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. . . . . ▶ [X]

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
LEGGETT & PLATT, INCORPORATED PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1951

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)
LEGGETT & PLATT, INCORPORATED
CORPORATE HUMAN RESOURCES

PO BOX 757
CARTHAGE, MO 64836-0757

2b Employer Identification Number (EIN) 44-0324630

2c Plan Sponsor's telephone number 417-358-8131

2d Business code (see instructions) 339900

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.	10/14/2026	ANNETTE GARNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	ANNETTE GARNER
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1180
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)**	439
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	413
b	Retired or separated participants receiving benefits	**6b**	350
c	Other retired or separated participants entitled to future benefits	**6c**	325
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1088
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	60
f	Total. Add lines **6d** and **6e**.	**6f**	1148
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**	3
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:

1A 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
LEGGETT & PLATT, INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LEGGETT & PLATT, INCORPORATED

D Employer Identification Number (EIN)
44-0324630

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	40804878
b Actuarial value	**2b**	38640212

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	360	17728837	17728837
b For terminated vested participants	381	5961165	5961165
c For active participants	439	14265956	14448845
d Total	1180	37955958	38138847

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

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

5 Effective interest rate	**5**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1096941
b Expected plan-related expenses	**6b**	250000
c Target normal cost	**6c**	883838

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/06/2026
Date

ELIZABETH A. REID
Type or print name of actuary

26-07848
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

314-719-5900
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	788423
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	159930
9	Amount remaining (line 7 minus line 8)	0	628493
10	Interest on line 9 using prior year's actual return of 8.84 %	0	55559
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.18 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	684052

Part III Funding Percentages

14	Funding target attainment percentage	14	99.52 %
15	Adjusted funding target attainment percentage	15	101.31 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.65 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2025	0	469485			
09/04/2026	240000	0			
			Totals ► 18(b)	240000	18(c) 469485

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	219832

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	883838
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	182687	17034
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	900872

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	684052	684052

36 Additional cash requirement (line 34 minus line 35)	**36**	216820
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	219832

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

a Total (excess, if any, of line 37 over line 36)	**38a**	3012
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
LEGGETT & PLATT, INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEGGETT & PLATT, INCORPORATED

D Employer Identification Number (EIN)
44-0324630

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

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

PRINCIPAL TRUST COMPANY

51-0099493

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

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

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

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

WILLIS TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	42393	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

FORVIS MAZARS, LLP

44-0160260

(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	NONE	17300	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

PRINCIPAL TRUST COMPANY

51-0099493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 19 21 25 28 50 51 63	NONE	16368	Yes [ ] No [X]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

RESOURCES INVESTMENT ADVISORS, LLC

43-1451524

(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?
17 50 51	NONE	7269	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
LEGGETT & PLATT, INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LEGGETT & PLATT, INCORPORATED

D Employer Identification Number (EIN)
44-0324630

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

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING SHORT-TERM INV FUND A S1

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6292499-001	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
LEGGETT & PLATT, INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEGGETT & PLATT, INCORPORATED

D Employer Identification Number (EIN)
44-0324630

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)	0	240000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1558076	0
(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)	39240454	43899259
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	45418	46584

		(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	40843948	44185843
Liabilities			
1g Benefit claims payable	1g	70	0
1h Operating payables	1h	39070	41723
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	5448	6765
1k Total liabilities (add all amounts in lines 1g through1j)	1k	44588	48488
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	40799360	44137355

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)	240000	
(B) Participants	2a(1)(B)	469555	
(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)		709555
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	89698	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		89698
(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)	1064492	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1064492
(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)		5061546
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		6925291
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3380264	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3380264
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17300	
(5) Investment advisory and investment management fees	2i(5)	7269	
(6) Bank or trust company trustee/custodial fees	2i(6)	16368	
(7) Actuarial fees	2i(7)	42393	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	123702	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		207032
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3587296
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3337995
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: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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		15000000
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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591426.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
LEGGETT & PLATT, INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEGGETT & PLATT, INCORPORATED

D Employer Identification Number (EIN)
44-0324630

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 51-0099493

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 69

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

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

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 75.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 25.0 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

LEGGETT & PLATT, INCORPORATED PENSION PLAN
(for bargaining unit employees)
EIN 44-0324630 PN 001
FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT

December 31, 2025 and 2024

LEGGETT & PLATT, INCORPORATED PENSION PLAN
(for bargaining unit employees)

December 31, 2025 and 2024

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for reporting and disclosure under ERISA have been omitted because they are not applicable.

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Independent Auditor's Report

Administrative Committee
Leggett & Platt, Incorporated Pension Plan (for bargaining unit employees)
Carthage, Missouri

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

We have performed audits of the financial statements of Leggett & Platt, Incorporated Pension Plan (for bargaining unit employees), 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 net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Leggett & Platt, Incorporated Pension Plan's (for bargaining unit employees) financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in *Note C* 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 Auditor's 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).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Leggett & Platt, Incorporated Pension Plan (for bargaining unit employees), 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 Leggett & Platt, Incorporated Pension Plan's (for bargaining unit employees), ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Leggett & Platt, Incorporated Pension Plan's (for bargaining unit employees) 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 Leggett & Platt, Incorporated Pension Plan's (for bargaining unit employees), 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 listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The 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 Department of Labor'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).

Forvis Mazars, LLP

Springfield, Missouri
October 14, 2026

Federal Employer Identification Number: 44-0160260

Leggett & Platt, Incorporated Pension Plan
(for bargaining unit employees)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2025	**2024**
ASSETS		
Investments, at fair value	$ 43,899,259	$ 40,798,530
Accrued income	46,584	45,418
Receivables		
Company contribution receivable	240,000	—
Total receivables	240,000	—
Total assets	44,185,843	40,843,948
LIABILITIES		
Accrued expenses	6,765	5,448
Due to broker	41,723	39,070
Refund of excess contributions	—	70
Total liabilities	48,488	44,588
NET ASSETS AVAILABLE FOR BENEFITS	$ 44,137,355	$ 40,799,360

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

Leggett & Platt, Incorporated Pension Plan
(for bargaining unit employees)

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2025	2024
Additions		
Participant contributions	$ 469,555	$ 442,453
Company contributions	240,000	—
Total contributions	709,555	442,453
Investment income		
Net appreciation in value of investments	5,061,546	2,387,556
Interest and dividends	1,154,190	1,058,259
Other	—	17,589
Net investment income	6,215,736	3,463,404
Net additions	6,925,291	3,905,857
Deductions		
Benefit payments	3,380,264	3,865,635
Administrative expenses	207,032	211,867
Total deductions	3,587,296	4,077,502
Net increase (decrease)	3,337,995	(171,645)
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	40,799,360	40,971,005
END OF YEAR	$ 44,137,355	$ 40,799,360

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

NOTE A – DESCRIPTION OF PLAN

The following description of the Leggett & Platt, Incorporated (L&P or the Company) Pension Plan (for bargaining unit employees) (Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions, which is available from the Plan Administrator.

General

The Plan is a unit benefit type of defined benefit plan for employees covered by a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was restated effective January 1, 2020 to incorporate the changes that have been made by amendments to the prior restatement.

Plan Trustee

Principal Financial Group (PFG) is the parent of Principal Trust Company (Principal) and Principal Bank. Principal serves as the sole trustee of the Plan, holds all plan assets, executes all of the investment transactions, maintains the financial records relating to the trust, and makes all benefit payments as directed by the Plan Administrative Committee. Principal Bank provides custodian and banking services to the Plan.

Transfers of Assets

Each year, changes in the bargaining unit status may result in transfers of participants between the Plan and the Leggett & Platt, Incorporated Retirement Plan (for non-bargaining unit employees) (Retirement Plan). Estimated benefit liabilities attributed to these participants and related plan assets are transferred to reflect the current status of the participants. For 2025 and 2024, there were no net asset transfers from the Plan to the Retirement Plan. The amounts of the asset transfers, if any, are estimated based on certain assumptions of the Plan’s actuary.

Administrative Expenses

Most administrative expenses incurred are paid by and reflected in the financial statements of the Plan. Any Company paid administrative expenses are not reflected in the financial statements.

Eligibility of Employees

A full-time employee is eligible for participation after the completion of 90 days of continuous employment and a part-time employee is eligible after 90 days of continuous employment and 1,000 hours of service in the 12-month period from date of employment or in any plan year preceding participation. Effective on January 1, 2020, the Plan was amended to remove the 1,000 hours of service requirement for part-time and temporary employees.

Contributions

Each year L&P contributes to the Plan amounts required to provide the benefits under the Plan as determined by an independent actuary. The Plan’s actuary determined that the minimum funding requirement, net of funding balances, was $216,820 for December 31, 2025. There were no minimum cash funding requirements due by December 31, 2024. L&P contributed $240,000 to the Plan for the year ended December 31, 2025. There were no L&P contributions to the Plan for the year ended December 31, 2024. L&P is in compliance with the funding requirements of ERISA as of December 31, 2025 and 2024.

Participants' contributions to the trust fund are equal to 2% of the participants' regular monthly earnings.

NOTE A – DESCRIPTION OF PLAN – CONTINUED

Benefits and Vesting

The Plan provides participants with retirement, death, and disability benefits. A participant's interest in their accrued benefit is fully vested after completion of five years of vesting service as defined by the Plan.

Participants with an accrued benefit balance of $1,000 or less will receive an automatic distribution of that balance without consent if they don't request a distribution in a timely manner. Participants with balances greater than $1,000 but less than $7,000 will have their balance directly rolled over to an individual retirement account as designated by the Company, unless the participant elects direct distribution or other eligible direct rollover in a timely manner. Participants with a balance exceeding $7,000 can keep their balance in the Plan until they reach retirement age or they elect to receive a distribution.

Discontinuance of the Plan

Although it has not expressed any intent to do so, the Company may terminate the Plan at any time. Should the Plan be discontinued, the plan document provides that the Retirement Committee of L&P shall allocate the trust fund assets to provide for the employer's share of administrative expenses and for purposes of paying monthly retirement income, disability payments and death benefits, as provided in Section 4044 of ERISA, subject to such adjustments as may be required by the Internal Revenue Service (IRS) to avoid discrimination in favor of highly compensated employees. Funds remaining after the satisfaction of all liabilities, if any, and distributions to participants who made mandatory contributions to the Plan, will be returned to L&P. If the trust fund assets are insufficient to fund all benefits, the Pension Benefit Guaranty Corporation (PBGC) will pay some benefits. Generally, PBGC guarantees most normal retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, there are limits on the amount and type of benefits guaranteed by PBGC.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting, except for benefit payments, which are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investments and Income Recognition

The Allspring Short-term Investment Fund A S1, is valued at net asset value (NAV) as a practical expedient. There are no unfunded commitments and redemptions can occur daily. The Plan held no investments in this fund as of December 31, 2025.

The fair value of mutual and money market funds is based upon quoted market prices as of the close of business on the last day of the year. These are classified within Level 1 of the valuation hierarchy as the quoted price is in an active market. See *Note F* for further information regarding fair value classifications and valuations. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an independent actuary based on the projected unit credit method. The significant actuarial assumptions used at January 1, 2025 and 2024, the most recent valuation dates, were (a) life expectancy of participants was based on the MP-2021 Mortality Tables for 2025 and 2024, respectively, (b) assumed average retirement age of 64 and 63 for 2025 and 2024, respectively, and (c) assumed rate of return of 7.25% for both Plan years. Total accumulated employee contributions at January 1, 2025 and 2024, were $6,650,316 and $7,426,798, respectively, including interest at an annual adjustable rate.

Payment of Benefits

Benefit payments to participants are reported upon distribution.

Income Taxes

The Plan obtained its latest determination letter on March 8, 2017, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC) and therefore, not subject to tax. The Plan has been amended since receiving the determination letter. However, L&P believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and conforms to the requirements of ERISA.

NOTE C – CERTIFICATION OF PLAN TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Bank from January 1, 2024 through December 31, 2025 a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

i. investments as shown in the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024,

ii. investment income as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024,

iii. investment information included in the accompanying Schedule of Assets (held at end of year) as of December 31, 2025, and Schedule of Reportable Transactions for the year ended December 31, 2025.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related information included in the financial statements and ERISA-required supplemental schedules.

NOTE D – PARTY-IN-INTEREST TRANSACTIONS

Party-in interest transactions include those with fiduciaries, any person who provides services to the Plan, an employer whose employees are covered by the Plan, a person who owns 50% or more of such an employer, or relatives of such persons. Expenses paid to PFG were $16,845 and $14,942 for December 31, 2025 and 2024, respectively. The Company provides certain administrative services at no cost to the Plan.

NOTE E – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits at January 1, 2025, the latest valuation date, is as follows:

		2025
Vested benefits		
Active participants	$	11,500,010
Participants with deferred benefits		4,696,743
Participants receiving benefits		15,368,239
		31,564,992
Nonvested benefits		160,192
Total actuarial present value of accumulated plan benefits	$	31,725,184

Changes in accumulated plan benefits:

Actuarial present value of accumulated plan benefits at January 1, 2024	$	32,268,390
Increase during the year attributable to:		
Benefits accumulated		754,853
Actuarial loss		311,068
Interest cost		2,256,508
Benefits paid		(3,865,635)
Net increase		(543,206)
Actuarial present value of accumulated plan benefits at January 1, 2025	$	31,725,184

NOTE F – FAIR VALUE MEASUREMENTS

ASC Topic 820, *Fair Value Measurements,* specifies a fair value hierarchy and defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The primary areas in which the Plan utilizes fair value measurements are valuing the Plan's investments. See *Note B* for discussions of the methodologies and assumptions used to determine the fair value of the Plan's investments. There have been no changes in the methodologies used at December 31, 2025 and 2024. The standard describes three levels of inputs that may be used to measure fair value.

- Level 1: Quoted prices for identical assets or liabilities in active markets.
- Level 2: Other significant inputs observable either directly or indirectly (including quoted prices for similar securities, interest rates, yield curves, credit risk, etc.)
- Level 3: Unobservable inputs that are not corroborated by market data.

The following tables sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2025 and 2024.

		December 31, 2025		
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 42,369,144	$ 42,369,144	$ —	$ —
Money Market Fund	1,530,115	1,530,115	—	—
Investments at fair value	$ 43,899,259	$ 43,899,259	$ —	$ —

		December 31, 2024		
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 39,240,454	$ 39,240,454	$ —	$ —
Investments measured at NAV [(a)]	1,558,076	—	—	—
Investments at fair value	$ 40,798,530	$ 39,240,454	$ —	$ —

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

NOTE G – RISKS, UNCERTAINTIES AND SUBSEQUENT EVENTS

The Plan invests in various investment securities. Investment securities are exposed to market, credit, and interest rate risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially adversely affect the participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits. The financial statements have been prepared using values and information currently available to the Plan.

Company contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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.

On April 13, 2026, L&P and Somnigroup International Inc. (Somnigroup) announced that the companies had entered into an Agreement and Plan of Merger (the Merger Agreement), pursuant to which a wholly owned subsidiary of Somnigroup would merge with and into L&P (the Merger), with L&P surviving as a wholly owned subsidiary of Somnigroup. On August 26, 2026, the Merger was completed.

Subsequent events have been evaluated through October 14, 2026, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

Leggett & Platt, Incorporated Pension Plan
(for bargaining unit employees)
EIN 44-0324630 PN 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Identity of Issuer	Description of Investment	Cost	Current Value (1)
Dimensional Fund Advisors	World Ex U.S. Core Equity Portfolio Class - Inst #5726	$ 6,825,562	$ 11,015,348
Vanguard	Vanguard Institutional Index Fund #94	4,160,469	10,989,327
Vanguard	Vanguard Long Term Bond Index Fund Institutional Class #0545	11,990,443	10,467,631
Dimensional Fund Advisors	US Small Cap Portfolio #5031	6,483,921	9,896,838
Allspring Global Investments	Allspring Treasury Plus Money Market Select Fund #3803	1,530,115	1,530,115
Total investments		$ 30,990,510	$ 43,899,259

(1) See *Note B* of Notes to Financial Statements regarding the valuation of assets.

Leggett & Platt, Incorporated Pension Plan
(for bargaining unit employees)
EIN 44-0324630 PN 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (1)
Year Ended December 31, 2025

Identity of party involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES OF TRANSACTIONS						
SEI Trust Company	Allspring Short-Term Investment Fund A S1	$ 1,795,830	$ —	$ 1,795,830	$ 1,795,830	$ —
SEI Trust Company	Allspring Short-Term Investment Fund A S1	—	3,353,911	3,353,911	3,353,911	—
Allspring Global Investments	Allspring Treasury Plus Money Market Select Fund #3803	3,405,841	—	3,405,841	3,405,841	—
Allspring Global Investments	Allspring Treasury Plus Money Market Select Fund #3803	—	1,875,725	1,875,725	1,875,725	—

(1) Transactions or series of transactions involving amounts greater than 5% of total assets of the Plan at the beginning of the year.



SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September 2024
- Interest rate basis: Segment Rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.38%	5.33%

Annuity conversion interest rate: Segment interest rates shown above.

Annual rates of increase

- Compensation

Representative Rates of Compensation Increase at Sample Ages	
Age	Total
<29	7.00%
30	5.00%
35	4.00%
40	3.00%
45+	2.00%

Administrative expenses: $250,000

Expenses assumed to be paid from the trust are treated as an addition to target normal cost.

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality:

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

Rates varying by age and service

Age Band	0-4 Years of Service	5+ Years of Service
0-39	25%	10%
40+	25%	7%

Disability

None.

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age, average age 64.

Percentage retiring during the year	
Age	Pension Plan
55-61	8%
62-64	15%
65-66	55%
67-69	25%
70+	100%

Benefit commencement date:

- Preretirement death benefit — The later of the death of the active participant or the participant's earliest retirement date.
- Deferred vested benefit — Age 65.
- Disability benefit — Upon disablement.
- Retirement benefit — Upon termination of employment.

Form of payment

40% assumed to elect an annuity for entire benefit.

60% of participants assumed to elect an annuity for residual benefit and a lump sum for return of employee contributions.

For an annuity benefit, 25% are assumed to elect a life annuity, 40% are assumed to elect a 5-year certain annuity and 35% are assumed to elect a 100% J&S annuity.

For former Nestaway LLC Retirement Plan participants – 100% of single participants are assumed to elect a life annuity. 100% of married participants are assumed to elect a 50% J&S annuity. The Social Security Supplement is assumed to be a temporary life annuity payable until age 65.

For former Nestaway LLC (Beaver Dam, Kentucky) Pension Plan participants – vested terminated participants are assumed to elect a life annuity.

Percent married

100% of males; 100% of females; for former Nestaway LLC Retirement Plan participants – 80% of males; 80% of females.

SCHEDULE SB ATTACHMENTS

Spouse age	Wife three years younger than husband. For former Nestaway LLC Retirement Plan participants, wife five years younger than husband.
Covered pay	Reported 2024 annualized pay projected by the salary increase rate assumption to approximate fiscal 2025 pay for valuation purposes.
Loads	None.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement Timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Leggett & Platt, Incorporated and, based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $7,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, assumptions were made for missing or apparently inconsistent data elements.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1.	Shortfall	01/01/2025	182,687	15.00000	182,687	17,034
Total					182,687	17,034

Plan Name: Leggett & Platt, Incorporated Pension Plan
EIN / PN: 44-0324630 / 001
Plan Sponsor: Leggett & Platt, Incorporated
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	623,703	104,685	2,094,890	2,823,278
2026	642,335	187,520	2,005,012	2,834,867
2027	702,374	228,680	1,860,825	2,791,879
2028	812,091	260,712	1,687,287	2,760,090
2029	890,661	292,156	1,547,802	2,730,619
2030	897,269	320,076	1,446,835	2,664,180
2031	948,327	345,838	1,378,891	2,673,056
2032	966,974	368,242	1,314,015	2,649,231
2033	979,369	372,542	1,227,564	2,579,475
2034	1,017,454	378,417	1,144,114	2,539,985
2035	1,016,834	391,425	1,084,195	2,492,454
2036	999,553	408,405	1,022,386	2,430,344
2037	1,006,578	429,296	967,613	2,403,487
2038	990,974	445,186	911,101	2,347,261
2039	982,059	455,815	847,472	2,285,346
2040	978,071	459,129	795,003	2,232,203
2041	975,646	459,673	746,948	2,182,267
2042	977,550	465,940	697,423	2,140,913
2043	957,324	469,215	646,708	2,073,247
2044	947,130	462,982	595,177	2,005,289
2045	942,877	455,109	543,290	1,941,276
2046	919,283	449,225	491,598	1,860,106
2047	898,849	440,952	440,716	1,780,517
2048	871,850	435,405	391,272	1,698,527
2049	847,284	435,037	343,885	1,626,206
2050	828,732	426,056	299,128	1,553,916

Plan Name: Leggett & Platt, Incorporated Pension Plan
EIN / PN: 44-0324630 / 001
Plan Sponsor: Leggett & Platt, Incorporated
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	805,129	411,268	257,487	1,473,884
2052	778,823	399,163	219,324	1,397,310
2053	746,367	388,182	184,864	1,319,413
2054	712,099	376,007	154,205	1,242,311
2055	680,537	361,349	127,321	1,169,207
2056	646,944	344,560	104,079	1,095,583
2057	610,072	329,148	84,256	1,023,476
2058	578,459	312,784	67,571	958,814
2059	541,861	293,947	53,706	889,514
2060	503,866	275,995	42,321	822,182
2061	466,038	257,989	33,081	757,108
2062	432,179	240,392	25,661	698,232
2063	400,383	224,961	19,761	645,105
2064	366,068	210,335	15,116	591,519
2065	335,224	194,989	11,493	541,706
2066	306,767	180,501	8,691	495,959
2067	280,487	166,927	6,545	453,959
2068	255,575	154,193	4,917	414,685
2069	232,881	142,211	3,692	378,784
2070	212,274	131,006	2,781	346,061
2071	193,324	120,534	2,109	315,967
2072	175,904	110,747	1,618	288,269
2073	159,942	101,595	1,263	262,800
2074	145,254	93,031	1,008	239,293

Plan Name: Leggett & Platt, Incorporated Pension Plan
EIN / PN: 44-0324630 / 001
Plan Sponsor: Leggett & Platt, Incorporated
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	3	3	0	0	0	0	0	0	0	0	6
25-29	1	18	7	0	0	0	0	0	0	0	26
30-34	3	13	19	4	0	0	0	0	0	0	39
35-39	7	16	16	6	3	0	0	0	0	0	48
40-44	1	16	7	6	4	2	0	0	0	0	36
45-49	3	21	7	13	3	2	0	0	0	0	49
50-54	3	17	12	12	5	5	2	1	0	0	57
55-59	1	30	18	19	16	8	0	1	1	0	94
60-64	0	11	4	22	8	12	2	3	2	1	65
65-69	0	6	3	1	2	0	0	1	0	4	17
70 & over	0	0	0	1	0	0	0	0	1	0	2
Total	22	151	93	84	41	29	4	6	4	5	439

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Leggett & Platt, Incorporated Pension Plan
EIN / PN: 44-0324630 / 001
Plan Sponsor: Leggett & Platt, Incorporated
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

Termination rates, retirement rates, salary scale, refund of employee contribution and form of payment assumptions were updated based on an experience study conducted in 2024.

The administrative expenses added to the target normal cost were changed from $225,000 for 2024 to $250,000 for 2025 to reflect future expectations.

Plan Name:	Leggett & Platt, Incorporated Pension Plan
EIN / PN:	44-0324630 / 001
Plan Sponsor:	Leggett & Platt, Incorporated
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provision – Leggett & Platt, Incorporated Pension Plan

The plan was restated January 1, 2020 and reflects the following plan provisions. The most recent plan amendment was effective on March 27, 2024.

Type of plan	Contributory Career Pay.
Plan eligibility	Qualified Union employees are eligible on the 1st of January or 1st of July after 90 days of continuous full-time employment or credited with 1,000 hours of service in the 12-month period commencing with original date of hire or in any plan year. Also must elect to contribute.

Definitions

Credited service	From date of participation.
Monthly earnings	Regular basic earnings plus salary reduction contributions to a cafeteria plan or 401(k) but excludes premium portion of overtime, bonuses, automobile allowance, and other imputed or bonus income related to life insurance programs.
EE contributions	2% of monthly earnings, credited with interest at the maximum of 5% (or 6% depending on branch number) or 120% of federal mid-term rate in effect for the first month of each plan year.
Accumulated benefit	Sum of (i) plus (ii) with a minimum of (iii) offset by (iv): i) 1.0% of sum of monthly earnings while a contributing member ii) monthly "past service benefit" of qualified plan merged into this plan iii) $25/month iv) lump sum payment made to participant and not repaid
Normal retirement date (NRD)	First of month coinciding with or next following the later of age 65 or fifth anniversary of participation date.
Normal form	Life annuity

Plan Name:	Leggett & Platt, Incorporated Pension Plan
EIN / PN:	44-0324630 / 001
Plan Sponsor:	Leggett & Platt, Incorporated
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing fifteen years of service.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of service.
Disability	Permanent and total disability prior to NRD.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Accumulated benefit determined as of NRD
Early retirement	Accumulated benefit determined as of the early retirement date, reduced 6.67% per year for first five years, reduced 3.33% per year for next five years.
Postponed retirement	Accumulated benefit determined as of actual retirement date.
Vested termination	Accumulated benefit determined as of the termination date, reduced actuarially for commencement preceding the participant's NRD.
Disablement	Accumulated benefit determined as of the date of disablement, reduced 6.67% per year for first five years and 3.33% for each of the next five years, then reduced actuarially, payable until NRD.

SCHEDULE SB ATTACHMENTS

Preretirement death	If participant had 15 years of service, 100% of the accumulated benefit reduced for early retirement, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse. If participant had 5 years of service, 100% of the accumulated benefit, reduced for J&S, payable for life of spouse deferred to participant's NRD.
Refund of contributions	Employee contributions plus interest.

Forms of Payment

Annuities were purchased from an insurer for certain retirees in December 2017. Leggett & Platt, Incorporated retains no liability for those former employees.

50% joint and survivor	If participant is married on the date retirement benefits begin, the pension will provide a lifetime monthly benefit to the participant, and after death will pay 50% of the benefit for the lifetime of the spouse. The monthly benefit will be reduced in order to provide payments over two lifetimes.
Life with guaranteed payments for 60, 120, or 180 months	The pension is payable as long as the participant is alive. If the participant dies after payments begin and within the guaranteed period chosen, payments will continue to the beneficiary for the remaining period guaranteed. Choice of 60, 120, or 180 guaranteed payments.
Guaranteed payments for 60, 120, or 180 months	A monthly income with a guaranteed number of payments. Choice of 60, 120, or 180 guaranteed payments. If the participant dies after payments begin and within the guaranteed period chosen, payments will continue to the beneficiary for the remaining period guaranteed. Once the participant has received the guaranteed number of payments, payments will stop, even if the participant is still living.
50%, 66 2/3%, 75% or 100% contingent annuity	The pension is payable as long as the participant is alive, and the specified percentage of the pension will continue to be paid after the participant's death for the lifetime of the designated beneficiary.
Life only	The pension is payable for the participant's lifetime only. No monthly benefits are payable after the participant's death.

SCHEDULE SB ATTACHMENTS

Level retirement income	A Social Security adjustment applied to the life only payment option. The adjustment is designed to provide a level income throughout retirement by providing an increased pension until Social Security benefits start and then a reduced pension after Social Security benefits become payable. This optional form is not available for commencement dates on or after May 1, 2017.
Lump sum payment	Personal contributions may be paid immediately as a lump sum. If the benefit provided by Leggett & Platt, Incorporated's contributions has a lump sum value of $7,000 or less, the participant may receive both personal contributions and the benefit provided by Leggett & Platt, Incorporated's contributions as a lump sum. The participant will not be entitled to any further benefits from the Plan.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Plan Provision – Former Nestaway LLC Retirement Plan Participants

Effective April 1, 2010, the Nestaway LLC Retirement Plan was merged into the Leggett & Platt, Incorporated Pension Plan.

Type of plan	Final Average Pay.
Plan eligibility	Employees are eligible upon reaching their twenty-first birthday, completing one year of service, and being employed in a Covered Classification or Division of Employees.

Definitions

Credited Service	From date of participation, adjusting for years in which the employee works less than a full-time schedule, with a maximum of 30 years; frozen as of March 31, 2003.
Earnings considered	Total compensation, earned by an employee for all service excluding severance pay, value of stock options, stock appreciation rights, insurance benefits, reimbursed moving expenses, and other similar benefits. As of March 31, 2003, the plan was amended to freeze salary increases; however, any participant who is active as of December 31, 2003, and who is age 60, or age 50 with 5 years of service as of that date will receive credit for any future salary increases. As of December 31, 2010, accruals for highly compensated employees ceased.
Average Monthly Salary	1/12 of the average earnings for the 5 consecutive plan years during the last 15 years of service which produce the largest result.
Final Average Compensation	Average earnings for the 3 consecutive plan years ending with the plan year of termination with salaries limited to the Social Security Taxable Wage Base.
Accumulated benefit	Monthly benefit of (1) plus (2): 1) 2% of the Average Monthly Salary multiplied by years of Credited Service. 2) The lesser of (i), (ii), and (iii) as follows: i. 1.6667% of monthly Social Security multiplied by Credited Service

ii. .65% of the smaller of Final Average Compensation and Covered Compensation multiplied by Credited Service

iii. 1% of Average Monthly Salary multiplied by Credited Service

Early Retirement Benefit

Monthly benefit of (1) minus (2):

(1) 2% of Average Monthly Salary multiplied by years of Credited Service multiplied by the Early Payment Factor

(2) The lesser of (i), (ii), and (iii) as follows:

(i) 1.6667% of monthly Social Security multiplied by Credited Service and multiplied by the Early Payment Factor

(ii) The Maximum Offset Allowance Factor multiplied by the smaller of Final Average Compensation and Covered Compensation multiplied by Credited Service

(iii) 1% of Average Monthly Salary multiplied by Credited Service and multiplied by the Early Payment Factor

The Early Payment Factors and Maximum Offset Allowance Factors are as follows:

Age	Maximum Offset Allowance Factor	Early Payment Factor
55	.00325	.650
56	.00347	.685
57	.00368	.720
58	.00390	.755
59	.00412	.790
60	.00433	.825
61	.00477	.860
62	.00520	.895
63	.00563	.930
64	.00607	.965

Normal retirement date (NRD)

First of month coinciding with or next following the later of age 65 or fifth anniversary of participation date.

Normal form

Life annuity

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of service.
Social Security benefit	Employee with Credited Service prior to January 1, 1994 retiring under the Early retirement provision.
Vested termination	Termination for reasons other than death or retirement after completing five years of service.
Disability	Permanent and total disability prior to NRD with 10 years of service.
Preretirement death benefit	Death while eligible for normal, early, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Accumulated benefit determined as of NRD
Early retirement	Early retirement benefit determined as of the early retirement date, reduced as shown above.
Social Security Supplement	Temporary life annuity payable until age 65 determined under the early retirement provisions with Average Monthly Salary, Final Average Compensation, Social Security, Covered Compensation and Credited Service as of December 31, 1993.
Vested termination	Accumulated benefit determined as of the termination date, payable at NRD.
Disablement	Accumulated benefit determined as of the date of disablement, payable at NRD.
Preretirement death	100% of the accumulated benefit, reduced for J&S and early retirement, deferred to first date eligible to retire.

SCHEDULE SB ATTACHMENTS

Forms of Payment

Annuities were purchased from an insurer for certain retirees in December 2017. Leggett & Platt, Incorporated retains no liability for those former participants.

50% joint and survivor	If the participant is married on the date retirement benefits begin, the pension will provide a lifetime monthly benefit, and after the participant dies it will pay 50% of the benefit for the lifetime of the spouse. The monthly benefit will be reduced in order to provide payments over two lifetimes.
Life with guaranteed payments for 120 months	The pension is payable as long as the participant is alive. If the participant dies after payments begin and within the guaranteed period of 10 years, payments will continue to the beneficiary for the remaining period guaranteed. (Not available for former participants of the Chariton Hourly Employees Plan.)
50%, 75% or 100% contingent annuity	The pension is payable as long as the participant is alive, and the specified percentage of the pension will continue to be paid after the participant's death for the lifetime of the designated beneficiary.
Life only	The pension is payable for the participant's lifetime only. No monthly benefits are payable after death.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Plan Provisions – Former Nestaway LLC (Beaver Dam, Kentucky) Pension Plan Participants

Effective December 31, 2010, the Nestaway LLC (Beaver Dam, Kentucky) Pension Plan was merged into the Leggett & Platt, Incorporated Pension Plan.

Type of plan	Flat dollar
Plan eligibility	All employees in the collective bargaining unit represented by the Local No. 1553 union at the Beaver Dam, Kentucky facility of Nestaway LLC. The plant was closed on December 31, 1994.

Definitions

Credited Service	Employee accrues one year of benefit service for each year prior to 1976 in which 80% of the working days are worked and one year beginning with 1976 in which the employee has 1,800 hours of service (1/10 of a year for each full 180 hours if less than 1,800 hours).
Accumulated benefit	1) For retirement on or after May 11, 1992, $12.50 for each year of benefit service up to a maximum of 30 years 2) For retirement on or after May 11, 1993, $13.00 for each year of benefit service up to a maximum of 30 years 3) For retirement on or after May 11, 1994, $13.50 for each year of benefit service up to a maximum of 30 years
Normal retirement date (NRD)	First month coinciding with or next following the later of age 65 or fifth anniversary of participation date.
Normal form	Life annuity

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 60 and completing fifteen years of service.
Vested termination	Termination for reasons other than death or retirement after completing five years of service.

Plan Name:	Leggett & Platt, Incorporated Pension Plan
EIN / PN:	44-0324630 / 001
Plan Sponsor:	Leggett & Platt, Incorporated
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Disability	Permanent and total disability prior to NRD.
Preretirement death benefit	Death while eligible for normal, early, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Accumulated benefit determined as of NRD.
Early retirement	Accumulated benefit determined as of early retirement date, reduced on actuarially equivalent basis or deferred pension commencing at age 65.
Vested termination	Accumulated benefit determined as of termination date, payable at NRD.
Disablement	Monthly benefit equal to $11.00 for each year of benefit service. At NRD, receives monthly benefit determined as for normal retirement.
Preretirement death	50% of the accumulated benefit, reduced for J&S and early retirement, deferred to first date eligible to retire.

Forms of Payment

Annuities were purchased from an insurer for certain retirees in December 2017. Leggett & Platt, Incorporated retains no liability for those former participants.

50% or 75% joint and survivor	If the participant is married on the date retirement benefits begin, the pension will provide a lifetime monthly benefit, and after the participant's death it will pay 50% or 75% of the benefit for the lifetime of the spouse. The monthly benefit will be reduced in order to provide payments over two lifetimes.
Life only	The pension is payable for the lifetime of the participant only. No monthly benefits are payable after death.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year

Plan Name:	Leggett & Platt, Incorporated Pension Plan
EIN / PN:	44-0324630 / 001
Plan Sponsor:	Leggett & Platt, Incorporated
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Percentage retiring during the year	
Age	Pension Plan
55-61	8%
62-64	15%
65-66	55%
67-69	25%
70+	100%

Plan Name: Leggett & Platt, Incorporated Pension Plan
EIN / PN: 44-0324630 / 001
Plan Sponsor: Leggett & Platt, Incorporated
Valuation Date: January 1, 2025

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
LEGGETT & PLATT, INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LEGGETT & PLATT, INCORPORATED

D Employer Identification Number (EIN)
44-0324630

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	40,804,878
b Actuarial value	**2b**	38,640,212

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	360	17,728,837	17,728,837
b For terminated vested participants	381	5,961,165	5,961,165
c For active participants	439	14,265,956	14,448,845
d Total	1,180	37,955,958	38,138,847

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

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

5 Effective interest rate	**5**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,096,941
b Expected plan-related expenses	**6b**	250,000
c Target normal cost	**6c**	883,838

Statement by Enrolled Actuary

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

SIGN HERE Elizabeth A. Reid

Signature of actuary

Date

Elizabeth A. Reid

Type or print name of actuary

2607848

Most recent enrollment number

Willis Towers Watson US LLC

Firm name

314-719-5900

Telephone number (including area code)

PO Box 674401
Houston TX 77267

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	788,423
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	159,930
9	Amount remaining (line 7 minus line 8)	0	628,493
10	Interest on line 9 using prior year's actual return of 8.84%	0	55,559
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.18%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	684,052

Part III Funding Percentages

14	Funding target attainment percentage	14	99.52%
15	Adjusted funding target attainment percentage	15	101.31%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.65%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2025	0	469,485			
09/04/2026	240,000	0			
			Totals ► 18(b)	240,000	18(c) 469,485

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	219,832

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	883,838
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	182,687	17,034
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	900,872

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	684,052	684,052

36 Additional cash requirement (line 34 minus line 35)	**36**	216,820
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	219,832

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

a Total (excess, if any, of line 37 over line 36)	**38a**	3,012
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Percentage retiring during the year	
Age	Pension Plan
55-61	8%
62-64	15%
65-66	55%
67-69	25%
70+	100%

Plan Name: Leggett & Platt, Incorporated Pension Plan
EIN / PN: 44-0324630 / 001
Plan Sponsor: Leggett & Platt, Incorporated
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September 2024
- Interest rate basis: Segment Rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.38%	5.33%

Annuity conversion interest rate: Segment interest rates shown above.

Annual rates of increase

- Compensation

Representative Rates of Compensation Increase at Sample Ages	
Age	Total
<29	7.00%
30	5.00%
35	4.00%
40	3.00%
45+	2.00%

Administrative expenses: $250,000

Expenses assumed to be paid from the trust are treated as an addition to target normal cost.

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality:

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

- Disabled

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

Rates varying by age and service

Age Band	0-4 Years of Service	5+ Years of Service
0-39	25%	10%
40+	25%	7%

Disability

None.

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age, average age 64.

Percentage retiring during the year	
Age	Pension Plan
55-61	8%
62-64	15%
65-66	55%
67-69	25%
70+	100%

Benefit commencement date:

- Preretirement death benefit — The later of the death of the active participant or the participant's earliest retirement date.
- Deferred vested benefit — Age 65.
- Disability benefit — Upon disablement.
- Retirement benefit — Upon termination of employment.

Form of payment

40% assumed to elect an annuity for entire benefit.

60% of participants assumed to elect an annuity for residual benefit and a lump sum for return of employee contributions.

For an annuity benefit, 25% are assumed to elect a life annuity, 40% are assumed to elect a 5-year certain annuity and 35% are assumed to elect a 100% J&S annuity.

For former Nestaway LLC Retirement Plan participants – 100% of single participants are assumed to elect a life annuity. 100% of married participants are assumed to elect a 50% J&S annuity. The Social Security Supplement is assumed to be a temporary life annuity payable until age 65.

For former Nestaway LLC (Beaver Dam, Kentucky) Pension Plan participants – vested terminated participants are assumed to elect a life annuity.

Percent married

100% of males; 100% of females; for former Nestaway LLC Retirement Plan participants – 80% of males; 80% of females.

SCHEDULE SB ATTACHMENTS

Spouse age	Wife three years younger than husband. For former Nestaway LLC Retirement Plan participants, wife five years younger than husband.
Covered pay	Reported 2024 annualized pay projected by the salary increase rate assumption to approximate fiscal 2025 pay for valuation purposes.
Loads	None.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement Timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Leggett & Platt, Incorporated and, based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $7,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, assumptions were made for missing or apparently inconsistent data elements.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provision – Leggett & Platt, Incorporated Pension Plan

The plan was restated January 1, 2020 and reflects the following plan provisions. The most recent plan amendment was effective on March 27, 2024.

Type of plan	Contributory Career Pay.
Plan eligibility	Qualified Union employees are eligible on the 1st of January or 1st of July after 90 days of continuous full-time employment or credited with 1,000 hours of service in the 12-month period commencing with original date of hire or in any plan year. Also must elect to contribute.

Definitions

Credited service	From date of participation.
Monthly earnings	Regular basic earnings plus salary reduction contributions to a cafeteria plan or 401(k) but excludes premium portion of overtime, bonuses, automobile allowance, and other imputed or bonus income related to life insurance programs.
EE contributions	2% of monthly earnings, credited with interest at the maximum of 5% (or 6% depending on branch number) or 120% of federal mid-term rate in effect for the first month of each plan year.
Accumulated benefit	Sum of (i) plus (ii) with a minimum of (iii) offset by (iv): i) 1.0% of sum of monthly earnings while a contributing member ii) monthly "past service benefit" of qualified plan merged into this plan iii) $25/month iv) lump sum payment made to participant and not repaid
Normal retirement date (NRD)	First of month coinciding with or next following the later of age 65 or fifth anniversary of participation date.
Normal form	Life annuity

Plan Name:	Leggett & Platt, Incorporated Pension Plan
EIN / PN:	44-0324630 / 001
Plan Sponsor:	Leggett & Platt, Incorporated
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing fifteen years of service.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of service.
Disability	Permanent and total disability prior to NRD.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Accumulated benefit determined as of NRD
Early retirement	Accumulated benefit determined as of the early retirement date, reduced 6.67% per year for first five years, reduced 3.33% per year for next five years.
Postponed retirement	Accumulated benefit determined as of actual retirement date.
Vested termination	Accumulated benefit determined as of the termination date, reduced actuarially for commencement preceding the participant's NRD.
Disablement	Accumulated benefit determined as of the date of disablement, reduced 6.67% per year for first five years and 3.33% for each of the next five years, then reduced actuarially, payable until NRD.

SCHEDULE SB ATTACHMENTS

Preretirement death	If participant had 15 years of service, 100% of the accumulated benefit reduced for early retirement, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse. If participant had 5 years of service, 100% of the accumulated benefit, reduced for J&S, payable for life of spouse deferred to participant's NRD.
Refund of contributions	Employee contributions plus interest.

Forms of Payment

Annuities were purchased from an insurer for certain retirees in December 2017. Leggett & Platt, Incorporated retains no liability for those former employees.

50% joint and survivor	If participant is married on the date retirement benefits begin, the pension will provide a lifetime monthly benefit to the participant, and after death will pay 50% of the benefit for the lifetime of the spouse. The monthly benefit will be reduced in order to provide payments over two lifetimes.
Life with guaranteed payments for 60, 120, or 180 months	The pension is payable as long as the participant is alive. If the participant dies after payments begin and within the guaranteed period chosen, payments will continue to the beneficiary for the remaining period guaranteed. Choice of 60, 120, or 180 guaranteed payments.
Guaranteed payments for 60, 120, or 180 months	A monthly income with a guaranteed number of payments. Choice of 60, 120, or 180 guaranteed payments. If the participant dies after payments begin and within the guaranteed period chosen, payments will continue to the beneficiary for the remaining period guaranteed. Once the participant has received the guaranteed number of payments, payments will stop, even if the participant is still living.
50%, 66 2/3%, 75% or 100% contingent annuity	The pension is payable as long as the participant is alive, and the specified percentage of the pension will continue to be paid after the participant's death for the lifetime of the designated beneficiary.
Life only	The pension is payable for the participant's lifetime only. No monthly benefits are payable after the participant's death.

SCHEDULE SB ATTACHMENTS

Level retirement income	A Social Security adjustment applied to the life only payment option. The adjustment is designed to provide a level income throughout retirement by providing an increased pension until Social Security benefits start and then a reduced pension after Social Security benefits become payable. This optional form is not available for commencement dates on or after May 1, 2017.
Lump sum payment	Personal contributions may be paid immediately as a lump sum. If the benefit provided by Leggett & Platt, Incorporated's contributions has a lump sum value of $7,000 or less, the participant may receive both personal contributions and the benefit provided by Leggett & Platt, Incorporated's contributions as a lump sum. The participant will not be entitled to any further benefits from the Plan.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Plan Provision – Former Nestaway LLC Retirement Plan Participants

Effective April 1, 2010, the Nestaway LLC Retirement Plan was merged into the Leggett & Platt, Incorporated Pension Plan.

Type of plan	Final Average Pay.
Plan eligibility	Employees are eligible upon reaching their twenty-first birthday, completing one year of service, and being employed in a Covered Classification or Division of Employees.

Definitions

Credited Service	From date of participation, adjusting for years in which the employee works less than a full-time schedule, with a maximum of 30 years; frozen as of March 31, 2003.
Earnings considered	Total compensation, earned by an employee for all service excluding severance pay, value of stock options, stock appreciation rights, insurance benefits, reimbursed moving expenses, and other similar benefits. As of March 31, 2003, the plan was amended to freeze salary increases; however, any participant who is active as of December 31, 2003, and who is age 60, or age 50 with 5 years of service as of that date will receive credit for any future salary increases. As of December 31, 2010, accruals for highly compensated employees ceased.
Average Monthly Salary	1/12 of the average earnings for the 5 consecutive plan years during the last 15 years of service which produce the largest result.
Final Average Compensation	Average earnings for the 3 consecutive plan years ending with the plan year of termination with salaries limited to the Social Security Taxable Wage Base.
Accumulated benefit	Monthly benefit of (1) plus (2): 1) 2% of the Average Monthly Salary multiplied by years of Credited Service. 2) The lesser of (i), (ii), and (iii) as follows: i. 1.6667% of monthly Social Security multiplied by Credited Service

ii. .65% of the smaller of Final Average Compensation and Covered Compensation multiplied by Credited Service

iii. 1% of Average Monthly Salary multiplied by Credited Service

Early Retirement Benefit

Monthly benefit of (1) minus (2):

(1) 2% of Average Monthly Salary multiplied by years of Credited Service multiplied by the Early Payment Factor

(2) The lesser of (i), (ii), and (iii) as follows:

(i) 1.6667% of monthly Social Security multiplied by Credited Service and multiplied by the Early Payment Factor

(ii) The Maximum Offset Allowance Factor multiplied by the smaller of Final Average Compensation and Covered Compensation multiplied by Credited Service

(iii) 1% of Average Monthly Salary multiplied by Credited Service and multiplied by the Early Payment Factor

The Early Payment Factors and Maximum Offset Allowance Factors are as follows:

Age	Maximum Offset Allowance Factor	Early Payment Factor
55	.00325	.650
56	.00347	.685
57	.00368	.720
58	.00390	.755
59	.00412	.790
60	.00433	.825
61	.00477	.860
62	.00520	.895
63	.00563	.930
64	.00607	.965

Normal retirement date (NRD)

First of month coinciding with or next following the later of age 65 or fifth anniversary of participation date.

Normal form

Life annuity

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of service.
Social Security benefit	Employee with Credited Service prior to January 1, 1994 retiring under the Early retirement provision.
Vested termination	Termination for reasons other than death or retirement after completing five years of service.
Disability	Permanent and total disability prior to NRD with 10 years of service.
Preretirement death benefit	Death while eligible for normal, early, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Accumulated benefit determined as of NRD
Early retirement	Early retirement benefit determined as of the early retirement date, reduced as shown above.
Social Security Supplement	Temporary life annuity payable until age 65 determined under the early retirement provisions with Average Monthly Salary, Final Average Compensation, Social Security, Covered Compensation and Credited Service as of December 31, 1993.
Vested termination	Accumulated benefit determined as of the termination date, payable at NRD.
Disablement	Accumulated benefit determined as of the date of disablement, payable at NRD.
Preretirement death	100% of the accumulated benefit, reduced for J&S and early retirement, deferred to first date eligible to retire.

SCHEDULE SB ATTACHMENTS

Forms of Payment

Annuities were purchased from an insurer for certain retirees in December 2017. Leggett & Platt, Incorporated retains no liability for those former participants.

50% joint and survivor	If the participant is married on the date retirement benefits begin, the pension will provide a lifetime monthly benefit, and after the participant dies it will pay 50% of the benefit for the lifetime of the spouse. The monthly benefit will be reduced in order to provide payments over two lifetimes.
Life with guaranteed payments for 120 months	The pension is payable as long as the participant is alive. If the participant dies after payments begin and within the guaranteed period of 10 years, payments will continue to the beneficiary for the remaining period guaranteed. (Not available for former participants of the Chariton Hourly Employees Plan.)
50%, 75% or 100% contingent annuity	The pension is payable as long as the participant is alive, and the specified percentage of the pension will continue to be paid after the participant's death for the lifetime of the designated beneficiary.
Life only	The pension is payable for the participant's lifetime only. No monthly benefits are payable after death.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Plan Provisions – Former Nestaway LLC (Beaver Dam, Kentucky) Pension Plan Participants

Effective December 31, 2010, the Nestaway LLC (Beaver Dam, Kentucky) Pension Plan was merged into the Leggett & Platt, Incorporated Pension Plan.

Type of plan	Flat dollar
Plan eligibility	All employees in the collective bargaining unit represented by the Local No. 1553 union at the Beaver Dam, Kentucky facility of Nestaway LLC. The plant was closed on December 31, 1994.

Definitions

Credited Service	Employee accrues one year of benefit service for each year prior to 1976 in which 80% of the working days are worked and one year beginning with 1976 in which the employee has 1,800 hours of service (1/10 of a year for each full 180 hours if less than 1,800 hours).
Accumulated benefit	1) For retirement on or after May 11, 1992, $12.50 for each year of benefit service up to a maximum of 30 years 2) For retirement on or after May 11, 1993, $13.00 for each year of benefit service up to a maximum of 30 years 3) For retirement on or after May 11, 1994, $13.50 for each year of benefit service up to a maximum of 30 years
Normal retirement date (NRD)	First month coinciding with or next following the later of age 65 or fifth anniversary of participation date.
Normal form	Life annuity

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 60 and completing fifteen years of service.
Vested termination	Termination for reasons other than death or retirement after completing five years of service.

Plan Name:	Leggett & Platt, Incorporated Pension Plan
EIN / PN:	44-0324630 / 001
Plan Sponsor:	Leggett & Platt, Incorporated
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Disability	Permanent and total disability prior to NRD.
Preretirement death benefit	Death while eligible for normal, early, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Accumulated benefit determined as of NRD.
Early retirement	Accumulated benefit determined as of early retirement date, reduced on actuarially equivalent basis or deferred pension commencing at age 65.
Vested termination	Accumulated benefit determined as of termination date, payable at NRD.
Disablement	Monthly benefit equal to $11.00 for each year of benefit service. At NRD, receives monthly benefit determined as for normal retirement.
Preretirement death	50% of the accumulated benefit, reduced for J&S and early retirement, deferred to first date eligible to retire.

Forms of Payment

Annuities were purchased from an insurer for certain retirees in December 2017. Leggett & Platt, Incorporated retains no liability for those former participants.

50% or 75% joint and survivor	If the participant is married on the date retirement benefits begin, the pension will provide a lifetime monthly benefit, and after the participant's death it will pay 50% or 75% of the benefit for the lifetime of the spouse. The monthly benefit will be reduced in order to provide payments over two lifetimes.
Life only	The pension is payable for the lifetime of the participant only. No monthly benefits are payable after death.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year

Plan Name:	Leggett & Platt, Incorporated Pension Plan
EIN / PN:	44-0324630 / 001
Plan Sponsor:	Leggett & Platt, Incorporated
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

Termination rates, retirement rates, salary scale, refund of employee contribution and form of payment assumptions were updated based on an experience study conducted in 2024.

The administrative expenses added to the target normal cost were changed from $225,000 for 2024 to $250,000 for 2025 to reflect future expectations.

Plan Name:	Leggett & Platt, Incorporated Pension Plan
EIN / PN:	44-0324630 / 001
Plan Sponsor:	Leggett & Platt, Incorporated
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	3	3	0	0	0	0	0	0	0	0	6
25-29	1	18	7	0	0	0	0	0	0	0	26
30-34	3	13	19	4	0	0	0	0	0	0	39
35-39	7	16	16	6	3	0	0	0	0	0	48
40-44	1	16	7	6	4	2	0	0	0	0	36
45-49	3	21	7	13	3	2	0	0	0	0	49
50-54	3	17	12	12	5	5	2	1	0	0	57
55-59	1	30	18	19	16	8	0	1	1	0	94
60-64	0	11	4	22	8	12	2	3	2	1	65
65-69	0	6	3	1	2	0	0	1	0	4	17
70 & over	0	0	0	1	0	0	0	0	1	0	2
Total	22	151	93	84	41	29	4	6	4	5	439

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Leggett & Platt, Incorporated Pension Plan
EIN / PN: 44-0324630 / 001
Plan Sponsor: Leggett & Platt, Incorporated
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	623,703	104,685	2,094,890	2,823,278
2026	642,335	187,520	2,005,012	2,834,867
2027	702,374	228,680	1,860,825	2,791,879
2028	812,091	260,712	1,687,287	2,760,090
2029	890,661	292,156	1,547,802	2,730,619
2030	897,269	320,076	1,446,835	2,664,180
2031	948,327	345,838	1,378,891	2,673,056
2032	966,974	368,242	1,314,015	2,649,231
2033	979,369	372,542	1,227,564	2,579,475
2034	1,017,454	378,417	1,144,114	2,539,985
2035	1,016,834	391,425	1,084,195	2,492,454
2036	999,553	408,405	1,022,386	2,430,344
2037	1,006,578	429,296	967,613	2,403,487
2038	990,974	445,186	911,101	2,347,261
2039	982,059	455,815	847,472	2,285,346
2040	978,071	459,129	795,003	2,232,203
2041	975,646	459,673	746,948	2,182,267
2042	977,550	465,940	697,423	2,140,913
2043	957,324	469,215	646,708	2,073,247
2044	947,130	462,982	595,177	2,005,289
2045	942,877	455,109	543,290	1,941,276
2046	919,283	449,225	491,598	1,860,106
2047	898,849	440,952	440,716	1,780,517
2048	871,850	435,405	391,272	1,698,527
2049	847,284	435,037	343,885	1,626,206
2050	828,732	426,056	299,128	1,553,916

Plan Name: Leggett & Platt, Incorporated Pension Plan
EIN / PN: 44-0324630 / 001
Plan Sponsor: Leggett & Platt, Incorporated
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	805,129	411,268	257,487	1,473,884
2052	778,823	399,163	219,324	1,397,310
2053	746,367	388,182	184,864	1,319,413
2054	712,099	376,007	154,205	1,242,311
2055	680,537	361,349	127,321	1,169,207
2056	646,944	344,560	104,079	1,095,583
2057	610,072	329,148	84,256	1,023,476
2058	578,459	312,784	67,571	958,814
2059	541,861	293,947	53,706	889,514
2060	503,866	275,995	42,321	822,182
2061	466,038	257,989	33,081	757,108
2062	432,179	240,392	25,661	698,232
2063	400,383	224,961	19,761	645,105
2064	366,068	210,335	15,116	591,519
2065	335,224	194,989	11,493	541,706
2066	306,767	180,501	8,691	495,959
2067	280,487	166,927	6,545	453,959
2068	255,575	154,193	4,917	414,685
2069	232,881	142,211	3,692	378,784
2070	212,274	131,006	2,781	346,061
2071	193,324	120,534	2,109	315,967
2072	175,904	110,747	1,618	288,269
2073	159,942	101,595	1,263	262,800
2074	145,254	93,031	1,008	239,293

Plan Name: Leggett & Platt, Incorporated Pension Plan
EIN / PN: 44-0324630 / 001
Plan Sponsor: Leggett & Platt, Incorporated
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1.	Shortfall	01/01/2025	182,687	15.00000	182,687	17,034
Total					182,687	17,034

Plan Name: Leggett & Platt, Incorporated Pension Plan
EIN / PN: 44-0324630 / 001
Plan Sponsor: Leggett & Platt, Incorporated
Valuation Date: January 1, 2025

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2025 and ending 12/31/2025

Name of plan

Leggett & Platt, Incorporated Pension Plan

Employer Identification Number

44-0324630

Three-digit plan number ► 001

(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
	Dimensional Fund Advisors	World Ex U.S. Core Equ Portfol	6,825,562	11,015,348
	Vanguard	Vanguard Instl Idx Fd #94	4,160,469	10,989,327
	Vanguard	Vanguard Long Tm Bd Idx Fd Ins	11,990,443	10,467,631
	Dimensional Fund Advisors	US Small Cap Portfolio #5031	6,483,921	9,896,838
	Allspring Global Investments	Allsprings Treas Plus Money Mk	1,530,115	1,530,115
	Total Investments		30,990,510	43,899,259
	(1) See Note B of Notes to	Financial Statements		
	regarding the valuation of	assets.		

Schedule H, line 4j
Schedule of Reportable Transactions.

Name of Employer: **Leggett & Platt, Incorporated**

Employer identification number: **44-0324630**

Plan Year **01/01/2025** to **12/31/2025**

Three-digit plan number ▶ **001**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
SERIES OF	TRANSACTIONS							
SEI Trust Company	Allspring Short-Tm Inv Fd A	1795830	0	0	0	1795830	1795830	0
SEI Trust Company	Allspring Short-Tm Inv Fd A	0	3353911	0	0	3353911	3353911	0
Allspring Global Inv	Allspring Treas Plus Money Mk	3405841	0	0	0	3405841	3405841	0
Allspring Global Inv	Allspring Treas Plus Money Mk	0	1875725	0	0	1875725	1875725	0
(1) Transactions or	series of transactions							
involving amounts	greater than 5% of total							
assets of the Plan	at the beginning of the year.							