such benefit payments. No assets of the Plan may revert to the Plan Sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

Supplemental Schedules
Required by the Department of Labor

Fujitsu Group Welfare Benefit Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

Plan Sponsor: Fujitsu North America, Inc.
Employer Identification Number: 46-4314843
Plan Number: 502
Schedule H, Line 4(i)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	First American Treasury Obligations Fund – Class Z	Money Market Fund	$ 668,308	$ 668,308

* Party-in-interest

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE				**3,986,345.20**		
	COMPARATIVE VALUE (5%)				**199,317.26**		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V542 - First Am Treas Ob Fd Cl Z							
01/06/2025	S	- 522,467.740	1.0000		522,468 *	522,468	
01/10/2025	B	1,252,953.020	1.0000		- 1,252,953 *	1,252,953	
01/13/2025	S	- 609,690.610	1.0000		609,691 *	609,691	
01/22/2025	S	- 601,124.870	1.0000		601,125 *	601,125	
01/24/2025	B	877,037.460	1.0000		- 877,037 *	877,037	
01/27/2025	S	- 336,240.140	1.0000		336,240 *	336,240	
02/03/2025	S	- 371,542.580	1.0000		371,543 *	371,543	
02/11/2025	S	- 316,659.870	1.0000		316,660 *	316,660	
02/12/2025	B	1,116,698.200	1.0000		- 1,116,698 *	1,116,698	
02/19/2025	S	- 285,112.670	1.0000		285,113 *	285,113	
02/20/2025	B	199,410.950	1.0000		- 199,411 *	199,411	
02/24/2025	B	268,518.600	1.0000		- 268,519 *	268,519	
03/03/2025	S	- 477,927.740	1.0000		477,928 *	477,928	
03/10/2025	S	- 278,550.410	1.0000		278,550 *	278,550	
03/11/2025	B	202,514.770	1.0000		- 202,515 *	202,515	
03/12/2025	B	1,107,367.110	1.0000		- 1,107,367 *	1,107,367	
03/24/2025	S	- 459,453.500	1.0000		459,454 *	459,454	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/25/2025	B	859,721.630	1.0000		- 859,722 *	859,722	
03/31/2025	S	- 518,174.850	1.0000		518,175 *	518,175	
04/07/2025	S	- 462,041.710	1.0000		462,042 *	462,042	
04/09/2025	B	200,494.280	1.0000		- 200,494 *	200,494	
04/10/2025	B	1,096,887.170	1.0000		- 1,096,887 *	1,096,887	
04/14/2025	S	- 690,300.000	1.0000		690,300 *	690,300	
04/21/2025	S	- 566,596.740	1.0000		566,597 *	566,597	
04/25/2025	B	860,534.280	1.0000		- 860,534 *	860,534	
04/28/2025	S	- 545,259.360	1.0000		545,259 *	545,259	
05/05/2025	S	- 523,493.750	1.0000		523,494 *	523,494	
05/09/2025	B	976,304.730	1.0000		- 976,305 *	976,305	
05/12/2025	S	- 480,654.020	1.0000		480,654 *	480,654	
05/19/2025	S	- 670,352.040	1.0000		670,352 *	670,352	
05/20/2025	B	847,231.610	1.0000		- 847,232 *	847,232	
05/28/2025	S	- 1,029,999.060	1.0000		1,029,999 *	1,029,999	
06/02/2025	S	- 570,747.800	1.0000		570,748 *	570,748	
06/09/2025	S	- 864,400.400	1.0000		864,400 *	864,400	
06/11/2025	B	1,040,352.700	1.0000		- 1,040,353 *	1,040,353	
06/13/2025	B	205,797.990	1.0000		- 205,798 *	205,798	
06/16/2025	S	- 462,254.230	1.0000		462,254 *	462,254	
06/23/2025	B	723,660.410	1.0000		- 723,660 *	723,660	
06/30/2025	S	- 747,848.600	1.0000		747,849 *	747,849	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/07/2025	S	- 621,303.890	1.0000		621,304 *	621,304	
07/10/2025	B	1,040,478.860	1.0000		- 1,040,479 *	1,040,479	
07/14/2025	S	- 1,296,826.520	1.0000		1,296,827 *	1,296,827	
07/17/2025	B	214,338.340	1.0000		- 214,338 *	214,338	
07/21/2025	S	- 1,560,064.670	1.0000		1,560,065 *	1,560,065	
07/23/2025	B	847,940.740	1.0000		- 847,941 *	847,941	
07/28/2025	S	- 844,132.860	1.0000		844,133 *	844,133	
08/04/2025	S	- 768,980.640	1.0000		768,981 *	768,981	
08/11/2025	S	- 672,761.480	1.0000		672,761 *	672,761	
08/12/2025	B	1,008,272.940	1.0000		- 1,008,273 *	1,008,273	
08/19/2025	S	- 556,748.270	1.0000		556,748 *	556,748	
08/22/2025	B	842,511.830	1.0000		- 842,512 *	842,512	
08/25/2025	S	- 634,239.280	1.0000		634,239 *	634,239	
08/27/2025	S	- 217,828.690	1.0000		217,829 *	217,829	
08/29/2025	B	206,733.710	1.0000		- 206,734 *	206,734	
09/02/2025	S	- 627,839.430	1.0000		627,839 *	627,839	
09/08/2025	S	- 878,084.650	1.0000		878,085 *	878,085	
09/09/2025	B	994,446.970	1.0000		- 994,447 *	994,447	
09/12/2025	B	999,510.610	1.0000		- 999,511 *	999,511	
09/15/2025	B	212,046.220	1.0000		- 212,046 *	212,046	
09/16/2025	S	- 772,914.870	1.0000		772,915 *	772,915	
09/22/2025	S	- 552,343.160	1.0000		552,343 *	552,343	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/26/2025	S	- 287,056.960	1.0000		287,057 *	287,057	
10/02/2025	S	- 737,338.900	1.0000		737,339 *	737,339	
10/09/2025	S	- 671,367.900	1.0000		671,368 *	671,368	
10/10/2025	B	1,241,566.610	1.0000		- 1,241,567 *	1,241,567	
10/17/2025	B	937,794.010	1.0000		- 937,794 *	937,794	
10/22/2025	S	- 711,820.850	1.0000		711,821 *	711,821	
10/27/2025	S	- 228,572.880	1.0000		228,573 *	228,573	
10/31/2025	S	- 399,672.020	1.0000		399,672 *	399,672	
11/12/2025	B	949,198.010	1.0000		- 949,198 *	949,198	
11/13/2025	B	560,392.700	1.0000		- 560,393 *	560,393	
11/17/2025	S	- 434,109.970	1.0000		434,110 *	434,110	
11/19/2025	B	836,861.640	1.0000		- 836,862 *	836,862	
11/20/2025	S	- 670,561.050	1.0000		670,561 *	670,561	
11/24/2025	S	- 611,121.320	1.0000		611,121 *	611,121	
12/02/2025	S	- 591,798.510	1.0000		591,799 *	591,799	
12/10/2025	S	- 488,153.560	1.0000		488,154 *	488,154	
12/12/2025	B	983,623.520	1.0000		- 983,624 *	983,624	
12/16/2025	B	209,997.070	1.0000		- 209,997 *	209,997	
12/19/2025	B	1,100,761.280	1.0000		- 1,100,761 *	1,100,761	
12/23/2025	S	- 1,679,352.300	1.0000		1,679,352 *	1,679,352	
12/30/2025	S	- 668,437.660	1.0000		668,438 *	668,438	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	GRAND TOTAL			**0**	**55,596,291**	**55,596,291**	**0**

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V542 - First Am Treas Ob Fd Cl Z

01/03/2025	B	16,777.550	1.0000		- 16,778	16,778
01/10/2025	B	5,155.930	1.0000		- 5,156	5,156
01/10/2025	B	1,252,953.020	1.0000		- 1,252,953 *	1,252,953
01/13/2025	B	21,308.020	1.0000		- 21,308	21,308
01/14/2025	B	79,625.050	1.0000		- 79,625	79,625
01/15/2025	B	190,533.570	1.0000		- 190,534	190,534
01/16/2025	B	112,505.480	1.0000		- 112,505	112,505
01/24/2025	B	877,037.460	1.0000		- 877,037 *	877,037
01/30/2025	B	9,769.400	1.0000		- 9,769	9,769
02/04/2025	B	15,250.790	1.0000		- 15,251	15,251
02/06/2025	B	127,094.920	1.0000		- 127,095	127,095
02/12/2025	B	1,116,698.200	1.0000		- 1,116,698 *	1,116,698
02/14/2025	B	10,541.190	1.0000		- 10,541	10,541
02/19/2025	B	17,148.280	1.0000		- 17,148	17,148
02/20/2025	B	199,410.950	1.0000		- 199,411 *	199,411
02/20/2025	B	11,539.130	1.0000		- 11,539	11,539

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/21/2025	B	52,389.960	1.0000		- 52,390	52,390	
02/24/2025	B	268,518.600	1.0000		- 268,519 *	268,519	
03/04/2025	B	14,751.230	1.0000		- 14,751	14,751	
03/11/2025	B	202,514.770	1.0000		- 202,515 *	202,515	
03/12/2025	B	1,107,367.110	1.0000		- 1,107,367 *	1,107,367	
03/13/2025	B	25,031.310	1.0000		- 25,031	25,031	
03/13/2025	B	10,517.360	1.0000		- 10,517	10,517	
03/14/2025	B	10,541.190	1.0000		- 10,541	10,541	
03/18/2025	B	57,960.060	1.0000		- 57,960	57,960	
03/19/2025	B	4,440.050	1.0000		- 4,440	4,440	
03/19/2025	B	111,854.730	1.0000		- 111,855	111,855	
03/21/2025	B	166,068.480	1.0000		- 166,068	166,068	
03/25/2025	B	6,824.330	1.0000		- 6,824	6,824	
03/25/2025	B	859,721.630	1.0000		- 859,722 *	859,722	
03/26/2025	B	6,951.680	1.0000		- 6,952	6,952	
03/27/2025	B	83,300.910	1.0000		- 83,301	83,301	
04/02/2025	B	19,094.550	1.0000		- 19,095	19,095	
04/09/2025	B	5,155.930	1.0000		- 5,156	5,156	
04/09/2025	B	200,494.280	1.0000		- 200,494 *	200,494	
04/10/2025	B	1,096,887.170	1.0000		- 1,096,887 *	1,096,887	
04/11/2025	B	11,401.590	1.0000		- 11,402	11,402	
04/15/2025	B	29,591.490	1.0000		- 29,591	29,591	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/15/2025	B	62,279.860	1.0000		- 62,280	62,280	
04/16/2025	B	118,724.500	1.0000		- 118,725	118,725	
04/21/2025	B	164,249.930	1.0000		- 164,250	164,250	
04/22/2025	B	13,120.130	1.0000		- 13,120	13,120	
04/25/2025	B	860,534.280	1.0000		- 860,534 *	860,534	
05/02/2025	B	20,416.470	1.0000		- 20,416	20,416	
05/09/2025	B	976,304.730	1.0000		- 976,305 *	976,305	
05/12/2025	B	13,427.140	1.0000		- 13,427	13,427	
05/13/2025	B	112,999.590	1.0000		- 113,000	113,000	
05/15/2025	B	173,150.350	1.0000		- 173,150	173,150	
05/16/2025	B	16,292.740	1.0000		- 16,293	16,293	
05/20/2025	B	847,231.610	1.0000		- 847,232 *	847,232	
05/22/2025	B	52,915.470	1.0000		- 52,915	52,915	
06/03/2025	B	20,487.350	1.0000		- 20,487	20,487	
06/10/2025	B	8,743.260	1.0000		- 8,743	8,743	
06/11/2025	B	1,040,352.700	1.0000		- 1,040,353 *	1,040,353	
06/12/2025	B	59,703.440	1.0000		- 59,703	59,703	
06/13/2025	B	205,797.990	1.0000		- 205,798 *	205,798	
06/16/2025	B	23,682.470	1.0000		- 23,682	23,682	
06/20/2025	B	161,779.030	1.0000		- 161,779	161,779	
06/23/2025	B	723,660.410	1.0000		- 723,660 *	723,660	
07/01/2025	B	51,559.440	1.0000		- 51,559	51,559	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/02/2025	B	16,628.430	1.0000		- 16,628	16,628	
07/10/2025	B	1,040,478.860	1.0000		- 1,040,479 *	1,040,479	
07/11/2025	B	20,981.600	1.0000		- 20,982	20,982	
07/16/2025	B	22,910.030	1.0000		- 22,910	22,910	
07/16/2025	B	61,592.240	1.0000		- 61,592	61,592	
07/17/2025	B	214,338.340	1.0000		- 214,338 *	214,338	
07/23/2025	B	847,940.740	1.0000		- 847,941 *	847,941	
07/25/2025	B	161,345.520	1.0000		- 161,346	161,346	
07/29/2025	B	27,685.900	1.0000		- 27,686	27,686	
08/04/2025	B	14,123.280	1.0000		- 14,123	14,123	
08/12/2025	B	1,008,272.940	1.0000		- 1,008,273 *	1,008,273	
08/13/2025	B	16,948.100	1.0000		- 16,948	16,948	
08/13/2025	B	20,441.990	1.0000		- 20,442	20,442	
08/14/2025	B	12,993.350	1.0000		- 12,993	12,993	
08/15/2025	B	164,723.400	1.0000		- 164,723	164,723	
08/21/2025	B	122,312.930	1.0000		- 122,313	122,313	
08/22/2025	B	842,511.830	1.0000		- 842,512 *	842,512	
08/29/2025	B	206,733.710	1.0000		- 206,734 *	206,734	
09/03/2025	B	7,832.310	1.0000		- 7,832	7,832	
09/03/2025	B	2,809.960	1.0000		- 2,810	2,810	
09/09/2025	B	994,446.970	1.0000		- 994,447 *	994,447	
09/10/2025	B	24,183.510	1.0000		- 24,184	24,184	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/11/2025	B	25,237.960	1.0000		- 25,238	25,238	
09/11/2025	B	75,752.310	1.0000		- 75,752	75,752	
09/12/2025	B	999,510.610	1.0000		- 999,511 *	999,511	
09/15/2025	B	212,046.220	1.0000		- 212,046 *	212,046	
09/18/2025	B	106,460.130	1.0000		- 106,460	106,460	
09/24/2025	B	11,627.410	1.0000		- 11,627	11,627	
09/25/2025	B	10,855.300	1.0000		- 10,855	10,855	
09/29/2025	B	21,692.090	1.0000		- 21,692	21,692	
10/02/2025	B	6,554.310	1.0000		- 6,554	6,554	
10/10/2025	B	1,241,566.610	1.0000		- 1,241,567 *	1,241,567	
10/14/2025	B	12,015.950	1.0000		- 12,016	12,016	
10/15/2025	B	30,615.140	1.0000		- 30,615	30,615	
10/15/2025	B	3,236.640	1.0000		- 3,237	3,237	
10/17/2025	B	937,794.010	1.0000		- 937,794 *	937,794	
10/20/2025	B	142,237.780	1.0000		- 142,238	142,238	
10/28/2025	B	66.780	1.0000		- 67	67	
10/30/2025	B	9,363.700	1.0000		- 9,364	9,364	
11/04/2025	B	4,526.910	1.0000		- 4,527	4,527	
11/06/2025	B	61,969.430	1.0000		- 61,969	61,969	
11/10/2025	B	19.860	1.0000		- 20	20	
11/12/2025	B	20,440.780	1.0000		- 20,441	20,441	
11/12/2025	B	949,198.010	1.0000		- 949,198 *	949,198	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/13/2025	B	560,392.700	1.0000		- 560,393 *	560,393	
11/18/2025	B	14,495.600	1.0000		- 14,496	14,496	
11/19/2025	B	836,861.640	1.0000		- 836,862 *	836,862	
11/21/2025	B	165,373.750	1.0000		- 165,374	165,374	
11/26/2025	B	28,241.590	1.0000		- 28,242	28,242	
12/02/2025	B	5,225.420	1.0000		- 5,225	5,225	
12/11/2025	B	23,997.130	1.0000		- 23,997	23,997	
12/11/2025	B	11,258.960	1.0000		- 11,259	11,259	
12/12/2025	B	983,623.520	1.0000		- 983,624 *	983,624	
12/16/2025	B	209,997.070	1.0000		- 209,997 *	209,997	
12/17/2025	B	61,225.690	1.0000		- 61,226	61,226	
12/19/2025	B	1,100,761.280	1.0000		- 1,100,761 *	1,100,761	
12/22/2025	B	24,015.450	1.0000		- 24,015	24,015	
	Total For Buys			**0**	**28,902,632**	**28,902,632**	**0**
01/06/2025	S	- 522,467.740	1.0000		522,468 *	522,468	
01/13/2025	S	- 609,690.610	1.0000		609,691 *	609,691	
01/17/2025	S	- 115,347.690	1.0000		115,348	115,348	
01/22/2025	S	- 601,124.870	1.0000		601,125 *	601,125	
01/27/2025	S	- 2,997.280	1.0000		2,997	2,997	
01/27/2025	S	- 336,240.140	1.0000		336,240 *	336,240	
01/31/2025	S	- 79,177.080	1.0000		79,177	79,177	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/03/2025	S	- 371,542.580	1.0000		371,543 *	371,543	
02/07/2025	S	- 4,154.890	1.0000		4,155	4,155	
02/11/2025	S	- 316,659.870	1.0000		316,660 *	316,660	
02/18/2025	S	- 24,723.280	1.0000		24,723	24,723	
02/19/2025	S	- 285,112.670	1.0000		285,113 *	285,113	
02/25/2025	S	- 98,591.420	1.0000		98,591	98,591	
02/28/2025	S	- 2,570.000	1.0000		2,570	2,570	
03/03/2025	S	- 477,927.740	1.0000		477,928 *	477,928	
03/05/2025	S	- 26,472.900	1.0000		26,473	26,473	
03/10/2025	S	- 278,550.410	1.0000		278,550 *	278,550	
03/17/2025	S	- 32,685.250	1.0000		32,685	32,685	
03/20/2025	S	- 164,863.990	1.0000		164,864	164,864	
03/24/2025	S	- 459,453.500	1.0000		459,454 *	459,454	
03/31/2025	S	- 518,174.850	1.0000		518,175 *	518,175	
04/04/2025	S	- 52,975.490	1.0000		52,975	52,975	
04/07/2025	S	- 462,041.710	1.0000		462,042 *	462,042	
04/14/2025	S	- 690,300.000	1.0000		690,300 *	690,300	
04/21/2025	S	- 566,596.740	1.0000		566,597 *	566,597	
04/25/2025	S	- 3,535.790	1.0000		3,536	3,536	
04/28/2025	S	- 545,259.360	1.0000		545,259 *	545,259	
04/29/2025	S	- 100,747.610	1.0000		100,748	100,748	
04/30/2025	S	- 177,272.360	1.0000		177,272	177,272	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/05/2025	S	- 523,493.750	1.0000		523,494 *	523,494	
05/12/2025	S	- 480,654.020	1.0000		480,654 *	480,654	
05/19/2025	S	- 670,352.040	1.0000		670,352 *	670,352	
05/28/2025	S	- 1,029,999.060	1.0000		1,029,999 *	1,029,999	
05/30/2025	S	- 771.000	1.0000		771	771	
06/02/2025	S	- 570,747.800	1.0000		570,748 *	570,748	
06/03/2025	S	- 30,604.990	1.0000		30,605	30,605	
06/09/2025	S	- 864,400.400	1.0000		864,400 *	864,400	
06/16/2025	S	- 462,254.230	1.0000		462,254 *	462,254	
06/18/2025	S	- 21,775.060	1.0000		21,775	21,775	
06/30/2025	S	- 747,848.600	1.0000		747,849 *	747,849	
07/03/2025	S	- 40,308.320	1.0000		40,308	40,308	
07/07/2025	S	- 621,303.890	1.0000		621,304 *	621,304	
07/14/2025	S	- 1,296,826.520	1.0000		1,296,827 *	1,296,827	
07/21/2025	S	- 1,560,064.670	1.0000		1,560,065 *	1,560,065	
07/24/2025	S	- 164,513.410	1.0000		164,513	164,513	
07/25/2025	S	- 3,239.990	1.0000		3,240	3,240	
07/28/2025	S	- 844,132.860	1.0000		844,133 *	844,133	
07/31/2025	S	- 5,996.000	1.0000		5,996	5,996	
08/04/2025	S	- 768,980.640	1.0000		768,981 *	768,981	
08/11/2025	S	- 672,761.480	1.0000		672,761 *	672,761	
08/19/2025	S	- 556,748.270	1.0000		556,748 *	556,748	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/25/2025	S	- 634,239.280	1.0000		634,239 *	634,239	
08/27/2025	S	- 217,828.690	1.0000		217,829 *	217,829	
09/02/2025	S	- 627,839.430	1.0000		627,839 *	627,839	
09/08/2025	S	- 878,084.650	1.0000		878,085 *	878,085	
09/16/2025	S	- 772,914.870	1.0000		772,915 *	772,915	
09/22/2025	S	- 552,343.160	1.0000		552,343 *	552,343	
09/26/2025	S	- 287,056.960	1.0000		287,057 *	287,057	
09/30/2025	S	- 29,572.640	1.0000		29,573	29,573	
10/02/2025	S	- 737,338.900	1.0000		737,339 *	737,339	
10/07/2025	S	- 31,778.900	1.0000		31,779	31,779	
10/09/2025	S	- 671,367.900	1.0000		671,368 *	671,368	
10/14/2025	S	- 167,756.080	1.0000		167,756	167,756	
10/22/2025	S	- 711,820.850	1.0000		711,821 *	711,821	
10/24/2025	S	- 103,931.080	1.0000		103,931	103,931	
10/27/2025	S	- 1,618.610	1.0000		1,619	1,619	
10/27/2025	S	- 228,572.880	1.0000		228,573 *	228,573	
10/31/2025	S	- 399,672.020	1.0000		399,672 *	399,672	
11/03/2025	S	- 31,771.380	1.0000		31,771	31,771	
11/07/2025	S	- 19.860	1.0000		20	20	
11/10/2025	S	- 31,159.510	1.0000		31,160	31,160	
11/17/2025	S	- 434,109.970	1.0000		434,110 *	434,110	
11/20/2025	S	- 670,561.050	1.0000		670,561 *	670,561	

Fujitsu Group Welfare Benefit Plan
Employer Identification Number: 46-4314843, Plan Number: 502
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/24/2025	S	- 611,121.320	1.0000		611,121 *	611,121	
11/25/2025	S	- 2,885.500	1.0000		2,886	2,886	
12/02/2025	S	- 591,798.510	1.0000		591,799 *	591,799	
12/09/2025	S	- 50,915.940	1.0000		50,916	50,916	
12/10/2025	S	- 488,153.560	1.0000		488,154 *	488,154	
12/15/2025	S	- 24,834.920	1.0000		24,835	24,835	
12/23/2025	S	- 1,679,352.300	1.0000		1,679,352 *	1,679,352	
12/30/2025	S	- 668,437.660	1.0000		668,438 *	668,438	
	Total For Sells			**0**	**32,203,897**	**32,203,897**	**0**
	Total First Am Treas Ob Fd Cl Z			**0**	**61,106,529**	**61,106,529**	**0**
	GRAND TOTAL			**0**	**61,106,529**	**61,106,529**	**0**

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

Plan Name	Fujitsu Group Welfare Benefit Plan
Plan Sponsor EIN	46-4314843
ERISA Plan #	502
Plan Year Ending	December 31, 2025

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

Form/Schedule	Item #	Description	Attachment
5500 Sch. H	Line 3	Financial Statements Used in Formulating the IQPA's Opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

Plan Name	Fujitsu Group Welfare Benefit Plan
Plan Sponsor EIN	46-4314843
ERISA Plan #	502
Plan Year Ending	December 31, 2025

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

Form/Schedule	Item #	Description	Attachment
5500 Sch. H	Line 3	Financial Statements Used in Formulating the IQPA's Opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X