Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 502

1c Effective date of plan 01/27/1938

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)
SCHLUMBERGER TECHNOLOGY CORPORATION

3600 BRIARPARK DR., 3RD FLOOR, MD-4
HOUSTON, TX 77042

2b Employer Identification Number (EIN)
22-1692661

2c Plan Sponsor's telephone number
281-285-8500

2d Business code (see instructions)
541990

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	LORRAINE MAH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	13303
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)**	13185
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	12221
b	Retired or separated participants receiving benefits	**6b**	175
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	12396
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4D 4E 4F 4G 4H 4L 4Q

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 16
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
METLIFE LEGAL PLANS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
34-1650967	00000	6750010	2435	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
51395	0

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

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

THE SEGAL COMPANY(EAST STATE), INC.
333 WEST 34TH STREET
NEW YORK, NY 10001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
51395			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned (**(1)** + **(2)** - **(3)**)		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add **(1)** and **(2)**)		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	530432
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
HORIZON HEALTHCARE SERVICES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0999690	55069	86193	9	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	107888
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFILIATES

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	2500709,3174376	1729	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	272342
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	AI110704	6012	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
45985	45985

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

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

TEMPO HOLDINGS COMPANY LLC
4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	45985	SERVICE FEES	3

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

THE SEGAL COMPANY EASTERN
P.O. BOX 4125 CHURCH STREET STATION
NEW YORK, NY 10261-4125

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45985			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	916172
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	CI110674	4276	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
180545	90272

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

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

THE SEGAL COMPANY EASTERN
P.O. BOX 4125 CHURCH STREET STATION
NEW YORK, NY 10261-4125

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
180545			3

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

TEMPO HOLDINGS COMPANY LLC
4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	90272	SERVICE FEES	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1803006
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	HC110538	3914	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
122904	61452

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

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

THE SEGAL COMPANY EASTERN
P.O. BOX 4125 CHURCH STREET STATION
NEW YORK, NY 10261-4125

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
122904			3

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

TEMPO HOLDINGS COMPANY LLC
4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	61452	SERVICE FEES	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1217429
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE GROUP INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-2556568	64548	NYD0075430	33	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
171	41

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

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

MERCER HEALTH & BENEFITS LLC
4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
171	41	OVERRIDES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	14519
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	SDJ0980109	1	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
26	7

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

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

MERCER HEALTH & BENEFITS LLC
4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26	7	OVERRIDES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	3450
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF CALIFORNIA, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2600475	00000	2500709,3174376	11	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2584
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF COLORADO, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2675861	11175	2500709,3174376	10	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2584
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF PENNSYLVANIA, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-1220578	47041	2500709,3174376	4	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2584
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF KANSAS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2625350	52024	2500709,3174376	8	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2584
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF KENTUCKY, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2619589	52108	2500709,3174376	14	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	7836
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA DENTAL HEALTH OF TEXAS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2676977	95037	2500709,3174376	603	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	202520
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0147850	2117	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	53

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

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

MERCER HEALTH & BENEFITS LLC
4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	53	NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	912926
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD FIRE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0383750	19682	GTA101906	13119	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	592655
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

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

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

A Name of plan SCHLUMBERGER GROUP WELFARE BENEFITS PLAN	**B** Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 SCHLUMBERGER TECHNOLOGY CORPORATION	**D** Employer Identification Number (EIN) 22-1692661

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

(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)

CIGNA HEALTHCARE

06-1252419

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 31 38 49 50 56 62	NONE	6719061	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

ALIGHT SOLUTIONS LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	2100361	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NISA INVESTMENT ADVISORS L.L.C.

48-1140940

(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?
28 51	NONE	462788	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HEALTHCARE BLUEBOOK

46-4399706

(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?
49 50	NONE	264812	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL

66 HUDSON BLVD, E
20TH FLOOR
NEW YORK, NY 10001-2192

(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 16 50	NONE	254500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON

26-0775680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	184582	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ERNST & YOUNG US LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	112668	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 62	NONE	81707	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

BDO USA, P.C.

13-5381590

(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	61102	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PRINCIPAL

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?
49 50	NONE	10500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPECIALTIES FINISHING GROUP

36-3709207

(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?
36 50	NONE	7891	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
CIGNA HEALTHCARE	12 13 31 38 49 50 56 62	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
	SEE ATTACHED

(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
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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: MFB NTGI-QM COM DAILY S&P 500 TX EX

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

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)
45-6138596-001	C	142433307

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
SCHLUMBERGER GROUP WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
22-1692661

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)	54878903	62882669
(2) Participant contributions	1b(2)	259034	1467182
(3) Other	1b(3)	11444633	11312189
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	148692601	136187069
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	27303249	5300348
(B) All other	1c(3)(B)	385175224	405676306
(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)	141528671	142433307
(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)	20836924	29379953
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	790119239	794639023
Liabilities			
1g Benefit claims payable	1g	91833802	97349452
1h Operating payables	1h	1272377	1238488
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	1669315	1930664
1k Total liabilities (add all amounts in lines 1g through1j)	1k	94775494	100518604
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	695343745	694120419

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)	258950382	
(B) Participants	2a(1)(B)	85363311	
(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)		344313693
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)	3280848	
(C) Corporate debt instruments	2b(1)(C)	22631945	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3245664	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		29158457
(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)	671301	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		671301
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	418486936	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	433624836	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-15137900
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	24333043	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		24333043

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		24506623
(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)		2225
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		407847442
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	368556941	
(2) To insurance carriers for the provision of benefits	2e(2)	20383374	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		388940315
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)	7116826	
(3) Recordkeeping fees	2i(3)	1702597	
(4) IQPA audit fees	2i(4)	61102	
(5) Investment advisory and investment management fees	2i(5)	548617	
(6) Bank or trust company trustee/custodial fees	2i(6)	793	
(7) Actuarial fees	2i(7)	254500	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	10446018	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		20130453
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		409070768
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1223326
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: BDO USA, P.C. **(2)** EIN: 13-5381590

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

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

Schlumberger Group
Welfare Benefits Plan

Financial Statements and
ERISA-Required Supplemental Schedules
Years Ended December 31, 2025 and 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Schlumberger Group Welfare Benefits Plan

Financial Statements and ERISA-Required Supplemental Schedules

Years Ended December 31, 2025 and 2024

Schlumberger Group Welfare Benefits Plan

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Note: Other schedules required by Section 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

The Plan Administrator
Schlumberger Group Welfare Benefits Plan
Houston, Texas

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

We have performed audits of the financial statements of the Schlumberger Group Welfare Benefits Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- 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 (GAAP).
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 GAAP, 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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 GAAP.

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 GAAP.

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 Schedule H (Form 5500), Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H (Form 5500), Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial

statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedules agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 14, 2026

Financial Statements

Schlumberger Group Welfare Benefits Plan

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments, at fair value		
Mutual funds	**$ 29,379,953**	$ 20,836,924
Collective trust	**142,433,307**	141,528,671
Government and other related bonds	**136,187,069**	148,692,601
Corporate bonds and other fixed-income obligations	**410,976,654**	412,478,473
Total Investments	**718,976,983**	723,536,669
Net Assets Held in Schlumberger Defined Benefit Plans - Restricted for 401(h) Accounts	**216,632,675**	202,074,210
Receivables		
Employer contributions	**62,882,669**	54,878,903
Participant contributions	**1,467,182**	259,034
Accrued interest and dividends	**6,353,672**	6,501,504
Formulary rebates	**4,958,517**	4,943,129
Total Receivables	**75,662,040**	66,582,570
Total Assets	**1,011,271,698**	992,193,449
Liabilities		
Accrued administrative expenses	**1,238,488**	1,272,377
Due to broker for securities purchased	**1,018,054**	1,669,315
Due to affiliates	**912,610**	-
Total Liabilities	**3,169,152**	2,941,692
Net Assets Available for Benefits	**$ 1,008,102,546**	$ 989,251,757

See accompanying notes to financial statements.

Schlumberger Group Welfare Benefits Plan

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2025**	2024
Additions		
Contributions:		
Participant	**$ 85,363,311**	$ 79,628,026
Employer	**258,950,382**	273,266,392
Total Contributions	**344,313,693**	352,894,418
Investment income (loss):		
Interest and dividend income	**31,678,638**	32,239,346
Net appreciation (depreciation) in fair value of investments	**31,855,111**	(16,265,739)
Total Investment Income	**63,533,749**	15,973,607
Net increase (decrease) in 401(h) accounts	**14,558,465**	(5,334,345)
Total Additions	**422,405,907**	363,533,680
Deductions		
Claims paid, net	**363,041,291**	338,017,385
Insurance premiums paid	**20,383,374**	21,899,032
Administrative expenses	**20,130,453**	17,905,593
Total Deductions	**403,555,118**	377,822,010
Net Decrease	**18,850,789**	(14,288,330)
Net Assets Available for Benefits, beginning of year	**989,251,757**	1,003,540,087
Net Assets Available for Benefits, end of year	**$ 1,008,102,546**	$ 989,251,757

See accompanying notes to financial statements.

Schlumberger Group Welfare Benefits Plan

Statements of Plan Benefit Obligations

December 31,	**2025**	2024
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Health claims payable and premiums due to insurers	**$ 64,898,861**	$ 63,412,675
Other Obligations for Current Benefit Coverages, at present value of estimated amounts		
Claims incurred but not reported	**32,450,591**	28,421,127
Total Obligations, other than postretirement benefit obligations	**97,349,452**	91,833,802
Postretirement Benefit Obligations		
Retired participants	**558,685,910**	558,215,025
Other participants fully eligible for benefits	**11,498,678**	14,833,050
Participants not yet fully eligible for benefits	**219,693,023**	208,253,104
Total Postretirement Benefit Obligations	**789,877,611**	781,301,179
Total Plan Benefit Obligations	**$ 887,227,063**	$ 873,134,981

See accompanying notes to financial statements.

Schlumberger Group Welfare Benefits Plan

Statements of Changes in Plan Benefit Obligations

Year ended December 31,	**2025**	2024
Obligations Currently Payable to or for Participants, Beneficiaries, and Dependents		
Balance, beginning of year	**$ 63,412,675**	$ 51,924,370
Claims reported and incurred, including claims and premiums reclassified from postretirement benefit obligations	**384,910,851**	371,404,722
Claims and insurance premiums paid	**(383,424,665)**	(359,916,417)
Balance, end of year	**64,898,861**	63,412,675
Other Obligations for Current Benefit Coverages, at present value of estimated amounts		
Balance, beginning of year	**28,421,127**	23,781,462
Increase in benefits attributable to medical benefits	**4,241,175**	4,541,674
Increase (decrease) in benefits attributable to dental benefits	**(211,711)**	97,991
Balance, end of year	**32,450,591**	28,421,127
Total Obligations, other than postretirement benefit obligations	**97,349,452**	91,833,802
Postretirement Benefit Obligations		
Balance, beginning of year	**781,301,179**	806,681,519
Increase (decrease) during the year attributable to:		
Service and interest cost	**59,116,403**	58,880,190
Plan participants' contributions	**5,098,278**	6,164,714
Actuarial loss (gain), including effect of changes in assumptions	**5,909,435**	(37,855,364)
Benefits reclassified to amounts currently payable	**(61,547,684)**	(52,569,880)
Balance, end of year	**789,877,611**	781,301,179
Total Plan Benefit Obligations, end of year	**$ 887,227,063**	$ 873,134,981

See accompanying notes to financial statements.

1. Description of the Plan

The following brief description of the Schlumberger Group Welfare Benefits Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

General

The Plan provides group health benefits (medical benefits, including hospital, surgical, physician services, mental health, wellness, and vision care; dental benefits; prescription drug benefits; long-term care; flexible spending arrangements for health and dependent care; temporary and long-term disability), life insurance, basic accidental death and dismemberment insurance, and business travel and accident insurance, covering eligible full-time, part-time, and retired employees who enroll in the Plan, along with their eligible dependents and their designated beneficiaries of Schlumberger Technology Corporation, Inc., Schlumberger Limited, Cameron International Corporation, and their affiliates (collectively referred to as the Company). The Plan was established on January 1, 1981 and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by an Administrative Committee, which is appointed by the Board of Directors of the Company. The Administrative Committee is responsible for general administration of the Plan.

The Finance Committee is appointed by the Board of Directors of Schlumberger Limited. The Finance Committee communicates to The Northern Trust Company (the Trustee) the funding policies and methods that have been established to carry out the objectives of the Plan.

Eligibility

Under the terms of the Plan, full-time employees and their dependents are eligible for coverage at the time of employment. Part-time employees and their dependents are eligible for coverage upon completion of a specified period of service. Retired participants and their dependents are eligible for coverage upon completion of a specified period of service: for employees whose most recent date of hire or rehire is prior to April 1, 1997, after age 50; and for those employees whose most recent date of hire or rehire is on or after April 1, 1997, after age 55. Only service rendered after age 40 counts toward determining eligibility for retiree health benefits and retiree cost-sharing requirements.

Effective January 1, 2013, new entrants in the retiree health benefit portion of the Plan receive a new defined contribution design (the DCRM). This design is a defined contribution approach that includes the following provisions:

- Participants are credited with a notional amount of $1,800 per year of service after age 40. These amounts will be put in a notional account that will be credited with 6% interest annually.
- Retirement eligibility is age 55 and 15 years of service after age 40.
- There are no retiree contributions required for participation.

- It is expected that retirees will be able to draw down their notional balance by up to 50% of the premium that the Company calculates for retiree coverage in that year.
- Participants who terminate prior to reaching retirement eligibility forfeit all credits in their notional accounts.

On January 1, 2013, all employees of certain acquisitions who are over age 40 became participants in the DCRM. Legacy employees that turned age 40 during 2013 entered under the current defined benefit plan design (the DBRM) for one year. New participants currently over age 40 will be credited with service from the later of age 40 or date of hire, but the $1,800 per year benefit starts as of January 1, 2013.

The combined totals of the DBRM and DCRM are reported in postretirement benefit obligations in the statements of plan benefit obligations and statements of changes in plan benefit obligations.

Benefits

Insured Benefits

Metropolitan Life Insurance Company (MetLife) provides life and accidental death and dismemberment coverage under group insurance contracts. Hartford Fire Insurance Company provides business travel accident coverage under group insurance contracts.

Self-Insured Benefits

All other plan benefits are self-insured. Connecticut General Life Insurance Company (CIGNA) is the primary provider of administrative services in processing and paying medical, dental, vision, prescription drug, and other voluntary benefits claims. New York Life Group Benefits Solution (NYL) is the provider of administrative services in processing short-term disability and long-term disability claims.

Formulary Rebates

The Plan utilizes a pharmacy benefit manager (PBM), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Benefit payments are based on claims submitted to and approved by CIGNA, NYL, MetLife, and Hartford Fire Insurance Company (collectively, the Administrators), which make payments directly to the medical service providers, dental service providers, participants, or selected beneficiaries. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

Contributions

Contributions to the Plan include amounts received from the Company and amounts received or receivable from the participating employees and retirees. The Plan Document provides that (a) the Company and its affiliates make contributions based on benefit formulas derived by the Administrators and (b) employees and retirees make monthly premium contributions based on their benefit program elections.

Employees may contribute specified amounts, determined periodically by the Plan's actuary, Segal, to extend coverage to eligible dependents. The costs of the postretirement benefit plan are shared by the employer and retirees.

Retiree contributions are based on salary (for pre-age 65) and years of service at retirement. Contributions reach a minimum at 30 years of service. For employees who attained age 40 by December 31, 2004, all service is recognized toward the 30 years. For those who attain age 40 after December 31, 2004, only service after age 40 is recognized.

Sample monthly retiree contribution amounts are as follows:

	Pre-Age 65 Single Coverage	
Years of Service	**2025**	2024
10	**$ 457**	$ 435
15	**384**	366
20	**302**	288
25	**219**	209

	Post-Age 65 Single Coverage	
Years of Service	**2025**	2024
10	**$ 120**	$ 114
15	**87**	83
20	**65**	62
25	**43**	41
30	**34**	32

Some current retirees have a $0 grandfathered contribution requirement, while others have different amounts based on other grandfathered requirements.

Only service rendered after age 40 is considered in determining the amount of the retiree contribution for non-grandfathered participants.

Effective April 1, 2015, certain Medicare-eligible retirees were moved to an exchange. The Company provides a contribution on behalf of eligible retirees towards the purchase of medical coverage. The amount of the contribution for each individual is based on years of service at retirement. The annual contribution is $3,935 and $3,750 for service less than 30 years and $4,315 and $4,100 for service over 30 years for 2025 and 2024, respectively.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared under the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the use of management estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from these estimates.

Valuation of Investments and Income Recognition

The Plan's investments are reported at fair value. The Plan follows the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. Under ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., the exit price). The Director of Trust Investments determines the Plan's valuation policies utilizing information provided by the investment managers and the Trustee.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

Changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. Plan management evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no significant transfers in or out of Levels 1, 2, or 3 for the years ended December 31, 2025 and 2024. See Note 7 for the disclosures required by ASC 820 with regard to Plan investments.

A fair value measurement is for a particular asset or liability. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements. Accordingly, the disclosures required by ASC 820 are required for the individual assets and liabilities underlying the net assets held in the 401(h) accounts that are measured at fair value and are not required for the net assets held in the 401(h) accounts themselves. Since all of the net assets held in the 401(h) accounts consist of the interest in the Schlumberger Master Pension Trust (the Pension Trust), which is not represented by shares of the Pension Trust, the disclosures required by ASC 820 are applicable to the individual assets and liabilities under the Pension Trust. Similarly, since the Pension Trust does not hold shares of the Schlumberger Group Trust (the Group Trust), the disclosures required by ASC 820 are required for the individual assets and liabilities under the Group Trust and are not required for the Pension Trust's total interest in the Group Trust. Likewise, since the Group Trust does not own shares of the different investment pools, the disclosures required by ASC 820 are required for the individual assets and liabilities under each investment pool and are not required for the Group Trust's total interest in each of the investment pools. The investment disclosures for the net assets held in the 401(h) account are included in the financial statements for the Schlumberger Technology Corporation Pension Plan (the Pension Plan).

In determining the fair value of assets and liabilities underlying the Plan, various inputs and valuation methodologies are used, which are described in Note 7 together with other disclosures required by ASC 820. There have been no significant changes in the inputs or valuation methodologies used at December 31, 2025 and 2024.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on an accrual basis.

Net appreciation or depreciation in fair value of investments includes realized gains or losses on investments sold and unrealized gains or losses on investments held.

Contributions Receivable

Participant contributions are recognized in the period during which the Company makes the respective payroll deduction from the participant's compensation. Employer contributions are recorded in the relevant period in accordance with the terms in the Plan document.

Benefit Payments

Benefits are recorded when paid.

Formulary Rebates

Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable on the statements of net assets available for benefits, with the offset being netted against participants' health claims paid. Formulary rebates totaling $21,779,700 and $20,863,606 have been netted with participants' health claims paid in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, respectively.

During 2025, the Plan held a portion of formulary rebates attributable to the OneSubsea Group Welfare Benefits Plan. As of December 31, 2025, $912,610 was payable to the OneSubsea Group Welfare Benefits Plan and is included in due to affiliates. The corresponding receivable was recorded by the OneSubsea Group Welfare Benefits Plan. The payable was settled in 2026.

Claims Incurred but Not Reported

Plan obligations at December 31, 2025 and 2024 for health claims incurred by active participants but not reported are estimated based on formulas derived by CIGNA and evaluated by Segal, the Plan's independent actuary, and are reported in the accompanying statements of plan benefit obligations. Health claims incurred by retired participants but not reported at December 31, 2025 and 2024 are included in the postretirement benefit obligations.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan Document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits. Administrative expenses paid by the Plan include trustee fees, investment management fees, claims administration fees, consulting fees, audit and accounting fees, and actuarial fees. All other expenses of the Plan are paid by the Company.

3. Risks and Uncertainties

Due to various risks (e.g., interest rate, market, and credit risks) associated with certain investments and the net assets held in Schlumberger defined benefit plans – restricted for 401(h) accounts, and the level of uncertainty related to changes in the value of investments and the net assets held in the 401(h) accounts, it is at least reasonably possible that changes in the values of investments and the net assets held in the 401(h) accounts will occur in the near-term that could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

The Pension Trust and Group Trust invest in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations, and commercial mortgage-backed securities. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

4. Plan Termination

The Company anticipates and believes that the Plan will continue without interruption and intends to continue to fund the Plan but reserves the right to terminate the Plan at any time by written action of the Board of Directors, effective as of the date it specifies. In the event of the Plan's termination, the Company shall have no obligation under the Plan beyond paying the claims incurred. If the Plan is terminated, any net assets of the Plan shall be distributed to the participants in the order provided for by the Administrative Committee and as prescribed by ERISA. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

5. Postretirement Benefit Obligations

The amounts reported as postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participants' service rendered as of December 31, 2025 and 2024, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefit obligations include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employer. The postretirement benefit obligations represent the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligations is determined by an independent actuary, Segal, and is the amount that results from applying actuarial assumptions to historical claim cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

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The following table represents the assumptions related to the annual rate of increase in the per capita cost of covered health care benefits:

Year	**2025 Trend (%)**	2024 Trend (%)
2024	**N/A**	7.25
2025	**8.00**	7.00
2026	**7.75**	6.75
2027	**7.50**	6.50
2028	**7.25**	6.25
2029	**7.00**	6.00
2030	**6.75**	5.75
2031	**6.50**	5.50
2032	**6.25**	5.25
2033	**6.00**	5.00
2034	**5.75**	4.75
2035	**5.50**	4.50
2036	**5.25**	4.50
2037	**5.00**	4.50
2038	**4.75**	4.50
2039	**4.50**	4.50

Administrative expenses expected to be paid by the Plan are included in the per capita cost of covered health care benefits. Administrative expenses are estimated to be approximately 2.50% in 2025 (2.71% in 2024) and 0% in 2025 and 2024 of incurred claims for medical and prescription drugs, respectively. If the assumed medical trend rates increased by one percentage point in each future year, it would increase the postretirement benefit obligations, as of December 31, 2025 and 2024, by $6,997,673 and $7,712,296, respectively.

The following were other significant assumptions used in the valuations as of December 31, 2025 and 2024:

Weighted-Average Discount Rate

- 5.70% (5.25% in 2024).

Mortality

- Pri-2012 Headcount-Weighted Mortality Table with SSA-2024 Mortality Improvement Projection Scale in 2025.
- Pri-2012 Headcount-Weighted Mortality Table with SSA-2023 Mortality Improvement Projection Scale in 2024.

Average Rate of Compensation Increase

- DBRM - 4%.
- DCRM – N/A.

Retirement Rates

Retirement rates are applied only after the age of eligibility to retire is attained. Retirement rates are as follows:

Age	Rate (%)	Age	Rate (%)	Age	Rate (%)
55-58	7.0	60-61	12.0	63-64	20.0
59	9.0	62	25.0	65	100.0

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Medicare Subsidy

On December 8, 2003, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the Act) for employers sponsoring postretirement health care plans that provide prescription drug benefits was signed into law. The Act introduced a prescription drug benefit under Medicare, as well as a federal subsidy to sponsors of retiree health care benefit plans providing a benefit that is at least actuarially equivalent to Medicare Part D.1.

Under the Act, the Medicare subsidy amount is received directly by the Plan sponsor and not the Plan. Further, the Plan sponsor is not required to use the subsidy amount to fund postretirement benefits and may use the subsidy for any valid business purpose. The postretirement benefit obligations as of December 31, 2025 and 2024 and the changes in the postretirement benefit obligations for the year ended December 31, 2025 do not reflect any amount associated with the Medicare subsidy because the Plan is not directly entitled to the Medicare subsidy.

The amount of the Plan's postretirement benefit obligations is different than the amount disclosed by the Plan sponsor because the amount reported by the Plan sponsor is net of Medicare subsidy.

6. Information Certified by the 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, The Northern Trust Company, a qualified institution, has certified that the following information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments, accrued interest and dividends receivable, and due to broker for securities purchased reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024.
- Net appreciation (depreciation) in fair value of investments and interest and dividend income reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.
- Investments reflected on the supplemental Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year), as shown on the ERISA-required supplemental schedule.

- Series of transactions reflected on the supplemental Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions, as shown on the ERISA-required supplemental schedule.

7. Fair Value Measurements

The following tables set forth by level, within the fair value hierarchy discussed in Note 2, the Plan's investments at fair value:

December 31, 2025

	Level 1	Level 2	Level 3	Total
Corporate bonds and other fixed-income obligations	$ -	$ 410,976,654	$ -	$ 410,976,654
Mutual funds	29,379,953	-	-	29,379,953
Government and other related bonds	-	136,187,069	-	136,187,069
Total Investment Assets, in the fair value hierarchy	$ 29,379,953	$ 547,163,723	$ -	576,543,676
Collective trust, measured at net asset value (NAV)[(a)]				142,433,307
Total Investments, at fair value				718,976,983
Accrued income				6,353,672
Due to broker for securities purchased				(1,018,054)
Total				$ 724,312,601

December 31, 2024

	Level 1	Level 2	Level 3	Total
Corporate bonds and other fixed-income obligations	$ -	$ 412,478,473	$ -	$ 412,478,473
Mutual funds	20,836,924	-	-	20,836,924
Government and other related bonds	-	148,692,601	-	148,692,601
Total Investment Assets, in the fair value hierarchy	$ 20,836,924	$ 561,171,074	$ -	582,007,998
Collective trust, measured at net asset value (NAV)[(a)]				141,528,671
Total Investments, at fair value				723,536,669
Accrued income				6,501,504
Due to broker for securities purchased				(1,669,315)
Total				$ 728,368,858

[(a)] Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in these tables are intended and permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table sets forth a summary of investments held by the Plan reported at NAV:

December 31,

	Fair Value		Unfunded Commitments, December 31, 2025 and 2024	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
	2025	2024			
Collective trust:					
NTGI-QM Common Daily S&P 500 Equity Index Fund Non-Lending	**$ 142,433,307**	$ 141,528,671	$ -	Daily	1 day

Valuation of Investments

Mutual Funds - Mutual funds are valued at quoted market prices (available to institutions and retail clients) that represent the NAV of shares owned by the Plan at year-end.

Government and Other Related Bonds - Government and other related bonds are comprised primarily of municipal and provincial bonds, and to a lesser extent, government agency obligations. Government and other related bonds are stated at fair value. Government and other related bonds are valued based on a bid evaluation. These evaluations use proprietary models under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Collective Trust - The collective trust is valued at the NAV of the units of participation owned by the Plan at year-end. The NAV, as determined by the trustees of the collective trust, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments of the collective trust.

Corporate Bonds and Other Fixed-Income Obligations - Corporate bonds and other fixed-income obligations consist primarily of investment-grade bonds from diversified industries. Corporate bonds and other fixed-income obligations are stated at fair value. Certain corporate bonds and other fixed-income obligations are valued based on a bid evaluation, while others are valued based on mid and bid prices (i.e., a bid price represents a price a dealer is ready to pay for a security). Oftentimes, bid evaluations use proprietary models under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

8. Tax Status

The trust established under the Plan (the Trust) to hold the Plan's assets qualifies as an exempt organization under Section 501(c)(9) of the Internal Revenue Code (IRC). The Trust has obtained an exemption letter from the Internal Revenue Service (IRS) on March 20, 1984. The Plan has been amended since receiving the letter. Plan management and tax counsel believe that the Trust, as amended, continues to be exempt and to operate in accordance with applicable provisions of the IRC. As a result of the Plan's funding policy, the investment income from the Trust is subject to unrelated business income taxes; however, the 401(h) accounts are not subject to income taxes. Payments for unrelated business income tax of $10,155,000 and $8,210,000 during the years ended

December 31, 2025 and 2024, respectively, is reported in administrative expenses in the accompanying statements of changes in net assets available for benefits.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Related Party and Party-in-Interest Transactions

The Plan invests in shares of mutual funds managed by the Trustee and a collective trust managed by an affiliate of the Trustee. Fees paid to the Trustee by the Plan amounted to $56,931 and $53,431 for the years ended December 31, 2025 and 2024, respectively. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules of ERISA.

During 2025, a portion of formulary rebates attributable to the OneSubsea Group Welfare Benefits Plan was remitted to and held by the Plan. As of December 31, 2025, this amount is $912,610 and is included due to affiliates on the statement of net assets available for benefits. The payable was settled in 2026.

10. 401(h) Accounts

The Pension Plan includes a medical-benefit component in addition to the retirement benefit component, to fund a portion of the postretirement health care obligations for eligible retirees and specified beneficiaries in accordance with Section 401(h) of the IRC. Separate accounts have been established and maintained in the Pension Plan for such contributions. As required by IRC Section 401(h), the Plan's assets in the 401(h) accounts may not be used for, or diverted to, any purpose other than providing health care benefits for retirees and their beneficiaries. The related obligations for health care benefits are not included in the Pension Plan's obligations in its statements of accumulated plan benefits but are reflected as obligations in the financial statements of the Plan.

A portion of the Plan's obligations are funded through contributions to the Pension Plans in accordance with IRC Section 401(h). The following tables present the components of the net assets available for such obligations and the related changes in net assets available for postretirement medical benefits in 401(h) accounts:

December 31,	**2025**	2024
Investments, at fair value:		
Interest in the Pension Trust	**$ 216,632,675**	$ 202,074,210

Year ended December 31,	**2025**	2024
Net appreciation (depreciation) in fair value of investments	**$ 9,461,034**	$ (11,925,660)
Interest and other income	**5,259,457**	6,712,789
Administration expenses	**(162,026)**	(121,474)
Net Increase (Decrease)	**$ 14,558,465**	$ (5,334,345)

11. Reconciliation of Financial Statements to Form 5500

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

December 31,	**2025**	2024
Net Assets Available for Benefits, per financial statements	**$ 1,008,102,546**	$ 989,251,757
Benefit obligations currently payable	**(97,349,452)**	(91,833,802)
Net assets held in defined benefit plans - 401(h) accounts	**(216,632,675)**	(202,074,210)
Net Assets Available for Benefits, per Form 5500	**$ 694,120,419**	$ 695,343,745

The following is a reconciliation of total claims and insurance premiums paid per the financial statements to total benefit payments per Form 5500:

Year ended December 31, 2025	
Total Claims and Insurance Premiums Paid, per financial statements	$ 383,424,665
Add: amounts payable at end of year	97,349,452
Less: amounts payable at beginning of year	(91,833,802)
Total Benefit Payments, per Form 5500	$ 388,940,315

Amounts currently payable to or for participants, beneficiaries, and dependents are recorded on Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date.

The following is a reconciliation of total additions per the financial statements to total additions per Form 5500:

Year ended December 31, 2025	
Total Additions, per financial statements	$ 422,405,907
Less: net increase in 401(h) accounts	(14,558,465)
Net Additions, per Form 5500	$ 407,847,442

12. Contingencies

The Plan is involved in various legal actions arising out of the normal course of its operations, the final outcome of which cannot presently be determined. Plan management is of the opinion that the ultimate liability, if any, with respect to these matters will not have a material adverse effect on the Plan's statements of net assets available for benefits.

13. Subsequent Events

For purposes of determining the effect of subsequent events on these financial statements, management has evaluated events through October 14, 2026, the date on which the financial statements were available to be issued. There were no subsequent events requiring adjustment to the financial statements or disclosures stated herein.

ERISA-Required Supplemental Schedules

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 22-1692661 **Plan Number: 502**

December 31, 2025

(a)	(b) Identity of Issuer, 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
	Mutual Funds			
*	THE NORTHERN TRUST COMPANY	MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A	$ 29,272,014	$ 29,272,014
*	THE NORTHERN TRUST COMPANY	NORTHERN FDS LIMITED TERM U.S. GOVERNMENT FUND	114,338	107,939
	Total Mutual Funds		29,386,352	29,379,953
	Collective Trust			
*	NORTHERN TRUST GLOBAL INVESTMENTS	NTGI-QM COMMON DAILY S&P 500 EQUITY INDEX FUND – NON-LENDING	45,700,076	142,433,307

	Face Value	Rate (%)	Maturity Date		
Government and Other Related Bonds					
BANK GOSPODARSTWA KRAJOWEGO GTD NT 144A 6.25% 07-09-2054	1,500,000	6.25	7/9/2054	1,489,140	1,557,436
BAY AREA TOLL AUTH CALIF TOLL BRDG REV 6.907% 10-01-2050 BEO TAXABLE	1,075,000	6.91	10/1/2050	1,858,475	1,216,652
BAY AREA TOLL AUTH CALIF TOLL BRDG REV 7.043% 04-01-2050 BEO TAXABLE	85,000	7.04	4/1/2050	143,237	97,057
CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5% 07-01-2029 BEO	515,000	5.00	7/1/2029	542,241	543,324
CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5% 07-01-2033 BEO	4,960,000	5.00	7/1/2033	5,086,674	5,227,578
CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5% 07-01-2036 BEO	4,815,000	5.00	7/1/2036	5,022,709	5,074,755
CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5.125% 07-01-2037 BEO	2,610,000	5.13	7/1/2037	2,648,576	2,646,174
CALIFORNIA ST 7.6% 11-01-2040 BEO TAXABLE	3,415,000	7.60	11/1/2040	4,165,616	4,180,024
CALIFORNIA ST UNIV REV 5.183% 11-01-2053 BEO TAXABLE	4,180,000	5.18	11/1/2053	3,925,772	3,972,737
CALIFORNIA STATE 7.55 MUN BDS DUE 04-01-2039 USD5000	740,000	7.55	4/1/2039	865,613	898,047
CHILE REP 4.95% 01-05-2036	525,000	4.95	1/5/2036	497,570	529,331
CITY OF NEW YORK 5.517 DUE 10-01-2037	715,000	5.52	10/1/2037	963,522	727,282
COOK CNTY ILL SCH DIST NO 159 ZERO CPN 0% 12-01-2027 BEO	1,825,000	-	12/1/2027	1,698,973	1,726,479
DISTRICT COLUMBIA WTR & SWR AUTH PUB UTITAXABLE-SR LIEN-SER A 4.814 10-01-2114	295,000	4.81	10/1/2114	418,263	253,437
ESC GCI LIBERTY INC SR ESCROW	3,626	-	-	-	-
FOOTHILL / EASTERN TRANSN CORRIDOR AGYCAL TOLL RD REV ZERO CPN 0 01-01-2028 BEO	3,640,000	-	1/1/2028	3,452,883	3,471,557
FOOTHILL / EASTN TRANSN CORRIDOR AGYCALTOLL CAP APPREC SR LIEN SERA 01-01-30	1,660,000	-	1/1/2030	1,475,857	1,510,156
FOOTHILL /EASTN TRANSN CORRIDOR AGY CAL TOLL RD REV SER A CAP APPREC 0 BD 1-1-26	8,500,000	-	1/1/2026	8,500,000	8,500,000
FOOTHILL EASTN TRANSN CORRIDOR CAL TOLL CAP APPREC LIEN SERA 1-1-29 BEO OID 7.3	1,295,000	7.3	1/1/2029	1,188,026	1,205,736

December 31, 2025

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Government and Other Related Bonds (continued)					
	HACIENDA LA PUENTE CALIF UNI SCH DIST ZERO CPN 0% 08-01-2028 BEO	$ 10,600,000	-	8/1/2028	$ 9,628,201	$ 9,922,692
	HOUSTON TEX WTR & SWR SYS REV PREREFUNDED-CAP APPREC-JR-A 0 12-01-2028	2,320,000	-	12/1/2028	2,169,018	2,133,380
	HSTN TEX WTR & SWR SYS REV PRERFD-CAP APPREC-JR-A DUE 12-01-2027 BEO	2,000,000	-	12/1/2027	1,848,870	1,892,032
	INDONESIA REP BDS 4.45% DUE 04-15-2070 REG	400,000	4.45	4/15/2070	454,956	325,177
	INTER-AMERN DEVEL BK BD 4.375 DUE 01-24-2044 BEO	185,000	4.38	1/24/2044	246,292	173,634
	ISRAEL ST 3.375% DUE 01-15-2050 REG	1,965,000	3.38	1/15/2050	2,046,962	1,316,853
	MARYLAND ST HEALTH & HIGHER EDL FACSAUTH REV 3.052% 07-01-2040 BEO TAXABLE	1,220,000	3.05	7/1/2040	1,242,251	954,371
	MARYLAND ST HEALTH & HIGHER EDL FACSAUTH REV 3.197% 07-01-2050 BEO TAXABLE	60,000	3.20	7/1/2050	59,770	40,620
	MASSACHUSETTS ST 2.9% 09-01-2049 BEO TAXABLE	785,000	2.90	9/1/2049	815,354	539,670
	MET PIER & EXPOSITION AUTH ILL MCCORMICKPL CONVENTION 7 DUE 07-01-2026 BEO	170,000	7.00	7/1/2026	170,000	173,462
	MET TRANSN AUTH N Y REV UNREFUNDEDBALANCE -TAXABLE- 5.175 11-15-2049	55,000	5.18	11/15/2049	53,052	50,780
	MISSOURI ST HEALTH & EDL FACS AUTH EDLFACS REV 3.229% 05-15-2050 BEO TAXABLE	695,000	3.23	5/15/2050	757,694	492,085
	MISSOURI ST HEALTH & EDL FACS AUTH EDLFACS REV 3.652% 08-15-2057 BEO TAXABLE	395,000	3.65	8/15/2057	467,303	287,914
	MUNICIPAL ELEC AUTH GA 6.655% 04-01-2057 BEO TAXABLE	860,000	6.66	4/1/2057	1,257,638	937,171
	NEW JERSEY ST TPK AUTH TPK REV 7.414% 01-01-2040 BEO TAXABLE	1,555,000	7.41	1/1/2040	2,512,652	1,863,734
	NEW YORK N Y CITY MUN WTR FIN AUTH WTR &SWR SYS REV 5.44% 06-15-2043 BEO TAXABLE	225,000	5.44	6/15/2043	222,192	218,940
	NEW YORK ST DORM AUTH REVS CAP APPR-MEM -NATL 07-01-30 OID 5.06 @25.7759 ETM	10,000,000	5.06	7/1/2030	8,322,357	8,813,743
	NORTH TEX TWY AUTH REV 6.718% 01-01-2049 BEO TAXABLE	555,000	6.72	1/1/2049	906,679	610,197
	NY N Y CY MUN WTR FIN AUTH WTR&TAXABLE2ND GENSER EE 6.011 6-15-2042 BEO TAXABLE	185,000	6.01	6/15/2042	193,155	191,583
	NY ST DORM AUTH REVS CAP APPREC 07-01-2027 BEO OID 5.04 @30.086	3,815,000	5.04	7/1/2027	3,607,801	3,654,965
	OKLAHOMA DEV FIN AUTH REV 4.623% 06-01-2044 BEO TAXABLE	1,320,000	4.62	6/1/2044	1,320,000	1,272,717

December 31, 2025

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	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Government and Other Related Bonds (continued)					
	PANAMA REP 4.5% 01-19-2063	$ 1,845,000	4.50	1/19/2063	$ 1,442,866	$ 1,373,974
	PANAMA REP 4.5% DUE 04-16-2050 REG	1,025,000	4.50	4/16/2050	1,019,875	790,378
	PANAMA REP AMORTIZING GLOBAL BD 6.7% DUE01-26-2036 REG SINKING FUND 01-26-2034	400,000	6.70	1/26/2036	537,138	429,840
	PERU REP 03/10/2051 3.55% DUE 03-10-2051/03-10-2021 BEO	780,000	3.55	3/10/2051	759,919	545,571
	PERU REP 3.3% 03-11-2041	885,000	3.30	3/11/2041	854,265	683,309
	PHILIPPINES REP GLOBAL BD 2.95% 05-05-2045	955,000	2.95	5/5/2045	923,244	668,636
	PHILIPPINES REP GLOBAL BD 3.95% DUE 01-20-2040	1,425,000	3.95	1/20/2040	1,576,385	1,256,601
	PHILIPPINES REP GLOBAL BD 6.375% DUE 10-23-2034 REG	1,565,000	6.38	10/23/2034	2,203,550	1,754,347
	PORT AUTH N Y & N J 4.458% 10-01-2062 BEO TAXABLE	1,665,000	4.46	10/1/2062	2,131,199	1,395,145
	PVTPL SAUDI ARABIA KINGDOM GLOBAL 3.25% 11-17-2051	610,000	3.25	11/17/2051	559,675	402,503
	REPUBLIC OF CHILE 3.1% DUE 05-07-2041 REG	755,000	3.10	5/7/2041	688,097	580,935
	REPUBLIC OF CHILE 5.33% 01-05-2054	1,120,000	5.33	1/5/2054	1,033,088	1,080,072
	REPUBLIC OF INDONESIA 4.35% 01-11-2048	1,735,000	4.35	1/11/2048	1,945,861	1,501,956
	REPUBLIC OF POLAND 5.125% 09-18-2034	1,260,000	5.13	9/18/2034	1,262,638	1,289,769
	RICHMOND CALIF WASTEWATER REV CAP APPREC 08-01-2027 OID 6.23 @18.292	1,220,000	6.23	8/1/2027	1,162,826	1,169,212
	SAN ANTONIO TEX ELEC & GAS REV 5.985% 02-01-2039 BEO TAXABLE	105,000	5.99	2/1/2039	147,520	112,693
	SAN JOAQN HILLS CA TRANSN CORR CAPAPPREC-JR LIEN 0 01-01-28 BEO 9 @4.669	4,950,000	-	1/1/2028	4,527,024	4,725,597
	SAN JOAQUIN HILLS CAL TRANSN COR ZCP 01-01-2026 @ 8.254 OID 7.75	1,000,000	7.75	1/1/2026	1,000,000	1,000,000
	UNITED MEXICAN STATES 6.0% 05-07-2036	590,000	6.00	5/7/2036	587,917	597,670
	UNITED MEXICAN STATES 6.338% DUE 05-04-2053	8,095,000	6.34	5/4/2053	8,094,838	7,710,488
	UNITED STATES OF AMER TREAS BONDS 4.75% 08-15-2055	813,000	4.75	8/15/2055	803,347	802,838
	UNITED STATES OF AMER TREAS NOTES 4.0% 11-15-2035	602,000	4.00	11/15/2035	594,614	594,663
	UNITED STATES OF AMER TREAS STRIP 0% 02-15-2054	2,255,000	-	2/15/2054	659,759	567,197
	UNITED STATES OF AMER TREAS STRIP 0% 08-15-2053	1,550,000	-	8/15/2053	402,980	397,792
	UNITED STATES OF AMER TREAS STRIP 0% 11-15-2053	1,060,000	-	11/15/2053	344,191	270,368
	UNITED STATES OF AMER TREAS STRIP 0% DUE 11-15-2051 REG	2,800,000	-	11/15/2051	1,017,113	774,469
	UNITED STATES OF AMER TREAS STRIP 0% 02-15-2053	2,585,000	-	2/15/2053	777,339	676,638

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 22-1692661 **Plan Number: 502**

December 31, 2025

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Government and Other Related Bonds (continued)					
	UNITED STATES OF AMER TREAS STRIP TBOND 0.0% 05-15-2053	$ 4,680,000	-	5/15/2053	$ 1,451,552	$ 1,211,730
	UNITED STATES TREAS BD STRIPPED 08-15-2052	1,510,000	-	8/15/2052	455,953	403,202
	UNITED STATES TREAS BD STRIPPED PRIN 0.0% 08-15-2047	1,875,000	-	8/15/2047	1,098,484	643,280
	UNITED STATES TREAS BD STRIPPED PRIN PMT 0% DUE 05-15-2049	785,000	-	5/15/2049	243,600	245,944
	UNITED STATES TREAS BD STRIPPED PRIN PMT 0.0% 11-15-2052	3,400,000	-	11/15/2052	954,877	903,125
	UNITED STATES TREAS BD STRIPPED PRIN PMT 00113 08-15-2046 (UNDDATE) REG	70,000	-	8/15/2046	27,064	25,370
	UNITED STATES TREAS BD STRIPPED PRIN PMT 00114 11-15-2046 (UNDDATE) REG	1,010,000	-	11/15/2046	363,003	361,235
	UNITED STATES TREAS BD STRIPPED PRIN PMT 00117 05-15-2047	1,330,000	-	5/15/2047	645,795	463,203
	UNITED STATES TREAS BD STRIPPED PRIN PMT 00123 08-15-2048 (UNDDATE) REG	1,365,000	-	8/15/2048	482,329	444,576
	UNITED STATES TREAS BD STRIPPED PRIN PMT 15/02/2052 02-15-2052 (UNDDATE) BEO	7,460,000	-	2/15/2052	2,507,556	2,036,887
	UNITED STATES TREAS BDS 4.625% 11-15-2045	92,000	4.63	11/15/2045	90,002	90,232
	UNITED STATES TREAS SEC STRIP 0% STRIP 02-15-2048	545,000	-	2/15/2048	213,444	178,336
	UNITED STATES TREAS SEC STRIP 0% STRIP 11-15-2047	420,000	-	11/15/2047	247,040	139,180
	UNITED STATES TREAS SEC STRIPPED INT PMT 00124 05-15-2046	605,000	-	5/15/2046	252,504	216,180
	UNITED STATES TREAS SEC STRIPPED INT PMT 00130 08-15-2046	815,000	-	8/15/2046	317,136	287,677
	UNITED STATES TREAS SEC STRIPPED INT PMT 0.0% 05-15-2049	605,000	-	5/15/2049	217,665	185,654
	UNITED STATES TREAS SEC STRIPPED INT PMT 0% STRIP 15/05/2048 USD 05-15-2048	790,000	-	5/15/2048	264,881	255,379
	UNITED STATES TREAS SEC STRIPPED INT PMT 0% STRIP 15/08/2049 USD 08-15-2049	190,000	-	8/15/2049	74,649	57,569
	UNITED STATES TREAS SEC STRIPPED INT PMT0.0% 11-15-2049	1,510,000	-	11/15/2049	466,374	451,299
	UNITED STATES TREAS SEC STRIPPED INT PMTINT PMT ON 11-15-2046 (UNDDATE) REG	1,075,000	-	11/15/2046	418,165	374,791
	UNITED STATES TREAS SEC STRIPPED ZERO COUPON 08-15-2048	705,000	-	8/15/2048	408,710	225,167
	URUGUAY (GOVT OF) 7.625% DUE 03-21-2036 REG	1,305,000	7.63%	3/21/2036	1,566,940	1,576,701
	UTD STATES TREAS BD STRIPPED PRIN 0.0% 11-15-2054	3,640,000	-	11/15/2054	927,902	887,023

December 31, 2025

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	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Government and Other Related Bonds (continued)					
	UTD STATES TREAS BD STRIPPED PRIN DTD 05/15/2025 0% 05-15-2055	$ 945,000	-	5/15/2055	$ 227,119	$ 225,806
	UTD STATES TREAS BD STRIPPED PRIN DTD 05/16/2022 0% 05-15-2052	2,165,000	-	5/15/2052	776,521	584,679
	UTD STATES TREAS BD STRIPPED PRIN DTD 08/15/2024 0% 08-15-2054	4,135,000	-	8/15/2054	1,198,275	1,017,607
	UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 02-15-2050	570,000	-	2/15/2050	196,253	167,927
	UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 05-15-2050	550,000	-	5/15/2050	177,577	159,663
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2047	730,000	-	2/15/2047	280,982	251,136
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2048	1,750,000	-	2/15/2048	674,364	585,277
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2049	2,755,000	-	2/15/2049	912,339	873,569
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2050	2,525,000	-	2/15/2050	966,007	760,399
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2051	3,835,000	-	2/15/2051	1,497,083	1,095,547
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2052	795,000	-	2/15/2052	253,836	212,518
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2053	930,000	-	2/15/2053	255,152	237,403
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2055	3,785,000	-	2/15/2055	945,775	915,177
	UTD STATES TREAS ZERO CPN 0% DUE 05-15-2050	2,340,000	-	5/15/2050	903,569	702,822
	UTD STATES TREAS ZERO CPN 0% DUE 08-15-2047	1,205,000	-	8/15/2047	434,830	404,320
	UTD STATES TREAS ZERO CPN 0% DUE 08-15-2049	1,615,000	-	8/15/2049	759,609	500,022
	UTD STATES TREAS ZERO CPN 0% DUE 08-15-2050	1,040,000	-	8/15/2050	327,677	302,521
	UTD STATES TREAS ZERO CPN 0% DUE 08-15-2053	440,000	-	8/15/2053	129,503	110,070
	UTD STATES TREAS ZERO CPN 0% DUE 08-15-2055	1,250,000	-	8/15/2055	311,580	295,773
	UTD STATES TREAS ZERO CPN 0% DUE 11-15-2047	1,495,000	-	11/15/2047	528,596	506,742
	UTD STATES TREAS ZERO CPN 0% DUE 11-15-2048	2,375,000	-	11/15/2048	1,055,144	763,763
	UTD STATES TREAS ZERO CPN 0% DUE 11-15-2049	1,720,000	-	11/15/2049	567,929	524,935
	UTD STATES TREAS ZERO CPN 0% DUE 11-15-2050	1,835,000	-	11/15/2050	582,496	530,402
	UTD STATES TREAS ZERO CPN 0% DUE 11-15-2052	1,150,000	-	11/15/2052	315,388	296,562
	UTD STATES TREAS ZERO CPN 0% DUE 11-15-2055	610,000	-	11/15/2055	142,844	142,546
	Total Government and Other Related Bonds				147,418,685	136,187,069

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 22-1692661 **Plan Number: 502**

December 31, 2025

(a)	(b)	(c)			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value
		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations						
	ABBVIE INC 4.25% DUE 11-21-2049 REG	$ 118,000	4.25	11/21/2049	$ 98,178	$ 97,537
	AETNA INC NEW 4.5% DUE 05-15-2042	1,237,000	4.50	5/15/2042	1,033,473	1,063,276
	AETNA INC NEW 4.75% DUE 03-15-2044	467,000	4.75	3/15/2044	385,637	409,165
	AFLAC INC 4.75% DUE 01-15-2049	20,000	4.75	1/15/2049	18,281	17,674
	ALPHABET INC 5.25% 15 MAY 2055	437,000	5.25	5/15/2055	431,629	420,329
	ALPHABET INC 5.3% 05-15-2065	3,240,000	5.30	5/15/2065	3,157,618	3,057,207
	ALPHABET INC SR BD 5.7% 11-15-2075	1,000,000	5.70	11/15/2075	1,028,084	988,253
	ALTRIA GROUP INC 3.4% DUE 02-04-2041	1,671,000	3.40	2/4/2041	1,209,498	1,295,681
	ALTRIA GROUP INC 3.7% DUE 02-04-2051/02-04-2021 REG	1,810,000	3.70	2/4/2051	1,160,960	1,283,739
	ALTRIA GROUP INC 4.25% DUE 08-09-2042	70,000	4.25	8/9/2042	56,003	58,589
	ALTRIA GROUP INC 4.45% DUE 05-06-2050/05-06-2020 REG	1,183,000	4.45	5/6/2050	971,380	951,083
	ALTRIA GROUP INC 4.5% DUE 05-02-2043	1,263,000	4.50	5/2/2043	1,074,663	1,080,661
	ALTRIA GROUP INC 5.8% DUE 02-14-2039	1,000,000	5.80	2/14/2039	1,047,050	1,032,898
	AMAZON COM INC 4.05% 08-22-2047	910,000	4.05	8/22/2047	782,236	751,020
	AMAZON COM INC 5.55% 11-20-2065	257,000	5.55	11/20/2065	258,231	250,211
	AMAZON COM INC NT 3.1% 05-12-2051	845,000	3.10	5/12/2051	604,508	569,503
	AMAZON.COM INC 3.95%04-13-2052	903,000	3.95	4/13/2052	856,468	707,929
	AMERISOURCEBERGEN 4.3% 12-15-2047	20,000	4.30	12/15/2047	17,037	16,801
	ANHEUSER BUSCH 5.8% DUE 01-23-2059	380,000	5.80	1/23/2059	412,095	388,673
	ANHEUSER BUSCH INBEV WOR 5.55% 01-23-2049	1,365,000	5.55	1/23/2049	1,424,456	1,365,873
	ANHEUSER BUSCH INC 4.439% DUE 10-06-2048	300,000	4.44	10/6/2048	271,714	258,714
	ANHEUSER-BUSCH 4.9% DUE 02-01-2046	240,000	4.90	2/1/2046	229,462	222,146
	ANHEUSER-BUSCH 4.95% DUE 01-15-2042	215,000	4.95	1/15/2042	211,485	205,981
	ANHEUSER-BUSCH COS LLC CORP 4.9% 02-01-2046	2,657,000	4.90	2/1/2046	2,501,248	2,468,731
	ANHEUSER-BUSCH INBEV WOR 8.2 DUE 01-15-2039	299,000	8.20	1/15/2039	380,528	386,408
	ANTHEM INC 4.55% 05-15-2052	1,880,000	4.55	5/15/2052	1,818,073	1,561,027
	ANTHEM INC FIXED 3.7% 09-15-2049	505,000	3.70	9/15/2049	368,738	373,004
	APOLLO GLOBAL MGMT 5.8% 05-21-2054	259,000	5.80	5/21/2054	259,119	255,380
	APPLE INC 2.65% DUE 05-11-2050 REG	450,000	2.65	5/11/2050	290,394	282,428
	APPLE INC 3.75% DUE 09-12-2047	1,731,000	3.75	9/12/2047	1,380,060	1,371,491
	APPLE INC 3.85% DUE 05-04-2043	6,195,000	3.85	5/4/2043	5,765,297	5,248,787
	APPLE INC 3.95% 08-08-2052	3,390,000	3.95	8/8/2052	2,976,794	2,700,730
	APPLE INC 4.25% DUE 02-09-2047	51,000	4.25	2/9/2047	43,188	43,920
	APPLE INC 4.65% DUE 02-23-2046	133,000	4.65	2/23/2046	119,966	122,509
	AT&T INC 3.5% DUE 06-01-2041	1,651,000	3.50	6/1/2041	1,634,290	1,302,354
	AT&T INC 3.5% DUE 09-15-2053 REG	660,000	3.50	9/15/2053	611,950	443,582
	AT&T INC 3.55% DUE 09-15-2055	5,055,000	3.55	9/15/2055	4,674,678	3,379,686
	AT&T INC 3.8% 12-01-2057	2,405,000	3.80	12/1/2057	2,304,961	1,660,740
	AT&T INC 4.5% DUE 03-09-2048	680,000	4.50	3/9/2048	750,033	563,195
	AT&T INC 6.1% DUE 07-15-2040	2,236,000	6.10	7/15/2040	2,317,060	2,317,089
	AT&T INC CORP 4.65% 06-01-2044	1,000,000	4.65	6/1/2044	846,512	868,281
	ATHENE HLDG LTD 6.25% 04-01-2054	1,751,000	6.25	4/1/2054	1,828,145	1,709,030
	BANK AMER CORP 2.831% 10-24-2051	144,000	2.83	10/24/2051	105,594	91,934

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	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	BANK AMER CORP 2.972% DUE 07-21-2052 BEO	$ 5,804,000	2.97	7/21/2052	$ 4,381,345	$ 3,816,971
	BANK AMER CORP 5% DUE 01-21-2044	1,260,000	5.00	1/21/2044	1,279,219	1,218,178
	BANK OF AMERICA CORPORATION 2.676% DUE 06-19-2041/06-19-2020 REG	285,000	2.68	6/19/2041	211,040	210,927
	BANK OF AMERICA CORPORATION 4.443% 01-20-2048	331,000	4.44	1/20/2048	313,765	288,420
	BERKSHIRE HATHAWAY 4.3% DUE 05-15-2043	737,000	4.30	5/15/2043	655,338	657,862
	BERKSHIRE HATHAWAY 4.5% DUE 02-01-2045	129,000	4.50	2/1/2045	122,054	112,218
	BERKSHIRE HATHAWAY ENERGY CO 3.8% 07-15-2048	951,000	3.80	7/15/2048	731,560	723,063
	BERKSHIRE HATHAWAY ENERGY CO SR NT 4.6% 05-01-2053	1,516,000	4.60	5/1/2053	1,369,542	1,282,170
	BERKSHIRE HATHAWAY FIN CORP 4.2% DUE 08-15-2048 REG	3,929,000	4.20	8/15/2048	3,389,039	3,291,847
	BERKSHIRE HATHAWAY FIN CORP 4.25% DUE 01-15-2049	1,402,000	4.25	1/15/2049	1,224,509	1,180,902
	BERKSHIRE HATHAWAY FINANCE CORP 3.85% 03-15-2052	1,290,000	3.85	3/15/2052	1,041,370	997,399
	BERKSHIRE HATHAWAY FIXED 4.45% DUE 01-15-2049	4,176,000	4.45	1/15/2049	3,434,522	3,493,077
	BLACKROCK FUNDING INC. 5.35% 01-08-2055	572,000	5.35	1/8/2055	566,925	559,361
	BROADCOM INC 3.75% 02-15-2051	360,000	3.75	2/15/2051	274,528	272,325
	BROOKFIELD FIN INC 5.968% 03-04-2054	500,000	5.97	3/4/2054	492,490	505,921
	BROWN FORMAN CORP 4.5% DUE 07-15-2045	415,000	4.50	7/15/2045	390,011	362,041
	BURL NORTHN SANTA 3.9% DUE 08-01-2046	1,287,000	3.90	8/1/2046	1,176,143	1,031,638
	BURLINGTON NORTHERN SANTA FE LLC 4.125% DEB SNR 06-15-2047 USD	2,778,000	4.13	6/15/2047	2,609,487	2,292,842
	CALIFORNIA INSTITUTE OF TECHNOLOGY 3.65% 09-01-2119	260,000	3.65	9/1/2119	279,093	165,493
	CAMPBELL SOUP CO 4.8% 03-15-2048	675,000	4.80	3/15/2048	621,633	585,866
	CANADIAN NATL RY CO 4.4% DUE 08-05-2052 BEO	368,000	4.40	8/5/2052	323,247	311,919
	CANADIAN PAC RY CO 4.2% 11-15-2069	250,000	4.20	11/15/2069	193,350	186,516
	CANADIAN PAC RY CO 4.3% 05-15-2043	399,000	4.30	5/15/2043	348,866	346,563
	CANADIAN PAC RY CO 4.7% 05-01-2048	405,000	4.70	5/1/2048	355,342	358,011
	CANADIAN PAC RY CO 4.95% 08-15-2045	212,000	4.95	8/15/2045	195,412	196,213
	CANADIAN PACIFIC RAILWAY COMPANY 3.5% 05-01-2050	276,000	3.50	5/1/2050	202,737	199,512
	CDN NAT RES LTD 6.25% DUE 03-15-2038	1,000,000	6.25	3/15/2038	1,073,395	1,062,830
	CDN NAT RES LTD 6.5% DUE 02-15-2037	903,000	6.50	2/15/2037	977,863	970,593
	CDN NAT RES LTD 6.75% DUE 02-01-2039	253,000	6.75	2/1/2039	272,984	278,738
	CDN NAT RES LTD FIXED 4.95% DUE 06-01-2047	1,360,000	4.95	6/1/2047	1,316,507	1,201,324
	CDN PAC RY CO NEW 6.125% DUE 09-15-2115	1,391,000	6.13	9/15/2115	1,463,975	1,392,552

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		Face Value	Rate (%)	Maturity Date		
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	CENOVUS ENERGY INC 5.4% 06-15-2047	$ 420,000	5.40	6/15/2047	$ 395,118	$ 384,558
	CENTERPOINT ENERGY 3.55% DUE 08-01-2042	409,000	3.55	8/1/2042	338,946	327,286
	CENTERPOINT ENERGY 3.95% 03-01-2048	1,000,000	3.95	3/1/2048	777,111	799,347
	CENTERPOINT ENERGY 4.5% DUE 04-01-2044	2,500,000	4.50	4/1/2044	2,196,656	2,200,757
	CH & DWIGHT INC 3.95% DUE 08-01-2047	450,000	3.95	8/1/2047	356,327	358,969
	CHARTER 6.484% DUE 10-23-2045	964,000	6.48	10/23/2045	929,824	908,114
	CHARTER 6.834% DUE 10-23-2055	676,000	6.83	10/23/2055	635,662	651,535
	CHARTER COMMUNICATIONS OPER LLC / SRSECD NT 3.95% 06-30-2062	1,970,000	3.95	6/30/2062	1,214,483	1,188,928
	CHARTER COMMUNICATIONS OPER LLC / SRSECD NT 5.5% 04-01-2063	2,145,000	5.50	4/1/2063	1,735,050	1,696,457
	CHARTER COMMUNICATIONS OPER LLC/CHARTE4.8% DUE 03-01-2050	1,030,000	4.80	3/1/2050	778,756	776,459
	CHARTER FIXED 5.75% DUE 04-01-2048	846,000	5.75	4/1/2048	713,198	723,821
	CHENIERE CORPUS FIXED 2.742% DUE 12-31-2039	2,546,000	2.74	12/31/2039	2,127,264	2,170,385
	CHEVRON CORP NEW FIXED 3.078% DUE 05-11-2050	1,285,000	3.08	5/11/2050	920,254	876,213
	CHEVRON U S A INC 2.343% DUE 08-12-2050 REG	728,000	2.34	8/12/2050	449,518	424,533
	CHURCH & DWIGHT CO INC SR NT 5% 06-15-2052	2,484,000	5.00	6/15/2052	2,287,516	2,273,878
	CISCO SYS INC 5.5% DUE 01-15-2040	1,255,000	5.50	1/15/2040	1,360,276	1,304,036
	CITIGROUP INC 2.904% 11-03-2042	3,436,000	2.90	11/3/2042	2,703,006	2,546,636
	CITIGROUP INC 5.316% 09-26-2020 REG	470,000	5.32	-	470,563	471,825
	CITIGROUP INC 5.612% 03-04-2056	2,066,000	5.61	3/4/2056	1,994,297	2,064,022
	CITIGROUP INC 8.125% DUE 07-15-2039	491,000	8.13	7/15/2039	645,140	630,925
	COCA COLA CO 2.5% 03-15-2051	310,000	2.50	3/15/2051	207,427	186,753
	COCA COLA CO 2.6% DUE 06-01-2050	655,000	2.60	6/1/2050	449,423	407,423
	COCA COLA CO 5.3% 05-13-2054	140,000	5.30	5/13/2054	138,516	137,910
	COCA COLA CO 5.4% 05-13-2064	3,437,000	5.40	5/13/2064	3,472,132	3,352,830
	COCA COLA CO FIXED 4.2% DUE 03-25-2050	42,000	4.20	3/25/2050	34,413	35,313
	COCA-COLA CO/THE 3.0% DUE 03-05-2051	810,000	3.00	3/5/2051	604,511	542,719
	COCA-COLA CO/THE 5.2% 01-14-2055	99,000	5.20	1/14/2055	96,087	95,916
	COLGATE-PALMOLIVE CO 3.7% DUE08-01-2047	248,000	3.70	8/1/2047	196,778	196,233
	COLGATE-PALMOLIVE CO 4% DUE 08-15-2045	1,000,000	4.00	8/15/2045	852,402	849,325
	COMCAST CORP NEW 2.937% 11-01-2056	1,485,000	2.94	11/1/2056	980,483	837,810
	COMCAST CORP NEW 3.25% 11-01-2039	6,419,000	3.25	11/1/2039	5,511,615	5,027,601
	COMCAST CORP NEW 3.4% DUE 07-15-2046	460,000	3.40	7/15/2046	349,508	321,070
	COMCAST CORP NEW 3.75% DUE 04-01-2040	267,000	3.75	4/1/2040	241,469	220,664
	COMCAST CORP NEW 3.9% DUE 03-01-2038	908,000	3.90	3/1/2038	795,010	792,759
	COMCAST CORP NEW 4% DUE 03-01-2048	215,000	4.00	3/1/2048	174,006	162,246

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	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	COMCAST CORP NEW FIXED 2.45% DUE 08-15-2052	$ 340,000	2.45	8/15/2052	$ 200,638	$ 180,961
	COMCAST CORP NEW FIXED 3.969% DUE 11-01-2047	140,000	3.97	11/1/2047	112,723	105,208
	CONAGRA BRANDS INC 5.4% 11-01-2048	1,679,000	5.40	11/1/2048	1,548,604	1,509,492
	CONAGRA BRANDS INC FIXED 5.3% 11-01-2038	1,914,000	5.30	11/1/2038	1,899,980	1,832,937
	CONOCOPHILLIPS CO FIXED 3.758% DUE 03-15-2042	279,000	3.76	3/15/2042	257,760	228,174
	CONSTELLATION 4.1% 02-15-2048	425,000	4.10	2/15/2048	365,693	334,790
	CONSTELLATION 4.5% DUE 05-09-2047	1,573,000	4.50	5/9/2047	1,322,012	1,319,931
	CONSTELLATION 5.25% DUE 11-15-2048	1,343,000	5.25	11/15/2048	1,237,198	1,246,742
	CONSTELLATION BRANDS INC 3.75% DUE 05-01-2050/04-27-2020 REG	1,675,000	3.75	05/01/2050	1,356,199	1,223,873
	COOPERATIEVE 5.25% DUE 05-24-2041	6,000	5.25	5/24/2041	6,597	6,041
	CORNING INC 4.375% 11-15-2057	2,047,000	4.38	11/15/2057	1,798,449	1,658,757
	CORNING INC 5.35% DUE 11-15-2048	61,000	5.35	11/15/2048	64,143	59,285
	CORNING INC 5.45% DUE 11-15-2079	449,000	5.45	11/15/2079	439,857	411,660
	CORNING INC 5.75% DUE 08-15-2040	109,000	5.75	8/15/2040	112,333	113,765
	CORNING INC 5.85% DUE 11-15-2068	593,000	5.85	11/15/2068	596,961	578,080
	CSX CORP 3.8% DUE 11-01-2046	1,802,000	3.80	11/1/2046	1,441,363	1,417,813
	CSX CORP 4.1 DUE 03-15-2044	7,000	4.10	3/15/2044	6,395	5,882
	CVS HLTH FIXED 6.05% 06-01-2054	1,398,000	6.05	6/1/2054	1,409,374	1,396,924
	DANAHER CORP 2.6% DUE 10-01-2050	291,000	2.60	10/1/2050	191,183	178,261
	DANAHER CORP 4.375% DUE 09-15-2045	415,000	4.38	9/15/2045	377,830	363,376
	DANAHER CORP SR NT 2.8% 12-10-2051	397,000	2.80	12/10/2051	297,207	251,155
	DH EUROPE FIN II S 3.4% DUE 11-15-2049	630,000	3.40	11/15/2049	488,001	456,041
	DISNEY WALT CO 2.75% DUE 09-01-2049	244,000	2.75	9/1/2049	160,726	155,563
	DISNEY WALT CO NEW 4.125 DUE 06-01-2044	74,000	4.13	6/1/2044	69,395	62,398
	DISNEY WALT CO SR NT 4.75% 09-15-2044	189,000	4.75	9/15/2044	188,267	172,955
	DR PEPPER SNAPPLE 4.42% DUE 12-15-2046	1,056,000	4.42	12/15/2046	875,289	864,312
	DTE ELEC CO 3.75% DUE 08-15-2047	977,000	3.75	8/15/2047	723,124	751,916
	DUKE ENERGY 6% DUE 01-15-2038	200,000	6.00	1/15/2038	221,302	215,817
	DUKE ENERGY CAROLINAS LLC 3.55% DUE 03-15-2052 BEO	5,182,000	3.55	3/15/2052	4,466,110	3,733,639
	DUKE ENERGY FLA LLC 5.95% DUE 11-15-2052 BEO	685,000	5.95	11/15/2052	733,493	709,796
	DUKE ENERGY IND 3.75% DUE 05-15-2046	993,000	3.75	5/15/2046	761,023	775,964
	DUKE ENERGY IND 4.2% DUE 03-15-2042	1,000,000	4.20	3/15/2042	822,905	859,380
	DUKE ENERGY OH INC 3.7% DUE 06-15-2046	172,000	3.70	6/15/2046	126,334	131,373
	DUKE ENERGY OHIO INC 4.3% DUE 02-01-2049 REG	502,000	4.30	2/1/2049	394,895	411,665
	DUKE ENERGY OHIO INC 5.6% 03-15-2054	667,000	5.60	3/15/2054	702,200	653,953
	DUKE UNIV 2.832% 10-01-2055	470,000	2.83	10/1/2055	467,540	295,629
	ECOLAB INC 2.7% DUE 12-15-2051	2,455,000	2.70	12/15/2051	1,852,938	1,522,185
	ECOLAB INC 3.95% 12-01-2047	320,000	3.95	12/1/2047	260,417	258,717

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	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	EMERA US FIN LP 4.75% DUE 06-15-2046	$ 108,000	4.75	6/15/2046	$ 85,924	$ 92,520
	EMERSON ELEC CO 2.8% DUE 12-21-2051/12-21-2021 BEO	1,000,000	2.80	12/21/2051	660,247	638,369
	ENBRIDGE ENERGY 7.375% DUE 10-15-2045	2,513,000	7.38	10/15/2045	2,952,759	2,919,714
	ENBRIDGE ENERGY 7.5% DUE 04-15-2038	214,000	7.50	4/15/2038	248,798	252,098
	ENBRIDGE INC 6.7% 11-15-2053	754,000	6.70	11/15/2053	859,535	830,554
	ENBRIDGE INC FIXED 4.5% DUE 06-10-2044	560,000	4.50	6/10/2044	475,516	475,968
	ENERGY TRANSFER 5.15% DUE 02-01-2043	179,000	5.15	2/1/2043	160,796	161,586
	ENERGY TRANSFER 6% DUE 06-15-2048	1,084,000	6.00	6/15/2048	1,058,829	1,054,671
	ENERGY TRANSFER 6.25% DUE 04-15-2049	390,000	6.25	4/15/2049	408,164	387,182
	ENERGY TRANSFER FIXED 5.3% DUE 04-15-2047	482,000	5.30	4/15/2047	435,053	428,810
	ENERGY TRANSFER OPER L P 5.0% 05-15-2050	420,000	5.00	5/15/2050	379,747	352,678
	ENTERGY LOUISIANA LLC 5.8% 03-15-2055	1,000,000	5.80	3/15/2055	993,250	1,008,872
	ENTERGY MISS LLC 5.85% 06-01-2054	1,000,000	5.85	6/1/2054	1,050,396	1,010,404
	ENTERGY TEXAS INC 5.55% 09-15-2054	1,540,000	5.55	9/15/2054	1,596,891	1,499,721
	ENTERGY TEXAS INC 5.8% 09-01-2053	176,000	5.80	9/1/2053	181,586	176,149
	ENTERPRISE PRODS 6.125% DUE 10-15-2039	1,000,000	6.13	10/15/2039	1,060,925	1,078,804
	ENTERPRISE PRODS FIXED 4.9% DUE 05-15-2046	208,000	4.90	5/15/2046	197,070	188,623
	ENTERPRISE PRODS OPER LLC 4.8% 02-01-2049	348,000	4.80	2/1/2049	327,517	307,617
	EOG RES INC 4.95% DUE 04-15-2050	2,046,000	4.95	4/15/2050	1,913,060	1,836,754
	EQUINOR ASA FIXED 3.7% DUE 04-06-2050	1,200,000	3.70	4/6/2050	1,314,918	912,885
	EVEREST REINSURANCE HOLDINGS INC 3.5% 10-15-2050	20,000	3.50	10/15/2050	13,951	13,962
	EVEREST REINSURANCE HOLDINGS INC SR NT3.125% 10-15-2052	2,175,000	3.13	10/15/2052	1,621,309	1,383,280
	EVERGY KANS CENT INC 5.7% 03-15-2053	1,933,000	5.70	3/15/2053	2,012,945	1,919,709
	EXXON MOBIL CORP 3.567% DUE 03-06-2045	121,000	3.57	3/6/2045	96,102	95,058
	EXXON MOBIL CORP FIXED 4.327% DUE 03-19-2050	3,198,000	4.33	3/19/2050	3,131,897	2,689,364
	FIFTH 3RD BANCORP 8.25% DUE 03-01-2038	218,000	8.25	3/1/2038	261,161	268,306
	FL PWR & LT CO 1ST MTG BD 5.96 DUE 04-01-2039	832,000	5.96	4/1/2039	889,942	899,699
	FL PWR & LT CO 4.125% DUE 02-01-2042	224,000	4.13	2/1/2042	183,957	195,200
	FLORIDA POWER & LIGHT COMPANY 2.875% 12-04-2051	2,767,000	2.88	12/4/2051	2,151,866	1,770,669
	FLORIDA PWR CORP 6.35% DUE 09-15-2037	16,000	6.35	9/15/2037	17,430	17,799
	FLORIDA PWR CORP 6.4% DUE 06-15-2038	378,000	6.40	6/15/2038	423,074	422,162
	GENERAL MLS INC 3.0% 02-01-2051	1,810,000	3.00	2/1/2051	1,289,524	1,174,845

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	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	GEORGE WASH UNIV 4.126% DUE 09-15-2048	$ 315,000	4.13	9/15/2048	$ 378,051	$ 257,997
	GOLDMAN SACHS 4.75% DUE 10-21-2045	1,183,000	4.75	10/21/2045	1,157,270	1,075,258
	HCA INC 5.125% 06-15-2039	353,000	5.13	6/15/2039	325,928	341,852
	HCA INC 5.25% DUE 06-15-2049	3,808,000	5.25	6/15/2049	3,542,212	3,454,090
	HCA INC 5.5% DUE 06-15-2047	1,795,000	5.50	6/15/2047	2,263,419	1,702,233
	HERSHEY CO 3.125% DUE 11-15-2049	420,000	3.13	11/15/2049	324,544	289,068
	HERSHEY CO 3.375% DUE 08-15-2046	450,000	3.38	8/15/2046	359,473	333,780
	HOME DEPOT INC 2.375% 03-15-2051	3,934,000	2.38	3/15/2051	2,808,099	2,264,546
	HOME DEPOT INC 3.3% DUE 04-15-2040 REG	740,000	3.30	4/15/2040	654,423	606,812
	HOME DEPOT INC 3.9% DUE 06-15-2047	212,000	3.90	6/15/2047	162,985	169,190
	HOME DEPOT INC 4.2% DUE 04-01-2043	186,000	4.20	4/1/2043	161,438	161,780
	HOME DEPOT INC 4.4 DUE 03-15-2045 REG	1,410,000	4.40	3/15/2045	1,250,373	1,228,419
	HOME DEPOT INC 4.875 DUE 02-15-2044	451,000	4.88	2/15/2044	418,342	422,465
	HOME DEPOT INC 5.875% DUE 12-16-2036	605,000	5.88	12/16/2036	688,916	657,575
	HOME DEPOT INC SR NT 2.75% 09-15-2051	1,097,000	2.75	9/15/2051	834,632	680,590
	HONEYWELL INTL INC FIXED 3.812% DUE 11-21-2047	620,000	3.81	11/21/2047	509,266	487,300
	HORMEL FOODS CORP FIXED 3.05% DUE 06-03-2051	1,141,000	3.05	6/3/2051	800,564	749,885
	HSBC HOLDINGS PLC 6.332% 03-09-2044	2,894,000	6.33	3/9/2044	3,033,968	3,179,812
	IL TOOL WKS INC 3.9% DUE 09-01-2042	2,505,000	3.90	9/1/2042	2,210,038	2,122,990
	ILLINOIS TOOL WKS INC 4.875 DUE 09-15-2041 REG	624,000	4.88	9/15/2041	597,944	607,805
	INTERNATIONAL BUSINESS MACHS CORP 4 NTS DUE 06-20-2042 USD1000	1,633,000	4.00	6/20/2042	1,410,596	1,372,135
	INTERNATIONAL BUSINESS MACHS CORP 4.15% DUE 05-15-2039	175,000	4.15	5/15/2039	157,022	156,622
	INTL BUSINESS FIXED 2.85% DUE 05-15-2040	62,000	2.85	5/15/2040	50,656	46,896
	INTL FLAVORS & 5% DUE 09-26-2048	3,661,000	5.00	9/26/2048	3,124,947	3,245,980
	JOHNS HOPKINS UNIV 2.813% DUE 01-01-2060	455,000	2.81	1/1/2060	442,287	269,739
	JPMORGAN CHASE & 5.6% DUE 07-15-2041	607,000	5.60	7/15/2041	646,575	634,697
	JPMORGAN CHASE & CO 3.109% DUE 04-22-2051	665,000	3.11	4/22/2051	475,509	453,011
	JPMORGAN CHASE & CO 3.109% DUE 04-22-2041/10-22-2020 REG	1,361,000	3.11	04/22/2041	1,074,608	1,072,483
	JPMORGAN CHASE & CO 3.157% 04-22-2042	520,000	3.16	4/22/2042	413,035	404,986
	JPMORGAN CHASE & CO 3.328% 04-22-2052	1,162,000	3.33	4/22/2052	857,816	826,639
	JPMORGAN CHASE & CO 3.964% 11-15-2048	1,055,000	3.96	11/15/2048	873,271	852,032
	JPMORGAN CHASE & CO 4.26% 02-22-2048	615,000	4.26	2/22/2048	534,157	523,772

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(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	JPMORGAN CHASE & CO 4.85 NOTES DUE 02-01-2044	$ 1,107,000	4.85	2/1/2044	$ 1,091,849	$ 1,050,989
	JPMORGAN CHASE & CO 5.4 SNR NTS DUE 01-06-2042 USD1000	434,000	5.40	1/6/2042	461,165	442,337
	JPMORGAN CHASE & CO 5.534% 11-29-2045	1,000,000	5.53	11/29/2045	956,070	1,019,128
	JPMORGAN CHASE & FLTG RT 2.525% DUE 11-19-2041	555,000	2.53	11/19/2041	407,519	400,748
	KANSAS CITY POWER & LIGHT CO FIXED 4.125% 04-01-2049 BEO	439,000	4.13	4/1/2049	352,092	352,979
	KELLANOVA 4.5% DUE 04-01-2046	20,000	4.50	4/1/2046	17,299	17,683
	KELLANOVA SR NT 5.75% 05-16-2054	3,181,000	5.75	5/16/2054	3,152,836	3,203,640
	KENTUCKY UTILITIES 5.125 11-1-2040	3,304,000	5.13	11/1/2040	3,350,235	3,244,757
	KENTUCKY UTILS CO 4.375% DUE 10-01-2045	1,051,000	4.38	10/1/2045	909,058	891,844
	KEURIG DR PEPPER INC 3.8% DUE 05-01-2050 BEO	620,000	3.80	5/1/2050	483,366	452,090
	KEURIG DR PEPPER INC SR NT 3.35% 03-15-2051	570,000	3.35	3/15/2051	430,664	384,012
	KEURIG DR PEPPER INC SR NT 4.5% 04-15-2052	1,567,000	4.50	4/15/2052	1,356,734	1,270,460
	KINDER MORGAN 6.95% DUE 01-15-2038	1,239,000	6.95	1/15/2038	1,374,749	1,395,124
	KINDER MORGAN INC 5.2% 03-01-2048	191,000	5.20	3/1/2048	182,478	174,955
	KINDER MORGAN INC 5.55% DUE 06-01-2045	528,000	5.55	6/1/2045	482,781	512,203
	KINDER MORGAN INC DEL SR NT 3.6% 02-15-2051	316,000	3.60	2/15/2051	221,473	221,868
	KRAFT FOODS GROUP 5% DUE 06-04-2042	3,937,000	5.00	6/4/2042	3,741,213	3,622,929
	KRAFT FOODS GROUP 6.875% DUE 01-26-2039	1,379,000	6.88	1/26/2039	1,592,993	1,543,914
	KRAFT HEINZ FOODS 5.2% DUE 07-15-2045	109,000	5.20	7/15/2045	97,000	100,249
	KROGER CO 4.45% DUE 02-01-2047	1,095,000	4.45	2/1/2047	884,341	924,176
	KROGER CO 4.65% DUE 01-15-2048	221,000	4.65	1/15/2048	183,366	190,540
	KROGER CO 5.15% DUE 08-01-2043	446,000	5.15	8/1/2043	425,745	419,425
	KROGER CO 5.65% 09-15-2064	3,502,000	5.65	9/15/2064	3,387,185	3,351,468
	LLOYDS BKG GROUP 3.369% DUE 12-14-2046	577,000	3.37	12/14/2046	435,124	426,478
	LLOYDS BKG GROUP 5.3% DUE 12-01-2045	196,000	5.30	12/1/2045	190,198	185,979
	LOCKHEED MARTIN 5.9% DUE 11-15-2063	64,000	5.90	11/15/2063	73,489	66,412
	LOCKHEED MARTIN CORP 5.7% DUE 11-15-2054	590,000	5.70	11/15/2054	656,177	597,176
	LOUISVILLE GAS & ELEC CO 4.25% 04-01-2049	477,000	4.25	4/1/2049	395,992	390,284
	LOWE'S COMPANIES INC 5.625% DUE 04-15-2053 BEO	769,000	5.63	4/15/2053	755,484	747,684
	LOWES COS INC 3.7% DUE 04-15-2046	306,000	3.70	4/15/2046	235,281	232,293
	LOWES COS INC 4.05% DUE 05-03-2047	211,000	4.05	5/3/2047	173,685	167,349
	LOWES COS INC 4.25% 04-01-2052	1,000,000	4.25	4/1/2052	829,999	790,480
	LOWES COS INC 4.45% 04-01-2062	400,000	4.45	4/1/2062	309,849	314,122
	LOWES COS INC 5% DUE 04-15-2040	435,000	5.00	4/15/2040	436,517	421,902

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(a)	(b)	(c)			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value
		Face Value	Rate (%)	Maturity Date		
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	LOWES COS INC 5.85% 04-01-2063	$ 545,000	5.85	4/1/2063	$ 560,779	$ 534,665
	LOWES COS INC FIXED 5.8% DUE 09-15-2062	445,000	5.80	9/15/2062	424,032	436,327
	MA INST TECH FIXED 2.989% DUE 07-01-2050	1,295,000	2.99	7/1/2050	1,367,607	864,355
	MARATHON PETE CORP 4.75% DUE 09-15-2044	112,000	4.75	9/15/2044	102,020	96,079
	MARKEL GROUP INC 6.0% 05-16-2054	1,000,000	6.00	5/16/2054	1,026,915	1,010,082
	MARKEL GROUP INC SR NT 3.45% 05-07-2052	1,418,000	3.45	5/7/2052	1,114,175	962,531
	MARSH & MCLENNAN 4.9% DUE 03-15-2049	760,000	4.90	3/15/2049	699,142	689,490
	MARSH & MCLENNAN COMPANIES INC 5.45% 03-15-2053	345,000	5.45	3/15/2053	337,928	335,729
	MARSH & MCLENNAN COS INC 4.2% 03-01-2048	420,000	4.20	3/1/2048	349,517	346,792
	MARSH & MCLENNAN COS INC SR NT 2.9% 12-15-2051	79,000	2.90	12/15/2051	59,304	50,208
	MCDONALDS CORP4.45% DUE 03-01-2047 REG	1,081,000	4.45	3/1/2047	1,022,972	928,085
	MCDONALDS CORP 4.2% 04-01-2050	320,000	4.20	4/1/2050	265,558	258,883
	MCDONALDS CORP 4.875% DUE 12-09-2045	1,304,000	4.88	12/9/2045	1,261,895	1,191,874
	MCDONALD'S CORP 5.45% 08-14-2053	335,000	5.45	8/14/2053	332,568	326,407
	MCDONALD'S CORP FIXED 4.45% DUE 09-01-2048	280,000	4.45	9/1/2048	242,894	237,624
	MCDONALDS CORP FIXED 4.6% DUE 05-26-2045	1,544,000	4.60	5/26/2045	1,365,531	1,365,049
	MCDONALDS CORP MEDIUM TERM NTS 3.7 DUE 02-15-2042	480,000	3.70	2/15/2042	380,087	392,870
	MCDONALDS CORP MEDIUM TERM NTS BOOK ENTRY SR NT 6.3% DUE 03-01-2038	1,266,000	6.30	3/1/2038	1,360,522	1,403,329
	MCDONALDS CORP MEDIUM TERM NTS BOOK 3.625% DUE 09-01-2049	602,000	3.63	9/1/2049	462,098	444,421
	META PLATFORMS INC 4.65% 08-15-2062	835,000	4.65	8/15/2062	711,571	677,465
	META PLATFORMS INC 5.55% 08-15-2064	1,000,000	5.55	8/15/2064	983,210	930,821
	META PLATFORMS INC 5.6% DUE 05-15-2053	1,362,000	5.60	5/15/2053	1,364,660	1,308,294
	META PLATFORMS INC 5.75% 05-15-2063	1,120,000	5.75	5/15/2063	1,156,391	1,079,363
	META PLATFORMS INC FIXED 4.45% DUE 08-15-2052	1,165,000	4.45	8/15/2052	1,021,876	950,983
	META PLATFORMS INC SR NT 5.75% 11-15-2065	1,000,000	5.75	11/15/2065	994,030	957,570
	MICROSOFT CORP 2.525% DUE 06-01-2050 BEO	4,035,000	2.53	6/1/2050	2,617,379	2,476,475
	MICROSOFT CORP 3.7% DUE 08-08-2046	963,000	3.70	8/8/2046	825,378	773,211
	MICROSOFT CORP 4.5% 06-15-2047	1,228,000	4.50	6/15/2047	1,137,350	1,105,397
	MICROSOFT CORP 4.75% DUE 11-03-2055	1,000,000	4.75	11/3/2055	921,803	918,050
	MICROSOFT CORP SR NT 2.5% 09-15-2050	1,497,000	2.50	9/15/2050	931,287	911,033

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	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	MIDAMERICAN ENERGY 5.15% DUE 11-15-2043	$ 971,000	5.15	11/15/2043	$ 987,971	$ 934,565
	MIDAMERICAN ENERGY 6.125% DUE 04-01-2036	3,156,000	6.13	4/1/2036	3,411,024	3,428,951
	MONDELEZ INTL INC FIXED 2.625% DUE 09-04-2050	4,023,000	2.63	9/4/2050	2,414,611	2,408,226
	MPLX LP 4.5% 04-15-2038	1,211,000	4.50	4/15/2038	1,086,592	1,107,080
	MPLX LP 5.5% DUE 02-15-2049	1,000,000	5.50	2/15/2049	923,207	922,210
	MPLX LP SR NT 4.95% 03-14-2052	1,578,000	4.95	3/14/2052	1,420,364	1,331,919
	NBCUNIVERSAL MEDIA 4.45% DUE 01-15-2043	95,000	4.45	1/15/2043	90,750	81,007
	NBCUNIVERSAL MEDIA 6.4% DUE 04-30-2040	500,000	6.40	4/30/2040	542,854	543,214
	NOKIA CORP 6.625% DUE 05-15-2039	950,000	6.63	5/15/2039	906,566	1,018,878
	NORTHWESTERN UNIV 3.662% DUE 12-01-2057	400,000	3.66	12/1/2057	473,629	291,447
	NOVANT HEALTH INC 3.168% DUE 11-01-2051	83,000	3.17	11/1/2051	56,579	55,526
	NYU LANGONE HOSPS 3.38% DUE 07-01-2055	400,000	3.38	7/1/2055	405,272	274,494
	OCCIDENTAL PETE 4.2% DUE 03-15-2048	240,000	4.20	3/15/2048	190,248	179,571
	OCCIDENTAL PETE CORP SR NT 6.6% 03-15-2046	815,000	6.60	3/15/2046	875,906	844,157
	OLD REP INTL CORP SR NT 3.85% 06-11-2051	1,016,000	3.85	6/11/2051	783,510	737,808
	ONCOR ELEC 3.75% DUE 04-01-2045	926,000	3.75	4/1/2045	735,970	728,182
	ONCOR ELEC 5.25% DUE 09-30-2040	796,000	5.25	9/30/2040	802,660	790,013
	ONCOR ELEC DELIVERY CO LLC 3.1% 09-15-2049	370,000	3.10	9/15/2049	272,804	246,310
	ONCOR ELEC DELIVERY CO LLC 5.55% 06-15-2054	2,375,000	5.55	6/15/2054	2,488,307	2,315,295
	ONEOK INC 5.85% 11-01-2064	1,373,000	5.85	11/1/2064	1,290,817	1,292,616
	ONEOK INC NEW 3.95% 03-01-2050	225,000	3.95	3/1/2050	183,102	163,794
	ONEOK INC NEW 7.15% DUE 01-15-2051 REG	654,000	7.15	1/15/2051	702,883	720,576
	ONEOK PARTNERS L P 6.125 DUE 02-01-2041	2,484,000	6.13	2/1/2041	2,503,439	2,556,746
	ORACLE CORP 3.6% DUE 04-01-2050 REG	3,300,000	3.60	4/1/2050	2,487,091	2,063,853
	ORACLE CORP 4% DUE 07-15-2046	2,420,000	4.00	7/15/2046	1,973,660	1,685,212
	ORACLE CORP 5.375% 09-27-2054	229,000	5.38	9/27/2054	210,151	185,893
	ORACLE CORP 5.5% 09-27-2064	716,000	5.50	9/27/2064	699,538	573,389
	ORACLE CORP 5.55% 02-06-2053	257,000	5.55	2/6/2053	249,419	213,907
	ORACLE CORP 6% 08-03-2055	51,000	6.00	8/3/2055	49,941	45,129
	ORACLE CORP 6.1% 09-26-2065	480,000	6.10	9/26/2065	445,248	424,991
	ORACLE CORP 6.125% 08-03-2065	2,246,000	6.13	8/3/2065	2,205,289	1,996,123
	ORACLE CORP FIXED 6.9% DUE 11-09-2052	1,966,000	6.90	11/9/2052	2,252,176	1,948,894
	OWENS CORNING 5.95% 06-15-2054	556,000	5.95	6/15/2054	564,999	565,755
	PAC GAS & ELEC CO 3.3% DUE 08-01-2040	587,000	3.30	8/1/2040	442,709	445,547
	PAC GAS & ELEC CO 3.5% DUE 08-01-2050	1,222,000	3.50	8/1/2050	865,286	827,175
	PAC GAS & ELEC CO FIXED 4.5% DUE 07-01-2040	1,810,000	4.50	7/1/2040	1,451,919	1,582,048

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	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	PAC GAS & ELEC CO FIXED 4.95% DUE 07-01-2050	$ 1,335,000	4.95	7/1/2050	$ 1,063,544	$ 1,131,641
	PACIFIC GAS & ELEC CO 4.75% DUE 02-15-2044	62,000	4.75	2/15/2044	50,466	52,536
	PACIFIC GAS & ELEC CO 6.75% 01-15-2053	715,000	6.75	1/15/2053	764,149	762,672
	PARKER-HANNIFIN CORP 4.45% 11-21-2044	1,000,000	4.45	11/21/2044	889,800	880,556
	PEPSICO INC 2.875% DUE 10-15-2049	1,864,000	2.88	10/15/2049	1,512,305	1,229,534
	PEPSICO INC 3.45% DUE 10-06-2046	599,000	3.45	10/6/2046	477,901	453,396
	PEPSICO INC 3.6% DUE 08-13-2042	343,000	3.60	8/13/2042	277,843	279,473
	PEPSICO INC 4% DUE 05-02-2047	29,000	4.00	5/2/2047	23,311	23,888
	PEPSICO INC 4.25% DUE10-22-2044	447,000	4.25	10/22/2044	394,566	386,392
	PEPSICO INC 4.45% DUE 04-14-2046	385,000	4.45	4/14/2046	362,180	341,055
	PEPSICO INC 4.65% 02-15-2053	302,000	4.65	2/15/2053	271,596	266,859
	PEPSICO INC 5.25% 07-17-2054	325,000	5.25	7/17/2054	311,698	315,798
	PEPSICO INC 5.5% DUE 01-15-2040	750,000	5.50	1/15/2040	798,987	788,281
	PEPSICO INC FIXED 2.625% 10-21-2041	459,000	2.63	10/21/2041	363,710	334,195
	PEPSICO INC SR NT 2.75% 10-21-2051	315,000	2.75	10/21/2051	249,005	198,551
	PEPSICO INC SR NT 4 DUE 03-05-2042	392,000	4.00	3/5/2042	343,959	337,812
	PETRO-CDA 6.8% DUE 05-15-2038	2,011,000	6.80	5/15/2038	2,178,379	2,226,014
	PHILIP MORRIS INTL INC 4.875 DUE 11-15-2043	1,000,000	4.88	11/15/2043	929,144	924,683
	POTOMAC ELECTRIC POWER CO 5.5% 03-15-2054	352,000	5.50	3/15/2054	341,982	341,163
	PRESIDENT & FELLOWS HARVARD COLLEGE 2.517% DUE 10-15-2050/ 04-21-2020 REG	435,000	2.52	10/15/2050	420,156	265,648
	PROCTER & GAMBLE CO 3.6% DUE 03-25-2050 REG	1,000,000	3.60	3/25/2050	777,865	764,426
	PROCTER & GAMBLE FIXED 3.5% DUE 10-25-2047	1,179,000	3.50	10/25/2047	928,819	911,779
	PROGRESS ENERGY 6.5% DUE 02-01-2042	535,000	6.50	2/1/2042	551,572	565,217
	PROGRESSIVE CORP OH 3.7% DUE 03-15-2052 BEO	1,591,000	3.70	3/15/2052	1,379,934	1,197,221
	PUB SVC ELEC GAS 3.8% DUE 03-01-2046	643,000	3.80	3/1/2046	508,807	508,742
	PUB SVC ELEC GAS CO SECD 3.95 DUE 05-01-2042 REG	2,815,000	3.95	5/1/2042	2,318,761	2,375,462
	PUBLIC SVC CO COLO 6.25% DUE 09-01-2037	398,000	6.25	9/1/2037	434,891	435,073
	PUBLIC SVC ELEC GAS CO SECD MEDIUM TERM NTS 3.8 01-01-2043	442,000	3.80	1/1/2043	362,806	361,596
	PUBLIC SVC ELEC GAS CO TRANCHE # TR 00025 3.65 09-01-2042	953,000	3.65	9/1/2042	742,868	765,931
	PVTPL BROADCOM INC NT 4.926% 05-15-2037	1,795,000	4.93	5/15/2037	1,646,811	1,775,716
	PVTPL CAMERON LNG LLC 3.402% DUE 01-15-2038/07-15-2037 BEO	3,838,000	3.40	7/15/2037	3,227,748	3,331,500
	PVTPL MUTUAL OF OMAHA INS CO 6.144% 01-16-2064	500,000	6.14	1/16/2064	479,435	520,626

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 22-1692661 **Plan Number: 502**

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(a)	(b)	(c)			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value
		Face Value	Rate (%)	Maturity Date		
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	PVTPL SABAL TRAIL TRANSMISSION LLC 4.682% 05-01-2038	$ 1,731,000	4.68	5/1/2038	$ 1,554,843	$ 1,646,194
	PVTPL SOCIETE GENERALE 7.132% 01-19-2055	2,954,000	7.13	1/19/2055	2,994,900	3,100,159
	REPUBLIC SVCS INC 5.7% DUE 05-15-2041	2,566,000	5.70	5/15/2041	2,645,725	2,700,201
	REPUBLIC SVCS INC 6.2% DUE 03-01-2040	1,908,000	6.20	3/1/2040	2,083,840	2,109,577
	REYNOLDS AMERN INC 7.25% DUE 06-15-2037	5,276,000	7.25	6/15/2037	5,910,212	6,108,357
	RTX CORPORATION 2.82% 09-01-2051	1,248,000	2.82	9/1/2051	940,192	781,147
	RTX CORPORATION 6.4% 03-15-2054	152,000	6.40	3/15/2054	170,350	167,752
	SALESFORCE.COM INC 3.05% DUE 07-15-2061 BEO	310,000	3.05	7/15/2061	233,334	187,487
	SAN DIEGO G & E FIXED 2.95% DUE 08-15-2051	333,000	2.95	8/15/2051	258,170	212,145
	SHERWIN WILLIAMS CO 4 DUE 12-15-2042	97,000	4.00	12/15/2042	81,147	80,053
	SHERWIN-WILLIAMS 4.5% DUE 06-01-2047	1,808,000	4.50	6/1/2047	1,703,009	1,547,050
	SHERWIN-WILLIAMS 4.55% DUE 08-01-2045	1,691,000	4.55	8/1/2045	1,409,471	1,448,972
	SHERWIN-WILLIAMS FIXED 3.3% DUE 05-15-2050	140,000	3.30	5/15/2050	99,563	95,547
	SMUCKER J M CO 6.5% 11-15-2043	1,906,000	6.50	11/15/2043	2,001,348	2,051,287
	SMUCKER J M CO 6.5% 11-15-2053	1,194,000	6.50	11/15/2053	1,344,345	1,296,213
	SOUTHERN CALIF EDISON CO 4.875% 03-01-2049	201,000	4.88	3/1/2049	189,519	169,028
	SOUTHERN CALIF EDISON CO 5.75% 04-15-2054	1,000,000	5.75	4/15/2054	950,710	940,886
	SOUTHERN CALIF EDISON CO 5.875% 12-01-2053	317,000	5.88	12/1/2053	313,643	304,638
	SOUTHERN CALIF GAS CO 4.3% 01-15-2049	727,000	4.30	1/15/2049	598,447	595,634
	SOUTHERN CALIF GAS CO 5.6% 04-01-2054	310,000	5.60	4/1/2054	298,270	304,522
	SOUTHERN CALIF GAS CO 5.75% 06-01-2053	1,318,000	5.75	6/1/2053	1,371,695	1,314,525
	SOUTHN CAL EDISON 4% DUE 04-01-2047	1,017,000	4.00	4/1/2047	863,495	765,477
	SOUTHN CAL GAS CO 3.95% DUE 02-15-2050	160,000	3.95	2/15/2050	143,670	123,246
	SOUTHN CAL GAS CO FIXED 6.35% DUE 11-15-2052	2,249,000	6.35	11/15/2052	2,532,636	2,440,360
	SOUTHWESTERN PUB SVC CO 6.0% 06-01-2054	2,795,000	6.00	6/1/2054	3,003,033	2,866,278
	SOUTHWESTN PUB SVC 4.5% DUE 08-15-2041	3,084,000	4.50	8/15/2041	2,619,324	2,755,351
	SOUTHWESTN PUB SVC FIXED 4.4% 11-15-2048	945,000	4.40	11/15/2048	767,219	789,973
	STANFORD UNIV CAL 2.413% DUE 06-01-2050	880,000	2.41	6/1/2050	831,179	529,801

December 31, 2025

(a)	(b)	(c)			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value
		Face Value	Rate (%)	Maturity Date		
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	STARBUCKS CORP 3.5% DUE 11-15-2050	$ 1,116,000	3.50	11/15/2050	$ 904,151	$ 785,638
	STARBUCKS CORP FIXED 3.35% DUE 03-12-2050	409,000	3.35	3/12/2050	322,878	280,107
	STARBUCKS CORP FIXED 4.45% 08-15-2049	870,000	4.45	8/15/2049	805,248	721,389
	SUNCOR ENERGY INC 4% DUE 11-15-2047	600,000	4.00	11/15/2047	527,223	457,176
	SUNCOR ENERGY INC NEW SR NT 3.75% 03-04-2051	1,280,000	3.75	3/4/2051	1,067,781	914,041
	SUNOCO LOGISTICS 5.3% DUE 04-01-2044	489,000	5.30	4/1/2044	445,393	444,601
	SUNOCO LOGISTICS PARTNERS 5.4% 10-01-2047	430,000	5.40	10/1/2047	404,653	387,648
	SYSCO CORP 6.6% DUE 04-01-2040	1,819,000	6.60	4/1/2040	2,010,640	2,014,723
	SYSCO CORP FIXED 4.45% DUE 03-15-2048	138,000	4.45	3/15/2048	110,133	117,225
	SYSCO CORP FIXED 6.6% DUE 04-01-2050	2,898,000	6.60	4/1/2050	3,162,364	3,192,875
	SYSTEM ENERGY RES INC FIRST MTG BD 5.3% 12-15-2034	2,857,000	5.30	12/15/2034	2,866,394	2,893,049
	THERMO FISHER 4.1% DUE 08-15-2047	595,000	4.10	8/15/2047	512,150	496,152
	THERMO FISHER SCIENTIFIC INC 2.8% 10-15-2041	837,000	2.80	10/15/2041	642,252	621,211
	THERMO FISHER SCIENTIFIC INC 5.3 DUE 02-01-2044	405,000	5.30	2/1/2044	411,472	400,676
	THERMO FISHER SCIENTIFIC INC 5.404% 08-10-2043	1,050,000	5.40	8/10/2043	1,047,098	1,059,533
	T-MOBILE USA INC 3.4% 10-15-2052	845,000	3.40	10/15/2052	613,619	570,401
	T-MOBILE USA INC 3.6% 11-15-2060	986,000	3.60	11/15/2060	730,979	657,755
	T-MOBILE USA INC 4.5% DUE 04-15-2050	3,694,000	4.50	4/15/2050	3,184,127	3,054,716
	T-MOBILE USA INC FIXED 4.375% DUE 04-15-2040	4,672,000	4.38	4/15/2040	4,207,283	4,201,761
	T-MOBILE USA INC TMUS 3.3% 02-15-2051	910,000	3.30	2/15/2051	654,179	610,476
	TR FIN LLC DEB 5.5% 08-15-2035	50,000	5.50	8/15/2035	50,611	52,089
	TYSON FOODS INC 4.55% DUE 06-02-2047	2,056,000	4.55	6/2/2047	1,775,551	1,771,755
	TYSON FOODS INC 5.1% 09-28-2048	1,131,000	5.10	9/28/2048	996,712	1,045,834
	TYSON FOODS INC 5.15% DUE 08-15-2044	1,274,000	5.15	8/15/2044	1,199,235	1,196,936
	UBS GROUP AG 4.875% 05-15-2045	20,000	4.88	5/15/2045	18,893	18,599
	UNION ELEC CO 3.9 DUE 09-15-2042	107,000	3.90	9/15/2042	84,875	88,138
	UNION ELEC CO 5.45% 03-15-2053	68,000	5.45	3/15/2053	66,330	65,812
	UNION ELEC CO 8.45% DUE 03-15-2039	1,398,000	8.45	3/15/2039	1,782,254	1,807,994
	UNION ELECTRIC CO 3.9% DUE 04-01-2052	2,906,000	3.90	4/1/2052	2,612,955	2,229,445
	UNION PAC CORP 3.25% DUE 02-05-2050	3,184,000	3.25	2/5/2050	2,609,641	2,213,112
	UNION PAC CORP 3.5% 02-14-2053	47,000	3.50	2/14/2053	39,706	33,400
	UNION PAC CORP FIXED 3.75% DUE 02-05-2070	272,000	3.75	2/5/2070	225,546	184,202
	UNITEDHEALTH GROUP 4.25% DUE 03-15-2043	1,415,000	4.25	3/15/2043	1,282,695	1,216,430

December 31, 2025

(a)	(b)	(c)			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value
		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
	UNITEDHEALTH GROUP 4.75% DUE 07-15-2045	$ 1,690,000	4.75	7/15/2045	$ 1,617,346	$ 1,524,869
	UNITEDHEALTH GROUP 5.75% DUE 07-15-2064	1,629,000	5.75	7/15/2064	1,671,416	1,597,351
	UNITEDHEALTH GROUP 5.95% DUE 02-15-2041	305,000	5.95	2/15/2041	322,112	321,637
	UNITEDHEALTH GROUP 6.05% DUE 02-15-2063	246,000	6.05	2/15/2063	242,630	252,315
	UNITEDHEALTH GROUP FIXED 4.25% DUE 06-15-2048	1,250,000	4.25	6/15/2048	1,109,991	1,026,836
	UNITEDHEALTH GROUP INC 3.05% DUE 05-15-2041 BEO	1,840,000	3.05	5/15/2041	1,559,699	1,399,088
	UNITEDHEALTH GROUP INC 5.5% 04-15-2064	210,000	5.50	4/15/2064	193,448	198,015
	UNITEDHEALTH GROUP INC 5.95% 06-15-2055	841,000	5.95	6/15/2055	849,732	866,907
	UNIV PA TRUSTEES 2.396% DUE 10-01-2050	525,000	2.40	10/1/2050	486,146	309,442
	UNIV SOUTHN CAL 3.841% DUE 10-01-2047	500,000	3.84	10/1/2047	587,358	403,721
	UNIVERSITY CHICAGO 2.547% DUE 04-01-2050	610,000	2.55	4/1/2050	569,876	398,608
	VERIZON 4% DUE 03-22-2050	245,000	4.00	3/22/2050	205,013	187,252
	VERIZON 4.125% DUE 08-15-2046	4,443,000	4.13	8/15/2046	4,087,047	3,574,213
	VERIZON 5.012% DUE 08-21-2054	165,000	5.01	8/21/2054	162,579	145,162
	VERIZON COMMUNICATIONS 3.55% DUE 03-22-2051 BEO	960,000	3.55	3/22/2051	744,960	683,672
	VERIZON COMMUNICATIONS 3.7% DUE 03-22-2061 BEO	446,000	3.70	3/22/2061	341,267	302,293
	VERIZON COMMUNICATIONS 6.55 BDS DUE 09-15-2043 USD2000 BEO	462,000	6.55	9/15/2043	506,885	509,067
	VERIZON COMMUNICATIONS INC 2.987% 10-30-2056 USD	235,000	2.99	10/30/2056	147,140	140,477
	VERIZON COMMUNICATIONS INC 3.875% 03-01-2052	200,000	3.88	3/1/2052	163,931	148,786
	VISA INC 3.65% 09-15-2047	315,000	3.65	9/15/2047	259,950	246,685
	VISA INC 4.3% DUE 12-14-2045	1,580,000	4.30	12/14/2045	1,460,966	1,383,175
	WALMART INC 2.5% DUE 09-22-2041 BEO	305,000	2.50	9/22/2041	228,689	221,620
	WALMART INC 2.95% DUE 09-24-2049	210,000	2.95	9/24/2049	155,071	142,550
	WALMART INC 3.625% DUE 12-15-2047	674,000	3.63	12/15/2047	540,013	524,589
	WALMART INC 4% DUE 04-11-2043	739,000	4.00	4/11/2043	645,844	641,195
	WALMART INC 4.05% DUE 06-29-2048 REG	1,649,000	4.05	6/29/2048	1,386,376	1,380,593
	WALMART INC 4.5% DUE 09-09-2052 BEO	335,000	4.50	9/9/2052	319,376	296,190
	WALMART INC 5.625% DUE 04-15-2041	921,000	5.63	4/15/2041	980,179	976,999
	WALMART INC NT 2.65% 09-22-2051	670,000	2.65	9/22/2051	418,236	423,984
	WASTE MANAGEMENT INC 2.95% DUE 06-01-2041	1,069,000	2.95	6/1/2041	797,121	814,968
	WASTE MANAGEMENT INC 4.1% DUE 03-01-2045 REG	568,000	4.10	3/1/2045	486,250	479,938
	WASTE MANAGEMENT INC 5.35% 10-15-2054	805,000	5.35	10/15/2054	798,418	786,745
	WASTE MGMT INC DEL 2.5% DUE 11-15-2050/11-17-2020 REG	440,000	2.50	11/15/2050	299,380	263,900

December 31, 2025

(a)	(b) Identity of Issuer, 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
		Face Value	Rate (%)	Maturity Date		
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	WASTE MGMT INC DEL FIXED 4.15% 07-15-2049	$ 1,450,000	4.15	7/15/2049	$ 1,208,540	$ 1,202,661
	WELLS FARGO & CO 3.068% 04-30-2041	1,779,000	3.07	4/30/2041	1,378,804	1,383,565
	WELLS FARGO & CO 4.611% 04-25-2053	2,203,000	4.61	4/25/2053	2,136,822	1,906,133
	WELLS FARGO & CO 5.375% DUE 11-02-2043	2,396,000	5.38	11/2/2043	2,461,794	2,330,021
	WELLS FARGO & CO FLTG RT 5.013% 04-04-2051	1,156,000	5.01	4/4/2051	1,131,109	1,060,454
	WILLIAMS PARTNERS 6.3% DUE 04-15-2040	460,000	6.30	4/15/2040	479,224	496,465
	Total Corporate Bonds				432,184,793	410,976,654
	Total				$ 654,689,906	$ 718,976,983

* A party-in-interest, as defined by ERISA.

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions

EIN: 22-1692661 **Plan Number: 502**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(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 (Loss)
Category (iii) - a Series of Transaction by Issue in Excess of 5%								
* The Northern Trust Company	MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A	$385,679,099	$ -	$ -	$ -	$385,679,099	$385,679,099	$ -
* The Northern Trust Company	MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A	-	377,141,802	-	-	377,141,802	377,141,802	-

There were no category (i), (ii), or (iv) reportable transactions.

* A party-in-interest, as defined by ERISA.

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions

EIN: 22-1692661 **Plan Number: 502**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(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 (Loss)
Category (iii) - a Series of Transaction by Issue in Excess of 5%								
* The Northern Trust Company	MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A	$385,679,099	$ -	$ -	$ -	$385,679,099	$385,679,099	$ -
* The Northern Trust Company	MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A	-	377,141,802	-	-	377,141,802	377,141,802	-

There were no category (i), (ii), or (iv) reportable transactions.

* A party-in-interest, as defined by ERISA.

APPENDIX FOR SERVICE PROVIDER INFORMATION REGARDING SOURCES OF INDIRECT COMPENSATION TO BE REPORTED ON SCHEDULE C PART I, LINE 3

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing | **38 Participant communications** | **50 Direct payments from the plan**
13 Contract Administrator | **49 Other Services** | **56 Non-monetary compensation**
31 Named fiduciary - (if indicated in ASO agreement) | **62 Float Revenue**

(c) Amount of indirect compensation: **$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Castlight Health, 121 Spear St 3rd floor, San Francisco, CA 94105 EIN - 261989091

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Indirect compensation received by Cigna from this vendor (i) to defray Cigna's cost for the infrastructure changes required to facilitate implementation of this vendor's customer transparency and engagement services; (ii) as reimbursement for annually providing the vendor Cigna derived Center of Excellence (COE) and Cigna Designation (CCD) Information; (iii) as reimbursement for making available customer access to cost estimate information, and (iv) as reimbursed for access to client paid claim files.

Indirect Compensation Formula/Estimate: *For calendar year 2025, Cigna received indirect compensation from this vendor of approximately $3.24 per participant. (Determined by dividing total compensation received by the number of participants as of July 1, 2025 in all plans that utilized this vendor. (excluding Shared Administration Repricing "SAR")*

Effective Date: *01/01/2025* *Cancel Date:*

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing | **38 Participant communications** | **50 Direct payments from the plan**
13 Contract Administrator | **49 Other Services** | **56 Non-monetary compensation**
31 Named fiduciary - (if indicated in ASO agreement) | **62 Float Revenue**

(c) Amount of indirect compensation: **$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Omada Complete, 500 Sansome St., #200, San Francisco, CA 94111 EIN - 45-2355015

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Omada Diabetes and Hypertension Cigna □ Indirect compensation received by Cigna from this provider for services including: Services, and facilitate enrollment of Screened Participants in the Omada Covered Servies.

For calendar year 2025, Cigna received indirect

Eligible Indirect Compensation Formula/Estima *compensation from this vendor of approximately $0.18 per participant. (Determined by compensation received by the number of participants as of July 1, 2025 in all plans that utilized this vendor (excluding Shared Administration Repricing "SAR")*

(i) explain the availability of Omada Covered Services to CHLIC existing clients and CHLIC prospective clients; and (ii) encourage the use of Omada Covered Services by Screened Participants that CHLIC has identified as potentially benefitting from the Omada Covered

Effective Date: *01/01/2025* *Cancel Date:*

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing | **38 Participant communications** | **50 Direct payments from the plan**
13 Contract Administrator | **49 Other Services** | **56 Non-monetary compensation**
31 Named fiduciary - (if indicated in ASO agreement) | **62 Float Revenue**

(c) Amount of indirect compensation: **$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

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Omada Health, Inc., 500 Sansome St., #200, San Francisco, CA 94111 EIN - 45-2355015

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Digital Diabetes Preventive Care Services Provider - Indirect compensation received by Cigna from this provider for services including: (i) explaining the Omada services to existing and prospective clients; (ii) encouraging at-risk individuals who may benefit from the Omada services to utilize Omada's preventive care services, and (iii) facilitating the enrollment of at-risk individuals in the Omada program.

Indirect Compensation Formula/Estimate: *For calendar year 2025, Cigna received indirect compensation from this vendor of approximately $1.72 per participant. (Determined by dividing total compensation received by the number of participants as of July 1, 2025 in all plans that utilized this vendor (excluding Shared Administration Repricing "SAR"))*

Effective Date: *01/01/2025* *Cancel Date:*

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	**38 Participant communications**	**50 Direct payments from the plan**
13 Contract Administrator	**49 Other Services**	**56 Non-monetary compensation**
31 Named fiduciary - (if indicated in ASO agreement)		**62 Float Revenue**

(c) Amount of indirect compensation: **$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Vision Service Plan "VSP", 333 Quality Drive, Rancho Cordova, CA 96670, EIN - 061227840

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

NOTE: The following is not applicable to your plan if your Cigna administered plan did not include benefits for vision services through VSP.

Vendor for Vision Services - Indirect compensation received by Cigna from this vendor for Cigna's expenses associated with administering plans with vision benefits.

Indirect Compensation Formula/Estimate: *For calendar year 2025, Cigna received indirect compensation from this vendor of approximately $0.62 per participant. (Determined by dividing total compensation received by the number of Vision Service Plan participants in participating plans insured/administered by Cigna. The amount attributable specifically to your plan depends upon the amount of plan benefits paid.) (excluding Shared Administration Repricing plans)*

Effective Date: *01/01/2025* *Cancel Date:*

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	**38 Participant communications**	**50 Direct payments from the plan**
13 Contract Administrator	**49 Other Services**	**56 Non-monetary compensation**
31 Named fiduciary - (if indicated in ASO agreement)		**62 Float Revenue**

(c) Amount of indirect compensation: **$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Refer to Sagamore Network Hospital listing below *

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Network hospitals listed below have contracted with Sagamore Health Network (an affiliate of Cigna) to pay network administration fees.

Indirect Compensation Formula/Estimate: *For calendar year 2025, Cigna received indirect compensation from these hospitals of approximately $0.06 per participant. (Determined by dividing total indirect compensation received by the number of participants in all plans, including Shared Administration Repricing plans insured/administered by Cigna. The amount attributable specifically to your plan depends upon the amount of plan benefits paid to these hospitals.)*

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APPENDIX FOR SERVICE PROVIDER INFORMATION REGARDING SOURCES OF ELIGIBLE INDIRECT COMPENSATION TO BE REPORTED ON SCHEDULE C PART I, LINE 3

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	**38 Participant communications**	**50 Direct payments from the plan**
13 Contract Administrator	**49 Other Services**	**56 Non-monetary compensation**
31 Named fiduciary - (if indicated in ASO agreement)		**62 Float Revenue**

(c) Amount of indirect compensation: **$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Bank of America (Lockbox), 540 West Madison Street, Chicago, IL 60661 EIN# 59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Earnings credits associated with bank accounts utilized by Cigna in the administration of claim overpayment recoveries. Applicable to all self-funded plans administered by Cigna.

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2025, $0.36 per participant with the average annual rate of the earnings credit at 3.05%.*

Effective Date: *01/01/2025* *Cancel Date:*

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	**38 Participant communications**	**50 Direct payments from the plan**
13 Contract Administrator	**49 Other Services**	**56 Non-monetary compensation**
31 Named fiduciary - (if indicated in ASO agreement)		**62 Float Revenue**

(c) Amount of indirect compensation: **$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Cigna Healthy Rewards Vendors

Amplifon Hearing Healthcare Fifth Street Towers 150 South 5th St., Suite 2300 Minneapolis, MN 55402 EIN# 85-0437037

Fitbit 199 Fremont Street San Francisco, CA 94105 EIN# 20-8920744

LCA-Vision Inc. 7840 Montgomery Road, Cincinnati, OH 45236 EIN# 11-2882328

American Specialty Health Incorporated 10221 Wateridge Circle, San Diego, CA 92121 EIN# 330883241

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Volume based marketing fees paid by vendors participating in the Cigna Healthy Rewards program which offers plan participants discounts on various services. Applicable to your plan if your plan participants have a Cigna ID card and access to myCigna.com or other authorized portals.

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2025, $0.12 PMPY (this formula is based upon total compensation received from Healthy Reward Vendors across Cigna companies' entire insured and self-insured book of business.)*

Effective Date: *01/01/2025* *Cancel Date:*

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	**38 Participant communications**	**50 Direct payments from the plan**
13 Contract Administrator	**49 Other Services**	**56 Non-monetary compensation**
31 Named fiduciary - (if indicated in ASO agreement)		**62 Float Revenue**

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(c) Amount of indirect compensation: **$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Citibank NA, One Penns Way, New Castle, DE 19720 EIN# 59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Earnings credits on daily fund balances associated with bank accounts utilized in the claim administration by Cigna. Applicable to all self-funded plans utilizing Citibank services.

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2025, $1.91 per participant with the average annual rate of the earnings credit at 2.75%.*

Effective Date: *01/01/2025* *Cancel Date:*

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	**38 Participant communications**	**50 Direct payments from the plan**
13 Contract Administrator	**49 Other Services**	**56 Non-monetary compensation**
31 Named fiduciary - (if indicated in ASO agreement)		**62 Float Revenue**

(c) Amount of indirect compensation: **$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Citibank NA (Omnibus), One Penns Way, New Castle, DE 19720 EIN # 59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Earnings credits on daily fund balances associated with bank accounts utilized in the claim administration by Cigna. Applicable to all self-funded plans for Evernorth Behavioral Health, Inc. or Evernorth Care Solutions, Inc.

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2025, $0.01 per participant with the average annual rate of the earnings credit at 2.75%.*

Effective Date: *01/01/2025* *Cancel Date:*

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	**38 Participant communications**	**50 Direct payments from the plan**
13 Contract Administrator	**49 Other Services**	**56 Non-monetary compensation**
31 Named fiduciary - (if indicated in ASO agreement)		**62 Float Revenue**

(c) Amount of indirect compensation: **$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

CHLIC - COR Deposits, PNC Bank, 1600 Market St., 19th Fl, Philadelphia, PA 1910 EIN #59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Earnings credits associated with bank accounts utilized by Cigna in the administration of disbursing claim refunds. Applicable to all self-funded plans administered by Cigna.

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2025, $0.33 per participant with the average annual rate of the earnings credit at 2.52%.*

Effective Date: *01/01/2025* *Cancel Date:*

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	**38 Participant communications**	**50 Direct payments from the plan**
13 Contract Administrator	**49 Other Services**	**56 Non-monetary compensation**
31 Named fiduciary - (if indicated in ASO agreement)		**62 Float Revenue**

(c) Amount of indirect compensation: **$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

Deutsche Bank, 60 Wall St., New York, NY 10005-2836 EIN# 59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Earnings credits associated with bank accounts utilized by Cigna in the administration of disbursing claim refunds. Applicable to all self-funded plans administered by Cigna.

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Eligible Indirect Compensation Formula/Estimate: *For calendar year 2025, $0.00 per participant with the average annual rate of the earnings credit at 0.50%.*

Effective Date: *01/01/2025* *Cancel Date:*

(a) Service provider name: **Cigna**

(b) Service codes:

12 Claims Processing	**38 Participant communications**	**50 Direct payments from the plan**
13 Contract Administrator	**49 Other Services**	**56 Non-monetary compensation**
31 Named fiduciary - (if indicated in ASO agreement)		**62 Float Revenue**

(c) Amount of indirect compensation: **$0 (see formula/estimate provided below)**

(d) Name and EIN (address) of source of indirect compensation:

JPMorgan Chase, 3 Chase Metro Tech Center, 5th Floor, Brooklyn, NY 11245 EIN# 59-1031071

(e) Description of indirect compensation, including any formula used to determine eligibility or amount:

Earnings credits on daily fund balances associated with bank accounts utilized in claim administration by Cigna. Applicable to all self-funded plans utilizing JPMorgan Chase services.

Eligible Indirect Compensation Formula/Estimate: *For calendar year 2025, $4.62 per participant with the average annual rate of the earnings credit at 3.06%.*

Effective Date: *01/01/2025* *Cancel Date:*

Created with the DynamicPDF Essentials Edition.

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 22-1692661 **Plan Number: 502**

December 31, 2025

(a)	(b) Identity of Issuer, 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
	Mutual Funds			
*	THE NORTHERN TRUST COMPANY	MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A	$ 29,272,014	$ 29,272,014
*	THE NORTHERN TRUST COMPANY	NORTHERN FDS LIMITED TERM U.S. GOVERNMENT FUND	114,338	107,939
	Total Mutual Funds		29,386,352	29,379,953
	Collective Trust			
*	NORTHERN TRUST GLOBAL INVESTMENTS	NTGI-QM COMMON DAILY S&P 500 EQUITY INDEX FUND – NON-LENDING	45,700,076	142,433,307

	Face Value	Rate (%)	Maturity Date		
Government and Other Related Bonds					
BANK GOSPODARSTWA KRAJOWEGO GTD NT 144A 6.25% 07-09-2054	1,500,000	6.25	7/9/2054	1,489,140	1,557,436
BAY AREA TOLL AUTH CALIF TOLL BRDG REV 6.907% 10-01-2050 BEO TAXABLE	1,075,000	6.91	10/1/2050	1,858,475	1,216,652
BAY AREA TOLL AUTH CALIF TOLL BRDG REV 7.043% 04-01-2050 BEO TAXABLE	85,000	7.04	4/1/2050	143,237	97,057
CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5% 07-01-2029 BEO	515,000	5.00	7/1/2029	542,241	543,324
CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5% 07-01-2033 BEO	4,960,000	5.00	7/1/2033	5,086,674	5,227,578
CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5% 07-01-2036 BEO	4,815,000	5.00	7/1/2036	5,022,709	5,074,755
CALIFORNIA INFRASTRUCTURE & ECONOMIC DEVBK REV 5.125% 07-01-2037 BEO	2,610,000	5.13	7/1/2037	2,648,576	2,646,174
CALIFORNIA ST 7.6% 11-01-2040 BEO TAXABLE	3,415,000	7.60	11/1/2040	4,165,616	4,180,024
CALIFORNIA ST UNIV REV 5.183% 11-01-2053 BEO TAXABLE	4,180,000	5.18	11/1/2053	3,925,772	3,972,737
CALIFORNIA STATE 7.55 MUN BDS DUE 04-01-2039 USD5000	740,000	7.55	4/1/2039	865,613	898,047
CHILE REP 4.95% 01-05-2036	525,000	4.95	1/5/2036	497,570	529,331
CITY OF NEW YORK 5.517 DUE 10-01-2037	715,000	5.52	10/1/2037	963,522	727,282
COOK CNTY ILL SCH DIST NO 159 ZERO CPN 0% 12-01-2027 BEO	1,825,000	-	12/1/2027	1,698,973	1,726,479
DISTRICT COLUMBIA WTR & SWR AUTH PUB UTITAXABLE-SR LIEN-SER A 4.814 10-01-2114	295,000	4.81	10/1/2114	418,263	253,437
ESC GCI LIBERTY INC SR ESCROW	3,626	-	-	-	-
FOOTHILL / EASTERN TRANSN CORRIDOR AGYCAL TOLL RD REV ZERO CPN 0 01-01-2028 BEO	3,640,000	-	1/1/2028	3,452,883	3,471,557
FOOTHILL / EASTN TRANSN CORRIDOR AGYCALTOLL CAP APPREC SR LIEN SERA 01-01-30	1,660,000	-	1/1/2030	1,475,857	1,510,156
FOOTHILL /EASTN TRANSN CORRIDOR AGY CAL TOLL RD REV SER A CAP APPREC 0 BD 1-1-26	8,500,000	-	1/1/2026	8,500,000	8,500,000
FOOTHILL EASTN TRANSN CORRIDOR CAL TOLL CAP APPREC LIEN SERA 1-1-29 BEO OID 7.3	1,295,000	7.3	1/1/2029	1,188,026	1,205,736

December 31, 2025

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Government and Other Related Bonds (continued)					
	HACIENDA LA PUENTE CALIF UNI SCH DIST ZERO CPN 0% 08-01-2028 BEO	$ 10,600,000	-	8/1/2028	$ 9,628,201	$ 9,922,692
	HOUSTON TEX WTR & SWR SYS REV PREREFUNDED-CAP APPREC-JR-A 0 12-01-2028	2,320,000	-	12/1/2028	2,169,018	2,133,380
	HSTN TEX WTR & SWR SYS REV PRERFD-CAP APPREC-JR-A DUE 12-01-2027 BEO	2,000,000	-	12/1/2027	1,848,870	1,892,032
	INDONESIA REP BDS 4.45% DUE 04-15-2070 REG	400,000	4.45	4/15/2070	454,956	325,177
	INTER-AMERN DEVEL BK BD 4.375 DUE 01-24-2044 BEO	185,000	4.38	1/24/2044	246,292	173,634
	ISRAEL ST 3.375% DUE 01-15-2050 REG	1,965,000	3.38	1/15/2050	2,046,962	1,316,853
	MARYLAND ST HEALTH & HIGHER EDL FACSAUTH REV 3.052% 07-01-2040 BEO TAXABLE	1,220,000	3.05	7/1/2040	1,242,251	954,371
	MARYLAND ST HEALTH & HIGHER EDL FACSAUTH REV 3.197% 07-01-2050 BEO TAXABLE	60,000	3.20	7/1/2050	59,770	40,620
	MASSACHUSETTS ST 2.9% 09-01-2049 BEO TAXABLE	785,000	2.90	9/1/2049	815,354	539,670
	MET PIER & EXPOSITION AUTH ILL MCCORMICKPL CONVENTION 7 DUE 07-01-2026 BEO	170,000	7.00	7/1/2026	170,000	173,462
	MET TRANSN AUTH N Y REV UNREFUNDEDBALANCE -TAXABLE- 5.175 11-15-2049	55,000	5.18	11/15/2049	53,052	50,780
	MISSOURI ST HEALTH & EDL FACS AUTH EDLFACS REV 3.229% 05-15-2050 BEO TAXABLE	695,000	3.23	5/15/2050	757,694	492,085
	MISSOURI ST HEALTH & EDL FACS AUTH EDLFACS REV 3.652% 08-15-2057 BEO TAXABLE	395,000	3.65	8/15/2057	467,303	287,914
	MUNICIPAL ELEC AUTH GA 6.655% 04-01-2057 BEO TAXABLE	860,000	6.66	4/1/2057	1,257,638	937,171
	NEW JERSEY ST TPK AUTH TPK REV 7.414% 01-01-2040 BEO TAXABLE	1,555,000	7.41	1/1/2040	2,512,652	1,863,734
	NEW YORK N Y CITY MUN WTR FIN AUTH WTR &SWR SYS REV 5.44% 06-15-2043 BEO TAXABLE	225,000	5.44	6/15/2043	222,192	218,940
	NEW YORK ST DORM AUTH REVS CAP APPR-MEM -NATL 07-01-30 OID 5.06 @25.7759 ETM	10,000,000	5.06	7/1/2030	8,322,357	8,813,743
	NORTH TEX TWY AUTH REV 6.718% 01-01-2049 BEO TAXABLE	555,000	6.72	1/1/2049	906,679	610,197
	NY N Y CY MUN WTR FIN AUTH WTR&TAXABLE2ND GENSER EE 6.011 6-15-2042 BEO TAXABLE	185,000	6.01	6/15/2042	193,155	191,583
	NY ST DORM AUTH REVS CAP APPREC 07-01-2027 BEO OID 5.04 @30.086	3,815,000	5.04	7/1/2027	3,607,801	3,654,965
	OKLAHOMA DEV FIN AUTH REV 4.623% 06-01-2044 BEO TAXABLE	1,320,000	4.62	6/1/2044	1,320,000	1,272,717

December 31, 2025

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Government and Other Related Bonds (continued)					
	PANAMA REP 4.5% 01-19-2063	$ 1,845,000	4.50	1/19/2063	$ 1,442,866	$ 1,373,974
	PANAMA REP 4.5% DUE 04-16-2050 REG	1,025,000	4.50	4/16/2050	1,019,875	790,378
	PANAMA REP AMORTIZING GLOBAL BD 6.7% DUE01-26-2036 REG SINKING FUND 01-26-2034	400,000	6.70	1/26/2036	537,138	429,840
	PERU REP 03/10/2051 3.55% DUE 03-10-2051/03-10-2021 BEO	780,000	3.55	3/10/2051	759,919	545,571
	PERU REP 3.3% 03-11-2041	885,000	3.30	3/11/2041	854,265	683,309
	PHILIPPINES REP GLOBAL BD 2.95% 05-05-2045	955,000	2.95	5/5/2045	923,244	668,636
	PHILIPPINES REP GLOBAL BD 3.95% DUE 01-20-2040	1,425,000	3.95	1/20/2040	1,576,385	1,256,601
	PHILIPPINES REP GLOBAL BD 6.375% DUE 10-23-2034 REG	1,565,000	6.38	10/23/2034	2,203,550	1,754,347
	PORT AUTH N Y & N J 4.458% 10-01-2062 BEO TAXABLE	1,665,000	4.46	10/1/2062	2,131,199	1,395,145
	PVTPL SAUDI ARABIA KINGDOM GLOBAL 3.25% 11-17-2051	610,000	3.25	11/17/2051	559,675	402,503
	REPUBLIC OF CHILE 3.1% DUE 05-07-2041 REG	755,000	3.10	5/7/2041	688,097	580,935
	REPUBLIC OF CHILE 5.33% 01-05-2054	1,120,000	5.33	1/5/2054	1,033,088	1,080,072
	REPUBLIC OF INDONESIA 4.35% 01-11-2048	1,735,000	4.35	1/11/2048	1,945,861	1,501,956
	REPUBLIC OF POLAND 5.125% 09-18-2034	1,260,000	5.13	9/18/2034	1,262,638	1,289,769
	RICHMOND CALIF WASTEWATER REV CAP APPREC 08-01-2027 OID 6.23 @18.292	1,220,000	6.23	8/1/2027	1,162,826	1,169,212
	SAN ANTONIO TEX ELEC & GAS REV 5.985% 02-01-2039 BEO TAXABLE	105,000	5.99	2/1/2039	147,520	112,693
	SAN JOAQN HILLS CA TRANSN CORR CAPAPPREC-JR LIEN 0 01-01-28 BEO 9 @4.669	4,950,000	-	1/1/2028	4,527,024	4,725,597
	SAN JOAQUIN HILLS CAL TRANSN COR ZCP 01-01-2026 @ 8.254 OID 7.75	1,000,000	7.75	1/1/2026	1,000,000	1,000,000
	UNITED MEXICAN STATES 6.0% 05-07-2036	590,000	6.00	5/7/2036	587,917	597,670
	UNITED MEXICAN STATES 6.338% DUE 05-04-2053	8,095,000	6.34	5/4/2053	8,094,838	7,710,488
	UNITED STATES OF AMER TREAS BONDS 4.75% 08-15-2055	813,000	4.75	8/15/2055	803,347	802,838
	UNITED STATES OF AMER TREAS NOTES 4.0% 11-15-2035	602,000	4.00	11/15/2035	594,614	594,663
	UNITED STATES OF AMER TREAS STRIP 0% 02-15-2054	2,255,000	-	2/15/2054	659,759	567,197
	UNITED STATES OF AMER TREAS STRIP 0% 08-15-2053	1,550,000	-	8/15/2053	402,980	397,792
	UNITED STATES OF AMER TREAS STRIP 0% 11-15-2053	1,060,000	-	11/15/2053	344,191	270,368
	UNITED STATES OF AMER TREAS STRIP 0% DUE 11-15-2051 REG	2,800,000	-	11/15/2051	1,017,113	774,469
	UNITED STATES OF AMER TREAS STRIP 0% 02-15-2053	2,585,000	-	2/15/2053	777,339	676,638

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 22-1692661 **Plan Number: 502**

December 31, 2025

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Government and Other Related Bonds (continued)					
	UNITED STATES OF AMER TREAS STRIP TBOND 0.0% 05-15-2053	$ 4,680,000	-	5/15/2053	$ 1,451,552	$ 1,211,730
	UNITED STATES TREAS BD STRIPPED 08-15-2052	1,510,000	-	8/15/2052	455,953	403,202
	UNITED STATES TREAS BD STRIPPED PRIN 0.0% 08-15-2047	1,875,000	-	8/15/2047	1,098,484	643,280
	UNITED STATES TREAS BD STRIPPED PRIN PMT 0% DUE 05-15-2049	785,000	-	5/15/2049	243,600	245,944
	UNITED STATES TREAS BD STRIPPED PRIN PMT 0.0% 11-15-2052	3,400,000	-	11/15/2052	954,877	903,125
	UNITED STATES TREAS BD STRIPPED PRIN PMT 00113 08-15-2046 (UNDDATE) REG	70,000	-	8/15/2046	27,064	25,370
	UNITED STATES TREAS BD STRIPPED PRIN PMT 00114 11-15-2046 (UNDDATE) REG	1,010,000	-	11/15/2046	363,003	361,235
	UNITED STATES TREAS BD STRIPPED PRIN PMT 00117 05-15-2047	1,330,000	-	5/15/2047	645,795	463,203
	UNITED STATES TREAS BD STRIPPED PRIN PMT 00123 08-15-2048 (UNDDATE) REG	1,365,000	-	8/15/2048	482,329	444,576
	UNITED STATES TREAS BD STRIPPED PRIN PMT 15/02/2052 02-15-2052 (UNDDATE) BEO	7,460,000	-	2/15/2052	2,507,556	2,036,887
	UNITED STATES TREAS BDS 4.625% 11-15-2045	92,000	4.63	11/15/2045	90,002	90,232
	UNITED STATES TREAS SEC STRIP 0% STRIP 02-15-2048	545,000	-	2/15/2048	213,444	178,336
	UNITED STATES TREAS SEC STRIP 0% STRIP 11-15-2047	420,000	-	11/15/2047	247,040	139,180
	UNITED STATES TREAS SEC STRIPPED INT PMT 00124 05-15-2046	605,000	-	5/15/2046	252,504	216,180
	UNITED STATES TREAS SEC STRIPPED INT PMT 00130 08-15-2046	815,000	-	8/15/2046	317,136	287,677
	UNITED STATES TREAS SEC STRIPPED INT PMT 0.0% 05-15-2049	605,000	-	5/15/2049	217,665	185,654
	UNITED STATES TREAS SEC STRIPPED INT PMT 0% STRIP 15/05/2048 USD 05-15-2048	790,000	-	5/15/2048	264,881	255,379
	UNITED STATES TREAS SEC STRIPPED INT PMT 0% STRIP 15/08/2049 USD 08-15-2049	190,000	-	8/15/2049	74,649	57,569
	UNITED STATES TREAS SEC STRIPPED INT PMT0.0% 11-15-2049	1,510,000	-	11/15/2049	466,374	451,299
	UNITED STATES TREAS SEC STRIPPED INT PMTINT PMT ON 11-15-2046 (UNDDATE) REG	1,075,000	-	11/15/2046	418,165	374,791
	UNITED STATES TREAS SEC STRIPPED ZERO COUPON 08-15-2048	705,000	-	8/15/2048	408,710	225,167
	URUGUAY (GOVT OF) 7.625% DUE 03-21-2036 REG	1,305,000	7.63%	3/21/2036	1,566,940	1,576,701
	UTD STATES TREAS BD STRIPPED PRIN 0.0% 11-15-2054	3,640,000	-	11/15/2054	927,902	887,023

December 31, 2025

(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Government and Other Related Bonds (continued)					
	UTD STATES TREAS BD STRIPPED PRIN DTD 05/15/2025 0% 05-15-2055	$ 945,000	-	5/15/2055	$ 227,119	$ 225,806
	UTD STATES TREAS BD STRIPPED PRIN DTD 05/16/2022 0% 05-15-2052	2,165,000	-	5/15/2052	776,521	584,679
	UTD STATES TREAS BD STRIPPED PRIN DTD 08/15/2024 0% 08-15-2054	4,135,000	-	8/15/2054	1,198,275	1,017,607
	UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 02-15-2050	570,000	-	2/15/2050	196,253	167,927
	UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 05-15-2050	550,000	-	5/15/2050	177,577	159,663
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2047	730,000	-	2/15/2047	280,982	251,136
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2048	1,750,000	-	2/15/2048	674,364	585,277
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2049	2,755,000	-	2/15/2049	912,339	873,569
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2050	2,525,000	-	2/15/2050	966,007	760,399
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2051	3,835,000	-	2/15/2051	1,497,083	1,095,547
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2052	795,000	-	2/15/2052	253,836	212,518
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2053	930,000	-	2/15/2053	255,152	237,403
	UTD STATES TREAS ZERO CPN 0% DUE 02-15-2055	3,785,000	-	2/15/2055	945,775	915,177
	UTD STATES TREAS ZERO CPN 0% DUE 05-15-2050	2,340,000	-	5/15/2050	903,569	702,822
	UTD STATES TREAS ZERO CPN 0% DUE 08-15-2047	1,205,000	-	8/15/2047	434,830	404,320
	UTD STATES TREAS ZERO CPN 0% DUE 08-15-2049	1,615,000	-	8/15/2049	759,609	500,022
	UTD STATES TREAS ZERO CPN 0% DUE 08-15-2050	1,040,000	-	8/15/2050	327,677	302,521
	UTD STATES TREAS ZERO CPN 0% DUE 08-15-2053	440,000	-	8/15/2053	129,503	110,070
	UTD STATES TREAS ZERO CPN 0% DUE 08-15-2055	1,250,000	-	8/15/2055	311,580	295,773
	UTD STATES TREAS ZERO CPN 0% DUE 11-15-2047	1,495,000	-	11/15/2047	528,596	506,742
	UTD STATES TREAS ZERO CPN 0% DUE 11-15-2048	2,375,000	-	11/15/2048	1,055,144	763,763
	UTD STATES TREAS ZERO CPN 0% DUE 11-15-2049	1,720,000	-	11/15/2049	567,929	524,935
	UTD STATES TREAS ZERO CPN 0% DUE 11-15-2050	1,835,000	-	11/15/2050	582,496	530,402
	UTD STATES TREAS ZERO CPN 0% DUE 11-15-2052	1,150,000	-	11/15/2052	315,388	296,562
	UTD STATES TREAS ZERO CPN 0% DUE 11-15-2055	610,000	-	11/15/2055	142,844	142,546
	Total Government and Other Related Bonds				147,418,685	136,187,069

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 22-1692661 **Plan Number: 502**

December 31, 2025

(a)	(b)	(c)			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value
		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations						
	ABBVIE INC 4.25% DUE 11-21-2049 REG	$ 118,000	4.25	11/21/2049	$ 98,178	$ 97,537
	AETNA INC NEW 4.5% DUE 05-15-2042	1,237,000	4.50	5/15/2042	1,033,473	1,063,276
	AETNA INC NEW 4.75% DUE 03-15-2044	467,000	4.75	3/15/2044	385,637	409,165
	AFLAC INC 4.75% DUE 01-15-2049	20,000	4.75	1/15/2049	18,281	17,674
	ALPHABET INC 5.25% 15 MAY 2055	437,000	5.25	5/15/2055	431,629	420,329
	ALPHABET INC 5.3% 05-15-2065	3,240,000	5.30	5/15/2065	3,157,618	3,057,207
	ALPHABET INC SR BD 5.7% 11-15-2075	1,000,000	5.70	11/15/2075	1,028,084	988,253
	ALTRIA GROUP INC 3.4% DUE 02-04-2041	1,671,000	3.40	2/4/2041	1,209,498	1,295,681
	ALTRIA GROUP INC 3.7% DUE 02-04-2051/02-04-2021 REG	1,810,000	3.70	2/4/2051	1,160,960	1,283,739
	ALTRIA GROUP INC 4.25% DUE 08-09-2042	70,000	4.25	8/9/2042	56,003	58,589
	ALTRIA GROUP INC 4.45% DUE 05-06-2050/05-06-2020 REG	1,183,000	4.45	5/6/2050	971,380	951,083
	ALTRIA GROUP INC 4.5% DUE 05-02-2043	1,263,000	4.50	5/2/2043	1,074,663	1,080,661
	ALTRIA GROUP INC 5.8% DUE 02-14-2039	1,000,000	5.80	2/14/2039	1,047,050	1,032,898
	AMAZON COM INC 4.05% 08-22-2047	910,000	4.05	8/22/2047	782,236	751,020
	AMAZON COM INC 5.55% 11-20-2065	257,000	5.55	11/20/2065	258,231	250,211
	AMAZON COM INC NT 3.1% 05-12-2051	845,000	3.10	5/12/2051	604,508	569,503
	AMAZON.COM INC 3.95%04-13-2052	903,000	3.95	4/13/2052	856,468	707,929
	AMERISOURCEBERGEN 4.3% 12-15-2047	20,000	4.30	12/15/2047	17,037	16,801
	ANHEUSER BUSCH 5.8% DUE 01-23-2059	380,000	5.80	1/23/2059	412,095	388,673
	ANHEUSER BUSCH INBEV WOR 5.55% 01-23-2049	1,365,000	5.55	1/23/2049	1,424,456	1,365,873
	ANHEUSER BUSCH INC 4.439% DUE 10-06-2048	300,000	4.44	10/6/2048	271,714	258,714
	ANHEUSER-BUSCH 4.9% DUE 02-01-2046	240,000	4.90	2/1/2046	229,462	222,146
	ANHEUSER-BUSCH 4.95% DUE 01-15-2042	215,000	4.95	1/15/2042	211,485	205,981
	ANHEUSER-BUSCH COS LLC CORP 4.9% 02-01-2046	2,657,000	4.90	2/1/2046	2,501,248	2,468,731
	ANHEUSER-BUSCH INBEV WOR 8.2 DUE 01-15-2039	299,000	8.20	1/15/2039	380,528	386,408
	ANTHEM INC 4.55% 05-15-2052	1,880,000	4.55	5/15/2052	1,818,073	1,561,027
	ANTHEM INC FIXED 3.7% 09-15-2049	505,000	3.70	9/15/2049	368,738	373,004
	APOLLO GLOBAL MGMT 5.8% 05-21-2054	259,000	5.80	5/21/2054	259,119	255,380
	APPLE INC 2.65% DUE 05-11-2050 REG	450,000	2.65	5/11/2050	290,394	282,428
	APPLE INC 3.75% DUE 09-12-2047	1,731,000	3.75	9/12/2047	1,380,060	1,371,491
	APPLE INC 3.85% DUE 05-04-2043	6,195,000	3.85	5/4/2043	5,765,297	5,248,787
	APPLE INC 3.95% 08-08-2052	3,390,000	3.95	8/8/2052	2,976,794	2,700,730
	APPLE INC 4.25% DUE 02-09-2047	51,000	4.25	2/9/2047	43,188	43,920
	APPLE INC 4.65% DUE 02-23-2046	133,000	4.65	2/23/2046	119,966	122,509
	AT&T INC 3.5% DUE 06-01-2041	1,651,000	3.50	6/1/2041	1,634,290	1,302,354
	AT&T INC 3.5% DUE 09-15-2053 REG	660,000	3.50	9/15/2053	611,950	443,582
	AT&T INC 3.55% DUE 09-15-2055	5,055,000	3.55	9/15/2055	4,674,678	3,379,686
	AT&T INC 3.8% 12-01-2057	2,405,000	3.80	12/1/2057	2,304,961	1,660,740
	AT&T INC 4.5% DUE 03-09-2048	680,000	4.50	3/9/2048	750,033	563,195
	AT&T INC 6.1% DUE 07-15-2040	2,236,000	6.10	7/15/2040	2,317,060	2,317,089
	AT&T INC CORP 4.65% 06-01-2044	1,000,000	4.65	6/1/2044	846,512	868,281
	ATHENE HLDG LTD 6.25% 04-01-2054	1,751,000	6.25	4/1/2054	1,828,145	1,709,030
	BANK AMER CORP 2.831% 10-24-2051	144,000	2.83	10/24/2051	105,594	91,934

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(a)	(b)	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	BANK AMER CORP 2.972% DUE 07-21-2052 BEO	$ 5,804,000	2.97	7/21/2052	$ 4,381,345	$ 3,816,971
	BANK AMER CORP 5% DUE 01-21-2044	1,260,000	5.00	1/21/2044	1,279,219	1,218,178
	BANK OF AMERICA CORPORATION 2.676% DUE 06-19-2041/06-19-2020 REG	285,000	2.68	6/19/2041	211,040	210,927
	BANK OF AMERICA CORPORATION 4.443% 01-20-2048	331,000	4.44	1/20/2048	313,765	288,420
	BERKSHIRE HATHAWAY 4.3% DUE 05-15-2043	737,000	4.30	5/15/2043	655,338	657,862
	BERKSHIRE HATHAWAY 4.5% DUE 02-01-2045	129,000	4.50	2/1/2045	122,054	112,218
	BERKSHIRE HATHAWAY ENERGY CO 3.8% 07-15-2048	951,000	3.80	7/15/2048	731,560	723,063
	BERKSHIRE HATHAWAY ENERGY CO SR NT 4.6% 05-01-2053	1,516,000	4.60	5/1/2053	1,369,542	1,282,170
	BERKSHIRE HATHAWAY FIN CORP 4.2% DUE 08-15-2048 REG	3,929,000	4.20	8/15/2048	3,389,039	3,291,847
	BERKSHIRE HATHAWAY FIN CORP 4.25% DUE 01-15-2049	1,402,000	4.25	1/15/2049	1,224,509	1,180,902
	BERKSHIRE HATHAWAY FINANCE CORP 3.85% 03-15-2052	1,290,000	3.85	3/15/2052	1,041,370	997,399
	BERKSHIRE HATHAWAY FIXED 4.45% DUE 01-15-2049	4,176,000	4.45	1/15/2049	3,434,522	3,493,077
	BLACKROCK FUNDING INC. 5.35% 01-08-2055	572,000	5.35	1/8/2055	566,925	559,361
	BROADCOM INC 3.75% 02-15-2051	360,000	3.75	2/15/2051	274,528	272,325
	BROOKFIELD FIN INC 5.968% 03-04-2054	500,000	5.97	3/4/2054	492,490	505,921
	BROWN FORMAN CORP 4.5% DUE 07-15-2045	415,000	4.50	7/15/2045	390,011	362,041
	BURL NORTHN SANTA 3.9% DUE 08-01-2046	1,287,000	3.90	8/1/2046	1,176,143	1,031,638
	BURLINGTON NORTHERN SANTA FE LLC 4.125% DEB SNR 06-15-2047 USD	2,778,000	4.13	6/15/2047	2,609,487	2,292,842
	CALIFORNIA INSTITUTE OF TECHNOLOGY 3.65% 09-01-2119	260,000	3.65	9/1/2119	279,093	165,493
	CAMPBELL SOUP CO 4.8% 03-15-2048	675,000	4.80	3/15/2048	621,633	585,866
	CANADIAN NATL RY CO 4.4% DUE 08-05-2052 BEO	368,000	4.40	8/5/2052	323,247	311,919
	CANADIAN PAC RY CO 4.2% 11-15-2069	250,000	4.20	11/15/2069	193,350	186,516
	CANADIAN PAC RY CO 4.3% 05-15-2043	399,000	4.30	5/15/2043	348,866	346,563
	CANADIAN PAC RY CO 4.7% 05-01-2048	405,000	4.70	5/1/2048	355,342	358,011
	CANADIAN PAC RY CO 4.95% 08-15-2045	212,000	4.95	8/15/2045	195,412	196,213
	CANADIAN PACIFIC RAILWAY COMPANY 3.5% 05-01-2050	276,000	3.50	5/1/2050	202,737	199,512
	CDN NAT RES LTD 6.25% DUE 03-15-2038	1,000,000	6.25	3/15/2038	1,073,395	1,062,830
	CDN NAT RES LTD 6.5% DUE 02-15-2037	903,000	6.50	2/15/2037	977,863	970,593
	CDN NAT RES LTD 6.75% DUE 02-01-2039	253,000	6.75	2/1/2039	272,984	278,738
	CDN NAT RES LTD FIXED 4.95% DUE 06-01-2047	1,360,000	4.95	6/1/2047	1,316,507	1,201,324
	CDN PAC RY CO NEW 6.125% DUE 09-15-2115	1,391,000	6.13	9/15/2115	1,463,975	1,392,552

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	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value
		Face Value	Rate (%)	Maturity Date		
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	CENOVUS ENERGY INC 5.4% 06-15-2047	$ 420,000	5.40	6/15/2047	$ 395,118	$ 384,558
	CENTERPOINT ENERGY 3.55% DUE 08-01-2042	409,000	3.55	8/1/2042	338,946	327,286
	CENTERPOINT ENERGY 3.95% 03-01-2048	1,000,000	3.95	3/1/2048	777,111	799,347
	CENTERPOINT ENERGY 4.5% DUE 04-01-2044	2,500,000	4.50	4/1/2044	2,196,656	2,200,757
	CH & DWIGHT INC 3.95% DUE 08-01-2047	450,000	3.95	8/1/2047	356,327	358,969
	CHARTER 6.484% DUE 10-23-2045	964,000	6.48	10/23/2045	929,824	908,114
	CHARTER 6.834% DUE 10-23-2055	676,000	6.83	10/23/2055	635,662	651,535
	CHARTER COMMUNICATIONS OPER LLC / SRSECD NT 3.95% 06-30-2062	1,970,000	3.95	6/30/2062	1,214,483	1,188,928
	CHARTER COMMUNICATIONS OPER LLC / SRSECD NT 5.5% 04-01-2063	2,145,000	5.50	4/1/2063	1,735,050	1,696,457
	CHARTER COMMUNICATIONS OPER LLC/CHARTE4.8% DUE 03-01-2050	1,030,000	4.80	3/1/2050	778,756	776,459
	CHARTER FIXED 5.75% DUE 04-01-2048	846,000	5.75	4/1/2048	713,198	723,821
	CHENIERE CORPUS FIXED 2.742% DUE 12-31-2039	2,546,000	2.74	12/31/2039	2,127,264	2,170,385
	CHEVRON CORP NEW FIXED 3.078% DUE 05-11-2050	1,285,000	3.08	5/11/2050	920,254	876,213
	CHEVRON U S A INC 2.343% DUE 08-12-2050 REG	728,000	2.34	8/12/2050	449,518	424,533
	CHURCH & DWIGHT CO INC SR NT 5% 06-15-2052	2,484,000	5.00	6/15/2052	2,287,516	2,273,878
	CISCO SYS INC 5.5% DUE 01-15-2040	1,255,000	5.50	1/15/2040	1,360,276	1,304,036
	CITIGROUP INC 2.904% 11-03-2042	3,436,000	2.90	11/3/2042	2,703,006	2,546,636
	CITIGROUP INC 5.316% 09-26-2020 REG	470,000	5.32	-	470,563	471,825
	CITIGROUP INC 5.612% 03-04-2056	2,066,000	5.61	3/4/2056	1,994,297	2,064,022
	CITIGROUP INC 8.125% DUE 07-15-2039	491,000	8.13	7/15/2039	645,140	630,925
	COCA COLA CO 2.5% 03-15-2051	310,000	2.50	3/15/2051	207,427	186,753
	COCA COLA CO 2.6% DUE 06-01-2050	655,000	2.60	6/1/2050	449,423	407,423
	COCA COLA CO 5.3% 05-13-2054	140,000	5.30	5/13/2054	138,516	137,910
	COCA COLA CO 5.4% 05-13-2064	3,437,000	5.40	5/13/2064	3,472,132	3,352,830
	COCA COLA CO FIXED 4.2% DUE 03-25-2050	42,000	4.20	3/25/2050	34,413	35,313
	COCA-COLA CO/THE 3.0% DUE 03-05-2051	810,000	3.00	3/5/2051	604,511	542,719
	COCA-COLA CO/THE 5.2% 01-14-2055	99,000	5.20	1/14/2055	96,087	95,916
	COLGATE-PALMOLIVE CO 3.7% DUE08-01-2047	248,000	3.70	8/1/2047	196,778	196,233
	COLGATE-PALMOLIVE CO 4% DUE 08-15-2045	1,000,000	4.00	8/15/2045	852,402	849,325
	COMCAST CORP NEW 2.937% 11-01-2056	1,485,000	2.94	11/1/2056	980,483	837,810
	COMCAST CORP NEW 3.25% 11-01-2039	6,419,000	3.25	11/1/2039	5,511,615	5,027,601
	COMCAST CORP NEW 3.4% DUE 07-15-2046	460,000	3.40	7/15/2046	349,508	321,070
	COMCAST CORP NEW 3.75% DUE 04-01-2040	267,000	3.75	4/1/2040	241,469	220,664
	COMCAST CORP NEW 3.9% DUE 03-01-2038	908,000	3.90	3/1/2038	795,010	792,759
	COMCAST CORP NEW 4% DUE 03-01-2048	215,000	4.00	3/1/2048	174,006	162,246

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	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	COMCAST CORP NEW FIXED 2.45% DUE 08-15-2052	$ 340,000	2.45	8/15/2052	$ 200,638	$ 180,961
	COMCAST CORP NEW FIXED 3.969% DUE 11-01-2047	140,000	3.97	11/1/2047	112,723	105,208
	CONAGRA BRANDS INC 5.4% 11-01-2048	1,679,000	5.40	11/1/2048	1,548,604	1,509,492
	CONAGRA BRANDS INC FIXED 5.3% 11-01-2038	1,914,000	5.30	11/1/2038	1,899,980	1,832,937
	CONOCOPHILLIPS CO FIXED 3.758% DUE 03-15-2042	279,000	3.76	3/15/2042	257,760	228,174
	CONSTELLATION 4.1% 02-15-2048	425,000	4.10	2/15/2048	365,693	334,790
	CONSTELLATION 4.5% DUE 05-09-2047	1,573,000	4.50	5/9/2047	1,322,012	1,319,931
	CONSTELLATION 5.25% DUE 11-15-2048	1,343,000	5.25	11/15/2048	1,237,198	1,246,742
	CONSTELLATION BRANDS INC 3.75% DUE 05-01-2050/04-27-2020 REG	1,675,000	3.75	05/01/2050	1,356,199	1,223,873
	COOPERATIEVE 5.25% DUE 05-24-2041	6,000	5.25	5/24/2041	6,597	6,041
	CORNING INC 4.375% 11-15-2057	2,047,000	4.38	11/15/2057	1,798,449	1,658,757
	CORNING INC 5.35% DUE 11-15-2048	61,000	5.35	11/15/2048	64,143	59,285
	CORNING INC 5.45% DUE 11-15-2079	449,000	5.45	11/15/2079	439,857	411,660
	CORNING INC 5.75% DUE 08-15-2040	109,000	5.75	8/15/2040	112,333	113,765
	CORNING INC 5.85% DUE 11-15-2068	593,000	5.85	11/15/2068	596,961	578,080
	CSX CORP 3.8% DUE 11-01-2046	1,802,000	3.80	11/1/2046	1,441,363	1,417,813
	CSX CORP 4.1 DUE 03-15-2044	7,000	4.10	3/15/2044	6,395	5,882
	CVS HLTH FIXED 6.05% 06-01-2054	1,398,000	6.05	6/1/2054	1,409,374	1,396,924
	DANAHER CORP 2.6% DUE 10-01-2050	291,000	2.60	10/1/2050	191,183	178,261
	DANAHER CORP 4.375% DUE 09-15-2045	415,000	4.38	9/15/2045	377,830	363,376
	DANAHER CORP SR NT 2.8% 12-10-2051	397,000	2.80	12/10/2051	297,207	251,155
	DH EUROPE FIN II S 3.4% DUE 11-15-2049	630,000	3.40	11/15/2049	488,001	456,041
	DISNEY WALT CO 2.75% DUE 09-01-2049	244,000	2.75	9/1/2049	160,726	155,563
	DISNEY WALT CO NEW 4.125 DUE 06-01-2044	74,000	4.13	6/1/2044	69,395	62,398
	DISNEY WALT CO SR NT 4.75% 09-15-2044	189,000	4.75	9/15/2044	188,267	172,955
	DR PEPPER SNAPPLE 4.42% DUE 12-15-2046	1,056,000	4.42	12/15/2046	875,289	864,312
	DTE ELEC CO 3.75% DUE 08-15-2047	977,000	3.75	8/15/2047	723,124	751,916
	DUKE ENERGY 6% DUE 01-15-2038	200,000	6.00	1/15/2038	221,302	215,817
	DUKE ENERGY CAROLINAS LLC 3.55% DUE 03-15-2052 BEO	5,182,000	3.55	3/15/2052	4,466,110	3,733,639
	DUKE ENERGY FLA LLC 5.95% DUE 11-15-2052 BEO	685,000	5.95	11/15/2052	733,493	709,796
	DUKE ENERGY IND 3.75% DUE 05-15-2046	993,000	3.75	5/15/2046	761,023	775,964
	DUKE ENERGY IND 4.2% DUE 03-15-2042	1,000,000	4.20	3/15/2042	822,905	859,380
	DUKE ENERGY OH INC 3.7% DUE 06-15-2046	172,000	3.70	6/15/2046	126,334	131,373
	DUKE ENERGY OHIO INC 4.3% DUE 02-01-2049 REG	502,000	4.30	2/1/2049	394,895	411,665
	DUKE ENERGY OHIO INC 5.6% 03-15-2054	667,000	5.60	3/15/2054	702,200	653,953
	DUKE UNIV 2.832% 10-01-2055	470,000	2.83	10/1/2055	467,540	295,629
	ECOLAB INC 2.7% DUE 12-15-2051	2,455,000	2.70	12/15/2051	1,852,938	1,522,185
	ECOLAB INC 3.95% 12-01-2047	320,000	3.95	12/1/2047	260,417	258,717

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		Face Value	Rate (%)	Maturity Date		
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	EMERA US FIN LP 4.75% DUE 06-15-2046	$ 108,000	4.75	6/15/2046	$ 85,924	$ 92,520
	EMERSON ELEC CO 2.8% DUE 12-21-2051/12-21-2021 BEO	1,000,000	2.80	12/21/2051	660,247	638,369
	ENBRIDGE ENERGY 7.375% DUE 10-15-2045	2,513,000	7.38	10/15/2045	2,952,759	2,919,714
	ENBRIDGE ENERGY 7.5% DUE 04-15-2038	214,000	7.50	4/15/2038	248,798	252,098
	ENBRIDGE INC 6.7% 11-15-2053	754,000	6.70	11/15/2053	859,535	830,554
	ENBRIDGE INC FIXED 4.5% DUE 06-10-2044	560,000	4.50	6/10/2044	475,516	475,968
	ENERGY TRANSFER 5.15% DUE 02-01-2043	179,000	5.15	2/1/2043	160,796	161,586
	ENERGY TRANSFER 6% DUE 06-15-2048	1,084,000	6.00	6/15/2048	1,058,829	1,054,671
	ENERGY TRANSFER 6.25% DUE 04-15-2049	390,000	6.25	4/15/2049	408,164	387,182
	ENERGY TRANSFER FIXED 5.3% DUE 04-15-2047	482,000	5.30	4/15/2047	435,053	428,810
	ENERGY TRANSFER OPER L P 5.0% 05-15-2050	420,000	5.00	5/15/2050	379,747	352,678
	ENTERGY LOUISIANA LLC 5.8% 03-15-2055	1,000,000	5.80	3/15/2055	993,250	1,008,872
	ENTERGY MISS LLC 5.85% 06-01-2054	1,000,000	5.85	6/1/2054	1,050,396	1,010,404
	ENTERGY TEXAS INC 5.55% 09-15-2054	1,540,000	5.55	9/15/2054	1,596,891	1,499,721
	ENTERGY TEXAS INC 5.8% 09-01-2053	176,000	5.80	9/1/2053	181,586	176,149
	ENTERPRISE PRODS 6.125% DUE 10-15-2039	1,000,000	6.13	10/15/2039	1,060,925	1,078,804
	ENTERPRISE PRODS FIXED 4.9% DUE 05-15-2046	208,000	4.90	5/15/2046	197,070	188,623
	ENTERPRISE PRODS OPER LLC 4.8% 02-01-2049	348,000	4.80	2/1/2049	327,517	307,617
	EOG RES INC 4.95% DUE 04-15-2050	2,046,000	4.95	4/15/2050	1,913,060	1,836,754
	EQUINOR ASA FIXED 3.7% DUE 04-06-2050	1,200,000	3.70	4/6/2050	1,314,918	912,885
	EVEREST REINSURANCE HOLDINGS INC 3.5% 10-15-2050	20,000	3.50	10/15/2050	13,951	13,962
	EVEREST REINSURANCE HOLDINGS INC SR NT3.125% 10-15-2052	2,175,000	3.13	10/15/2052	1,621,309	1,383,280
	EVERGY KANS CENT INC 5.7% 03-15-2053	1,933,000	5.70	3/15/2053	2,012,945	1,919,709
	EXXON MOBIL CORP 3.567% DUE 03-06-2045	121,000	3.57	3/6/2045	96,102	95,058
	EXXON MOBIL CORP FIXED 4.327% DUE 03-19-2050	3,198,000	4.33	3/19/2050	3,131,897	2,689,364
	FIFTH 3RD BANCORP 8.25% DUE 03-01-2038	218,000	8.25	3/1/2038	261,161	268,306
	FL PWR & LT CO 1ST MTG BD 5.96 DUE 04-01-2039	832,000	5.96	4/1/2039	889,942	899,699
	FL PWR & LT CO 4.125% DUE 02-01-2042	224,000	4.13	2/1/2042	183,957	195,200
	FLORIDA POWER & LIGHT COMPANY 2.875% 12-04-2051	2,767,000	2.88	12/4/2051	2,151,866	1,770,669
	FLORIDA PWR CORP 6.35% DUE 09-15-2037	16,000	6.35	9/15/2037	17,430	17,799
	FLORIDA PWR CORP 6.4% DUE 06-15-2038	378,000	6.40	6/15/2038	423,074	422,162
	GENERAL MLS INC 3.0% 02-01-2051	1,810,000	3.00	2/1/2051	1,289,524	1,174,845

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	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	GEORGE WASH UNIV 4.126% DUE 09-15-2048	$ 315,000	4.13	9/15/2048	$ 378,051	$ 257,997
	GOLDMAN SACHS 4.75% DUE 10-21-2045	1,183,000	4.75	10/21/2045	1,157,270	1,075,258
	HCA INC 5.125% 06-15-2039	353,000	5.13	6/15/2039	325,928	341,852
	HCA INC 5.25% DUE 06-15-2049	3,808,000	5.25	6/15/2049	3,542,212	3,454,090
	HCA INC 5.5% DUE 06-15-2047	1,795,000	5.50	6/15/2047	2,263,419	1,702,233
	HERSHEY CO 3.125% DUE 11-15-2049	420,000	3.13	11/15/2049	324,544	289,068
	HERSHEY CO 3.375% DUE 08-15-2046	450,000	3.38	8/15/2046	359,473	333,780
	HOME DEPOT INC 2.375% 03-15-2051	3,934,000	2.38	3/15/2051	2,808,099	2,264,546
	HOME DEPOT INC 3.3% DUE 04-15-2040 REG	740,000	3.30	4/15/2040	654,423	606,812
	HOME DEPOT INC 3.9% DUE 06-15-2047	212,000	3.90	6/15/2047	162,985	169,190
	HOME DEPOT INC 4.2% DUE 04-01-2043	186,000	4.20	4/1/2043	161,438	161,780
	HOME DEPOT INC 4.4 DUE 03-15-2045 REG	1,410,000	4.40	3/15/2045	1,250,373	1,228,419
	HOME DEPOT INC 4.875 DUE 02-15-2044	451,000	4.88	2/15/2044	418,342	422,465
	HOME DEPOT INC 5.875% DUE 12-16-2036	605,000	5.88	12/16/2036	688,916	657,575
	HOME DEPOT INC SR NT 2.75% 09-15-2051	1,097,000	2.75	9/15/2051	834,632	680,590
	HONEYWELL INTL INC FIXED 3.812% DUE 11-21-2047	620,000	3.81	11/21/2047	509,266	487,300
	HORMEL FOODS CORP FIXED 3.05% DUE 06-03-2051	1,141,000	3.05	6/3/2051	800,564	749,885
	HSBC HOLDINGS PLC 6.332% 03-09-2044	2,894,000	6.33	3/9/2044	3,033,968	3,179,812
	IL TOOL WKS INC 3.9% DUE 09-01-2042	2,505,000	3.90	9/1/2042	2,210,038	2,122,990
	ILLINOIS TOOL WKS INC 4.875 DUE 09-15-2041 REG	624,000	4.88	9/15/2041	597,944	607,805
	INTERNATIONAL BUSINESS MACHS CORP 4 NTS DUE 06-20-2042 USD1000	1,633,000	4.00	6/20/2042	1,410,596	1,372,135
	INTERNATIONAL BUSINESS MACHS CORP 4.15% DUE 05-15-2039	175,000	4.15	5/15/2039	157,022	156,622
	INTL BUSINESS FIXED 2.85% DUE 05-15-2040	62,000	2.85	5/15/2040	50,656	46,896
	INTL FLAVORS & 5% DUE 09-26-2048	3,661,000	5.00	9/26/2048	3,124,947	3,245,980
	JOHNS HOPKINS UNIV 2.813% DUE 01-01-2060	455,000	2.81	1/1/2060	442,287	269,739
	JPMORGAN CHASE & 5.6% DUE 07-15-2041	607,000	5.60	7/15/2041	646,575	634,697
	JPMORGAN CHASE & CO 3.109% DUE 04-22-2051	665,000	3.11	4/22/2051	475,509	453,011
	JPMORGAN CHASE & CO 3.109% DUE 04-22-2041/10-22-2020 REG	1,361,000	3.11	04/22/2041	1,074,608	1,072,483
	JPMORGAN CHASE & CO 3.157% 04-22-2042	520,000	3.16	4/22/2042	413,035	404,986
	JPMORGAN CHASE & CO 3.328% 04-22-2052	1,162,000	3.33	4/22/2052	857,816	826,639
	JPMORGAN CHASE & CO 3.964% 11-15-2048	1,055,000	3.96	11/15/2048	873,271	852,032
	JPMORGAN CHASE & CO 4.26% 02-22-2048	615,000	4.26	2/22/2048	534,157	523,772

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	Identity of Issuer, Borrower, Lessor, or Similar Party	Face Value	Rate (%)	Maturity Date	Cost	Current Value
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	JPMORGAN CHASE & CO 4.85 NOTES DUE 02-01-2044	$ 1,107,000	4.85	2/1/2044	$ 1,091,849	$ 1,050,989
	JPMORGAN CHASE & CO 5.4 SNR NTS DUE 01-06-2042 USD1000	434,000	5.40	1/6/2042	461,165	442,337
	JPMORGAN CHASE & CO 5.534% 11-29-2045	1,000,000	5.53	11/29/2045	956,070	1,019,128
	JPMORGAN CHASE & FLTG RT 2.525% DUE 11-19-2041	555,000	2.53	11/19/2041	407,519	400,748
	KANSAS CITY POWER & LIGHT CO FIXED 4.125% 04-01-2049 BEO	439,000	4.13	4/1/2049	352,092	352,979
	KELLANOVA 4.5% DUE 04-01-2046	20,000	4.50	4/1/2046	17,299	17,683
	KELLANOVA SR NT 5.75% 05-16-2054	3,181,000	5.75	5/16/2054	3,152,836	3,203,640
	KENTUCKY UTILITIES 5.125 11-1-2040	3,304,000	5.13	11/1/2040	3,350,235	3,244,757
	KENTUCKY UTILS CO 4.375% DUE 10-01-2045	1,051,000	4.38	10/1/2045	909,058	891,844
	KEURIG DR PEPPER INC 3.8% DUE 05-01-2050 BEO	620,000	3.80	5/1/2050	483,366	452,090
	KEURIG DR PEPPER INC SR NT 3.35% 03-15-2051	570,000	3.35	3/15/2051	430,664	384,012
	KEURIG DR PEPPER INC SR NT 4.5% 04-15-2052	1,567,000	4.50	4/15/2052	1,356,734	1,270,460
	KINDER MORGAN 6.95% DUE 01-15-2038	1,239,000	6.95	1/15/2038	1,374,749	1,395,124
	KINDER MORGAN INC 5.2% 03-01-2048	191,000	5.20	3/1/2048	182,478	174,955
	KINDER MORGAN INC 5.55% DUE 06-01-2045	528,000	5.55	6/1/2045	482,781	512,203
	KINDER MORGAN INC DEL SR NT 3.6% 02-15-2051	316,000	3.60	2/15/2051	221,473	221,868
	KRAFT FOODS GROUP 5% DUE 06-04-2042	3,937,000	5.00	6/4/2042	3,741,213	3,622,929
	KRAFT FOODS GROUP 6.875% DUE 01-26-2039	1,379,000	6.88	1/26/2039	1,592,993	1,543,914
	KRAFT HEINZ FOODS 5.2% DUE 07-15-2045	109,000	5.20	7/15/2045	97,000	100,249
	KROGER CO 4.45% DUE 02-01-2047	1,095,000	4.45	2/1/2047	884,341	924,176
	KROGER CO 4.65% DUE 01-15-2048	221,000	4.65	1/15/2048	183,366	190,540
	KROGER CO 5.15% DUE 08-01-2043	446,000	5.15	8/1/2043	425,745	419,425
	KROGER CO 5.65% 09-15-2064	3,502,000	5.65	9/15/2064	3,387,185	3,351,468
	LLOYDS BKG GROUP 3.369% DUE 12-14-2046	577,000	3.37	12/14/2046	435,124	426,478
	LLOYDS BKG GROUP 5.3% DUE 12-01-2045	196,000	5.30	12/1/2045	190,198	185,979
	LOCKHEED MARTIN 5.9% DUE 11-15-2063	64,000	5.90	11/15/2063	73,489	66,412
	LOCKHEED MARTIN CORP 5.7% DUE 11-15-2054	590,000	5.70	11/15/2054	656,177	597,176
	LOUISVILLE GAS & ELEC CO 4.25% 04-01-2049	477,000	4.25	4/1/2049	395,992	390,284
	LOWE'S COMPANIES INC 5.625% DUE 04-15-2053 BEO	769,000	5.63	4/15/2053	755,484	747,684
	LOWES COS INC 3.7% DUE 04-15-2046	306,000	3.70	4/15/2046	235,281	232,293
	LOWES COS INC 4.05% DUE 05-03-2047	211,000	4.05	5/3/2047	173,685	167,349
	LOWES COS INC 4.25% 04-01-2052	1,000,000	4.25	4/1/2052	829,999	790,480
	LOWES COS INC 4.45% 04-01-2062	400,000	4.45	4/1/2062	309,849	314,122
	LOWES COS INC 5% DUE 04-15-2040	435,000	5.00	4/15/2040	436,517	421,902

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		Face Value	Rate (%)	Maturity Date		
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	LOWES COS INC 5.85% 04-01-2063	$ 545,000	5.85	4/1/2063	$ 560,779	$ 534,665
	LOWES COS INC FIXED 5.8% DUE 09-15-2062	445,000	5.80	9/15/2062	424,032	436,327
	MA INST TECH FIXED 2.989% DUE 07-01-2050	1,295,000	2.99	7/1/2050	1,367,607	864,355
	MARATHON PETE CORP 4.75% DUE 09-15-2044	112,000	4.75	9/15/2044	102,020	96,079
	MARKEL GROUP INC 6.0% 05-16-2054	1,000,000	6.00	5/16/2054	1,026,915	1,010,082
	MARKEL GROUP INC SR NT 3.45% 05-07-2052	1,418,000	3.45	5/7/2052	1,114,175	962,531
	MARSH & MCLENNAN 4.9% DUE 03-15-2049	760,000	4.90	3/15/2049	699,142	689,490
	MARSH & MCLENNAN COMPANIES INC 5.45% 03-15-2053	345,000	5.45	3/15/2053	337,928	335,729
	MARSH & MCLENNAN COS INC 4.2% 03-01-2048	420,000	4.20	3/1/2048	349,517	346,792
	MARSH & MCLENNAN COS INC SR NT 2.9% 12-15-2051	79,000	2.90	12/15/2051	59,304	50,208
	MCDONALDS CORP4.45% DUE 03-01-2047 REG	1,081,000	4.45	3/1/2047	1,022,972	928,085
	MCDONALDS CORP 4.2% 04-01-2050	320,000	4.20	4/1/2050	265,558	258,883
	MCDONALDS CORP 4.875% DUE 12-09-2045	1,304,000	4.88	12/9/2045	1,261,895	1,191,874
	MCDONALD'S CORP 5.45% 08-14-2053	335,000	5.45	8/14/2053	332,568	326,407
	MCDONALD'S CORP FIXED 4.45% DUE 09-01-2048	280,000	4.45	9/1/2048	242,894	237,624
	MCDONALDS CORP FIXED 4.6% DUE 05-26-2045	1,544,000	4.60	5/26/2045	1,365,531	1,365,049
	MCDONALDS CORP MEDIUM TERM NTS 3.7 DUE 02-15-2042	480,000	3.70	2/15/2042	380,087	392,870
	MCDONALDS CORP MEDIUM TERM NTS BOOK ENTRY SR NT 6.3% DUE 03-01-2038	1,266,000	6.30	3/1/2038	1,360,522	1,403,329
	MCDONALDS CORP MEDIUM TERM NTS BOOK 3.625% DUE 09-01-2049	602,000	3.63	9/1/2049	462,098	444,421
	META PLATFORMS INC 4.65% 08-15-2062	835,000	4.65	8/15/2062	711,571	677,465
	META PLATFORMS INC 5.55% 08-15-2064	1,000,000	5.55	8/15/2064	983,210	930,821
	META PLATFORMS INC 5.6% DUE 05-15-2053	1,362,000	5.60	5/15/2053	1,364,660	1,308,294
	META PLATFORMS INC 5.75% 05-15-2063	1,120,000	5.75	5/15/2063	1,156,391	1,079,363
	META PLATFORMS INC FIXED 4.45% DUE 08-15-2052	1,165,000	4.45	8/15/2052	1,021,876	950,983
	META PLATFORMS INC SR NT 5.75% 11-15-2065	1,000,000	5.75	11/15/2065	994,030	957,570
	MICROSOFT CORP 2.525% DUE 06-01-2050 BEO	4,035,000	2.53	6/1/2050	2,617,379	2,476,475
	MICROSOFT CORP 3.7% DUE 08-08-2046	963,000	3.70	8/8/2046	825,378	773,211
	MICROSOFT CORP 4.5% 06-15-2047	1,228,000	4.50	6/15/2047	1,137,350	1,105,397
	MICROSOFT CORP 4.75% DUE 11-03-2055	1,000,000	4.75	11/3/2055	921,803	918,050
	MICROSOFT CORP SR NT 2.5% 09-15-2050	1,497,000	2.50	9/15/2050	931,287	911,033

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	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	MIDAMERICAN ENERGY 5.15% DUE 11-15-2043	$ 971,000	5.15	11/15/2043	$ 987,971	$ 934,565
	MIDAMERICAN ENERGY 6.125% DUE 04-01-2036	3,156,000	6.13	4/1/2036	3,411,024	3,428,951
	MONDELEZ INTL INC FIXED 2.625% DUE 09-04-2050	4,023,000	2.63	9/4/2050	2,414,611	2,408,226
	MPLX LP 4.5% 04-15-2038	1,211,000	4.50	4/15/2038	1,086,592	1,107,080
	MPLX LP 5.5% DUE 02-15-2049	1,000,000	5.50	2/15/2049	923,207	922,210
	MPLX LP SR NT 4.95% 03-14-2052	1,578,000	4.95	3/14/2052	1,420,364	1,331,919
	NBCUNIVERSAL MEDIA 4.45% DUE 01-15-2043	95,000	4.45	1/15/2043	90,750	81,007
	NBCUNIVERSAL MEDIA 6.4% DUE 04-30-2040	500,000	6.40	4/30/2040	542,854	543,214
	NOKIA CORP 6.625% DUE 05-15-2039	950,000	6.63	5/15/2039	906,566	1,018,878
	NORTHWESTERN UNIV 3.662% DUE 12-01-2057	400,000	3.66	12/1/2057	473,629	291,447
	NOVANT HEALTH INC 3.168% DUE 11-01-2051	83,000	3.17	11/1/2051	56,579	55,526
	NYU LANGONE HOSPS 3.38% DUE 07-01-2055	400,000	3.38	7/1/2055	405,272	274,494
	OCCIDENTAL PETE 4.2% DUE 03-15-2048	240,000	4.20	3/15/2048	190,248	179,571
	OCCIDENTAL PETE CORP SR NT 6.6% 03-15-2046	815,000	6.60	3/15/2046	875,906	844,157
	OLD REP INTL CORP SR NT 3.85% 06-11-2051	1,016,000	3.85	6/11/2051	783,510	737,808
	ONCOR ELEC 3.75% DUE 04-01-2045	926,000	3.75	4/1/2045	735,970	728,182
	ONCOR ELEC 5.25% DUE 09-30-2040	796,000	5.25	9/30/2040	802,660	790,013
	ONCOR ELEC DELIVERY CO LLC 3.1% 09-15-2049	370,000	3.10	9/15/2049	272,804	246,310
	ONCOR ELEC DELIVERY CO LLC 5.55% 06-15-2054	2,375,000	5.55	6/15/2054	2,488,307	2,315,295
	ONEOK INC 5.85% 11-01-2064	1,373,000	5.85	11/1/2064	1,290,817	1,292,616
	ONEOK INC NEW 3.95% 03-01-2050	225,000	3.95	3/1/2050	183,102	163,794
	ONEOK INC NEW 7.15% DUE 01-15-2051 REG	654,000	7.15	1/15/2051	702,883	720,576
	ONEOK PARTNERS L P 6.125 DUE 02-01-2041	2,484,000	6.13	2/1/2041	2,503,439	2,556,746
	ORACLE CORP 3.6% DUE 04-01-2050 REG	3,300,000	3.60	4/1/2050	2,487,091	2,063,853
	ORACLE CORP 4% DUE 07-15-2046	2,420,000	4.00	7/15/2046	1,973,660	1,685,212
	ORACLE CORP 5.375% 09-27-2054	229,000	5.38	9/27/2054	210,151	185,893
	ORACLE CORP 5.5% 09-27-2064	716,000	5.50	9/27/2064	699,538	573,389
	ORACLE CORP 5.55% 02-06-2053	257,000	5.55	2/6/2053	249,419	213,907
	ORACLE CORP 6% 08-03-2055	51,000	6.00	8/3/2055	49,941	45,129
	ORACLE CORP 6.1% 09-26-2065	480,000	6.10	9/26/2065	445,248	424,991
	ORACLE CORP 6.125% 08-03-2065	2,246,000	6.13	8/3/2065	2,205,289	1,996,123
	ORACLE CORP FIXED 6.9% DUE 11-09-2052	1,966,000	6.90	11/9/2052	2,252,176	1,948,894
	OWENS CORNING 5.95% 06-15-2054	556,000	5.95	6/15/2054	564,999	565,755
	PAC GAS & ELEC CO 3.3% DUE 08-01-2040	587,000	3.30	8/1/2040	442,709	445,547
	PAC GAS & ELEC CO 3.5% DUE 08-01-2050	1,222,000	3.50	8/1/2050	865,286	827,175
	PAC GAS & ELEC CO FIXED 4.5% DUE 07-01-2040	1,810,000	4.50	7/1/2040	1,451,919	1,582,048

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	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	PAC GAS & ELEC CO FIXED 4.95% DUE 07-01-2050	$ 1,335,000	4.95	7/1/2050	$ 1,063,544	$ 1,131,641
	PACIFIC GAS & ELEC CO 4.75% DUE 02-15-2044	62,000	4.75	2/15/2044	50,466	52,536
	PACIFIC GAS & ELEC CO 6.75% 01-15-2053	715,000	6.75	1/15/2053	764,149	762,672
	PARKER-HANNIFIN CORP 4.45% 11-21-2044	1,000,000	4.45	11/21/2044	889,800	880,556
	PEPSICO INC 2.875% DUE 10-15-2049	1,864,000	2.88	10/15/2049	1,512,305	1,229,534
	PEPSICO INC 3.45% DUE 10-06-2046	599,000	3.45	10/6/2046	477,901	453,396
	PEPSICO INC 3.6% DUE 08-13-2042	343,000	3.60	8/13/2042	277,843	279,473
	PEPSICO INC 4% DUE 05-02-2047	29,000	4.00	5/2/2047	23,311	23,888
	PEPSICO INC 4.25% DUE10-22-2044	447,000	4.25	10/22/2044	394,566	386,392
	PEPSICO INC 4.45% DUE 04-14-2046	385,000	4.45	4/14/2046	362,180	341,055
	PEPSICO INC 4.65% 02-15-2053	302,000	4.65	2/15/2053	271,596	266,859
	PEPSICO INC 5.25% 07-17-2054	325,000	5.25	7/17/2054	311,698	315,798
	PEPSICO INC 5.5% DUE 01-15-2040	750,000	5.50	1/15/2040	798,987	788,281
	PEPSICO INC FIXED 2.625% 10-21-2041	459,000	2.63	10/21/2041	363,710	334,195
	PEPSICO INC SR NT 2.75% 10-21-2051	315,000	2.75	10/21/2051	249,005	198,551
	PEPSICO INC SR NT 4 DUE 03-05-2042	392,000	4.00	3/5/2042	343,959	337,812
	PETRO-CDA 6.8% DUE 05-15-2038	2,011,000	6.80	5/15/2038	2,178,379	2,226,014
	PHILIP MORRIS INTL INC 4.875 DUE 11-15-2043	1,000,000	4.88	11/15/2043	929,144	924,683
	POTOMAC ELECTRIC POWER CO 5.5% 03-15-2054	352,000	5.50	3/15/2054	341,982	341,163
	PRESIDENT & FELLOWS HARVARD COLLEGE 2.517% DUE 10-15-2050/ 04-21-2020 REG	435,000	2.52	10/15/2050	420,156	265,648
	PROCTER & GAMBLE CO 3.6% DUE 03-25-2050 REG	1,000,000	3.60	3/25/2050	777,865	764,426
	PROCTER & GAMBLE FIXED 3.5% DUE 10-25-2047	1,179,000	3.50	10/25/2047	928,819	911,779
	PROGRESS ENERGY 6.5% DUE 02-01-2042	535,000	6.50	2/1/2042	551,572	565,217
	PROGRESSIVE CORP OH 3.7% DUE 03-15-2052 BEO	1,591,000	3.70	3/15/2052	1,379,934	1,197,221
	PUB SVC ELEC GAS 3.8% DUE 03-01-2046	643,000	3.80	3/1/2046	508,807	508,742
	PUB SVC ELEC GAS CO SECD 3.95 DUE 05-01-2042 REG	2,815,000	3.95	5/1/2042	2,318,761	2,375,462
	PUBLIC SVC CO COLO 6.25% DUE 09-01-2037	398,000	6.25	9/1/2037	434,891	435,073
	PUBLIC SVC ELEC GAS CO SECD MEDIUM TERM NTS 3.8 01-01-2043	442,000	3.80	1/1/2043	362,806	361,596
	PUBLIC SVC ELEC GAS CO TRANCHE # TR 00025 3.65 09-01-2042	953,000	3.65	9/1/2042	742,868	765,931
	PVTPL BROADCOM INC NT 4.926% 05-15-2037	1,795,000	4.93	5/15/2037	1,646,811	1,775,716
	PVTPL CAMERON LNG LLC 3.402% DUE 01-15-2038/07-15-2037 BEO	3,838,000	3.40	7/15/2037	3,227,748	3,331,500
	PVTPL MUTUAL OF OMAHA INS CO 6.144% 01-16-2064	500,000	6.14	1/16/2064	479,435	520,626

Schlumberger Group Welfare Benefits Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 22-1692661 **Plan Number: 502**

December 31, 2025

(a)	(b)	(c)			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value
		Face Value	Rate (%)	Maturity Date		
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	PVTPL SABAL TRAIL TRANSMISSION LLC 4.682% 05-01-2038	$ 1,731,000	4.68	5/1/2038	$ 1,554,843	$ 1,646,194
	PVTPL SOCIETE GENERALE 7.132% 01-19-2055	2,954,000	7.13	1/19/2055	2,994,900	3,100,159
	REPUBLIC SVCS INC 5.7% DUE 05-15-2041	2,566,000	5.70	5/15/2041	2,645,725	2,700,201
	REPUBLIC SVCS INC 6.2% DUE 03-01-2040	1,908,000	6.20	3/1/2040	2,083,840	2,109,577
	REYNOLDS AMERN INC 7.25% DUE 06-15-2037	5,276,000	7.25	6/15/2037	5,910,212	6,108,357
	RTX CORPORATION 2.82% 09-01-2051	1,248,000	2.82	9/1/2051	940,192	781,147
	RTX CORPORATION 6.4% 03-15-2054	152,000	6.40	3/15/2054	170,350	167,752
	SALESFORCE.COM INC 3.05% DUE 07-15-2061 BEO	310,000	3.05	7/15/2061	233,334	187,487
	SAN DIEGO G & E FIXED 2.95% DUE 08-15-2051	333,000	2.95	8/15/2051	258,170	212,145
	SHERWIN WILLIAMS CO 4 DUE 12-15-2042	97,000	4.00	12/15/2042	81,147	80,053
	SHERWIN-WILLIAMS 4.5% DUE 06-01-2047	1,808,000	4.50	6/1/2047	1,703,009	1,547,050
	SHERWIN-WILLIAMS 4.55% DUE 08-01-2045	1,691,000	4.55	8/1/2045	1,409,471	1,448,972
	SHERWIN-WILLIAMS FIXED 3.3% DUE 05-15-2050	140,000	3.30	5/15/2050	99,563	95,547
	SMUCKER J M CO 6.5% 11-15-2043	1,906,000	6.50	11/15/2043	2,001,348	2,051,287
	SMUCKER J M CO 6.5% 11-15-2053	1,194,000	6.50	11/15/2053	1,344,345	1,296,213
	SOUTHERN CALIF EDISON CO 4.875% 03-01-2049	201,000	4.88	3/1/2049	189,519	169,028
	SOUTHERN CALIF EDISON CO 5.75% 04-15-2054	1,000,000	5.75	4/15/2054	950,710	940,886
	SOUTHERN CALIF EDISON CO 5.875% 12-01-2053	317,000	5.88	12/1/2053	313,643	304,638
	SOUTHERN CALIF GAS CO 4.3% 01-15-2049	727,000	4.30	1/15/2049	598,447	595,634
	SOUTHERN CALIF GAS CO 5.6% 04-01-2054	310,000	5.60	4/1/2054	298,270	304,522
	SOUTHERN CALIF GAS CO 5.75% 06-01-2053	1,318,000	5.75	6/1/2053	1,371,695	1,314,525
	SOUTHN CAL EDISON 4% DUE 04-01-2047	1,017,000	4.00	4/1/2047	863,495	765,477
	SOUTHN CAL GAS CO 3.95% DUE 02-15-2050	160,000	3.95	2/15/2050	143,670	123,246
	SOUTHN CAL GAS CO FIXED 6.35% DUE 11-15-2052	2,249,000	6.35	11/15/2052	2,532,636	2,440,360
	SOUTHWESTERN PUB SVC CO 6.0% 06-01-2054	2,795,000	6.00	6/1/2054	3,003,033	2,866,278
	SOUTHWESTN PUB SVC 4.5% DUE 08-15-2041	3,084,000	4.50	8/15/2041	2,619,324	2,755,351
	SOUTHWESTN PUB SVC FIXED 4.4% 11-15-2048	945,000	4.40	11/15/2048	767,219	789,973
	STANFORD UNIV CAL 2.413% DUE 06-01-2050	880,000	2.41	6/1/2050	831,179	529,801

December 31, 2025

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	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value
		Face Value	Rate (%)	Maturity Date		
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	STARBUCKS CORP 3.5% DUE 11-15-2050	$ 1,116,000	3.50	11/15/2050	$ 904,151	$ 785,638
	STARBUCKS CORP FIXED 3.35% DUE 03-12-2050	409,000	3.35	3/12/2050	322,878	280,107
	STARBUCKS CORP FIXED 4.45% 08-15-2049	870,000	4.45	8/15/2049	805,248	721,389
	SUNCOR ENERGY INC 4% DUE 11-15-2047	600,000	4.00	11/15/2047	527,223	457,176
	SUNCOR ENERGY INC NEW SR NT 3.75% 03-04-2051	1,280,000	3.75	3/4/2051	1,067,781	914,041
	SUNOCO LOGISTICS 5.3% DUE 04-01-2044	489,000	5.30	4/1/2044	445,393	444,601
	SUNOCO LOGISTICS PARTNERS 5.4% 10-01-2047	430,000	5.40	10/1/2047	404,653	387,648
	SYSCO CORP 6.6% DUE 04-01-2040	1,819,000	6.60	4/1/2040	2,010,640	2,014,723
	SYSCO CORP FIXED 4.45% DUE 03-15-2048	138,000	4.45	3/15/2048	110,133	117,225
	SYSCO CORP FIXED 6.6% DUE 04-01-2050	2,898,000	6.60	4/1/2050	3,162,364	3,192,875
	SYSTEM ENERGY RES INC FIRST MTG BD 5.3% 12-15-2034	2,857,000	5.30	12/15/2034	2,866,394	2,893,049
	THERMO FISHER 4.1% DUE 08-15-2047	595,000	4.10	8/15/2047	512,150	496,152
	THERMO FISHER SCIENTIFIC INC 2.8% 10-15-2041	837,000	2.80	10/15/2041	642,252	621,211
	THERMO FISHER SCIENTIFIC INC 5.3 DUE 02-01-2044	405,000	5.30	2/1/2044	411,472	400,676
	THERMO FISHER SCIENTIFIC INC 5.404% 08-10-2043	1,050,000	5.40	8/10/2043	1,047,098	1,059,533
	T-MOBILE USA INC 3.4% 10-15-2052	845,000	3.40	10/15/2052	613,619	570,401
	T-MOBILE USA INC 3.6% 11-15-2060	986,000	3.60	11/15/2060	730,979	657,755
	T-MOBILE USA INC 4.5% DUE 04-15-2050	3,694,000	4.50	4/15/2050	3,184,127	3,054,716
	T-MOBILE USA INC FIXED 4.375% DUE 04-15-2040	4,672,000	4.38	4/15/2040	4,207,283	4,201,761
	T-MOBILE USA INC TMUS 3.3% 02-15-2051	910,000	3.30	2/15/2051	654,179	610,476
	TR FIN LLC DEB 5.5% 08-15-2035	50,000	5.50	8/15/2035	50,611	52,089
	TYSON FOODS INC 4.55% DUE 06-02-2047	2,056,000	4.55	6/2/2047	1,775,551	1,771,755
	TYSON FOODS INC 5.1% 09-28-2048	1,131,000	5.10	9/28/2048	996,712	1,045,834
	TYSON FOODS INC 5.15% DUE 08-15-2044	1,274,000	5.15	8/15/2044	1,199,235	1,196,936
	UBS GROUP AG 4.875% 05-15-2045	20,000	4.88	5/15/2045	18,893	18,599
	UNION ELEC CO 3.9 DUE 09-15-2042	107,000	3.90	9/15/2042	84,875	88,138
	UNION ELEC CO 5.45% 03-15-2053	68,000	5.45	3/15/2053	66,330	65,812
	UNION ELEC CO 8.45% DUE 03-15-2039	1,398,000	8.45	3/15/2039	1,782,254	1,807,994
	UNION ELECTRIC CO 3.9% DUE 04-01-2052	2,906,000	3.90	4/1/2052	2,612,955	2,229,445
	UNION PAC CORP 3.25% DUE 02-05-2050	3,184,000	3.25	2/5/2050	2,609,641	2,213,112
	UNION PAC CORP 3.5% 02-14-2053	47,000	3.50	2/14/2053	39,706	33,400
	UNION PAC CORP FIXED 3.75% DUE 02-05-2070	272,000	3.75	2/5/2070	225,546	184,202
	UNITEDHEALTH GROUP 4.25% DUE 03-15-2043	1,415,000	4.25	3/15/2043	1,282,695	1,216,430

December 31, 2025

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		Face Value	Rate (%)	Maturity Date		
Corporate Bonds and Other Fixed-Income Obligations (continued)						
	UNITEDHEALTH GROUP 4.75% DUE 07-15-2045	$ 1,690,000	4.75	7/15/2045	$ 1,617,346	$ 1,524,869
	UNITEDHEALTH GROUP 5.75% DUE 07-15-2064	1,629,000	5.75	7/15/2064	1,671,416	1,597,351
	UNITEDHEALTH GROUP 5.95% DUE 02-15-2041	305,000	5.95	2/15/2041	322,112	321,637
	UNITEDHEALTH GROUP 6.05% DUE 02-15-2063	246,000	6.05	2/15/2063	242,630	252,315
	UNITEDHEALTH GROUP FIXED 4.25% DUE 06-15-2048	1,250,000	4.25	6/15/2048	1,109,991	1,026,836
	UNITEDHEALTH GROUP INC 3.05% DUE 05-15-2041 BEO	1,840,000	3.05	5/15/2041	1,559,699	1,399,088
	UNITEDHEALTH GROUP INC 5.5% 04-15-2064	210,000	5.50	4/15/2064	193,448	198,015
	UNITEDHEALTH GROUP INC 5.95% 06-15-2055	841,000	5.95	6/15/2055	849,732	866,907
	UNIV PA TRUSTEES 2.396% DUE 10-01-2050	525,000	2.40	10/1/2050	486,146	309,442
	UNIV SOUTHN CAL 3.841% DUE 10-01-2047	500,000	3.84	10/1/2047	587,358	403,721
	UNIVERSITY CHICAGO 2.547% DUE 04-01-2050	610,000	2.55	4/1/2050	569,876	398,608
	VERIZON 4% DUE 03-22-2050	245,000	4.00	3/22/2050	205,013	187,252
	VERIZON 4.125% DUE 08-15-2046	4,443,000	4.13	8/15/2046	4,087,047	3,574,213
	VERIZON 5.012% DUE 08-21-2054	165,000	5.01	8/21/2054	162,579	145,162
	VERIZON COMMUNICATIONS 3.55% DUE 03-22-2051 BEO	960,000	3.55	3/22/2051	744,960	683,672
	VERIZON COMMUNICATIONS 3.7% DUE 03-22-2061 BEO	446,000	3.70	3/22/2061	341,267	302,293
	VERIZON COMMUNICATIONS 6.55 BDS DUE 09-15-2043 USD2000 BEO	462,000	6.55	9/15/2043	506,885	509,067
	VERIZON COMMUNICATIONS INC 2.987% 10-30-2056 USD	235,000	2.99	10/30/2056	147,140	140,477
	VERIZON COMMUNICATIONS INC 3.875% 03-01-2052	200,000	3.88	3/1/2052	163,931	148,786
	VISA INC 3.65% 09-15-2047	315,000	3.65	9/15/2047	259,950	246,685
	VISA INC 4.3% DUE 12-14-2045	1,580,000	4.30	12/14/2045	1,460,966	1,383,175
	WALMART INC 2.5% DUE 09-22-2041 BEO	305,000	2.50	9/22/2041	228,689	221,620
	WALMART INC 2.95% DUE 09-24-2049	210,000	2.95	9/24/2049	155,071	142,550
	WALMART INC 3.625% DUE 12-15-2047	674,000	3.63	12/15/2047	540,013	524,589
	WALMART INC 4% DUE 04-11-2043	739,000	4.00	4/11/2043	645,844	641,195
	WALMART INC 4.05% DUE 06-29-2048 REG	1,649,000	4.05	6/29/2048	1,386,376	1,380,593
	WALMART INC 4.5% DUE 09-09-2052 BEO	335,000	4.50	9/9/2052	319,376	296,190
	WALMART INC 5.625% DUE 04-15-2041	921,000	5.63	4/15/2041	980,179	976,999
	WALMART INC NT 2.65% 09-22-2051	670,000	2.65	9/22/2051	418,236	423,984
	WASTE MANAGEMENT INC 2.95% DUE 06-01-2041	1,069,000	2.95	6/1/2041	797,121	814,968
	WASTE MANAGEMENT INC 4.1% DUE 03-01-2045 REG	568,000	4.10	3/1/2045	486,250	479,938
	WASTE MANAGEMENT INC 5.35% 10-15-2054	805,000	5.35	10/15/2054	798,418	786,745
	WASTE MGMT INC DEL 2.5% DUE 11-15-2050/11-17-2020 REG	440,000	2.50	11/15/2050	299,380	263,900

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		Face Value	Rate (%)	Maturity Date		
	Corporate Bonds and Other Fixed-Income Obligations (continued)					
	WASTE MGMT INC DEL FIXED 4.15% 07-15-2049	$ 1,450,000	4.15	7/15/2049	$ 1,208,540	$ 1,202,661
	WELLS FARGO & CO 3.068% 04-30-2041	1,779,000	3.07	4/30/2041	1,378,804	1,383,565
	WELLS FARGO & CO 4.611% 04-25-2053	2,203,000	4.61	4/25/2053	2,136,822	1,906,133
	WELLS FARGO & CO 5.375% DUE 11-02-2043	2,396,000	5.38	11/2/2043	2,461,794	2,330,021
	WELLS FARGO & CO FLTG RT 5.013% 04-04-2051	1,156,000	5.01	4/4/2051	1,131,109	1,060,454
	WILLIAMS PARTNERS 6.3% DUE 04-15-2040	460,000	6.30	4/15/2040	479,224	496,465
	Total Corporate Bonds				432,184,793	410,976,654
	Total				$ 654,689,906	$ 718,976,983

* A party-in-interest, as defined by ERISA.