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
SCOR U.S. GROUP PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1975

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)
SCOR U.S. CORPORATION

28 LIBERTY STREET
SUITE 5400
NEW YORK, NY 10005

2b Employer Identification Number (EIN)
75-1791342

2c Plan Sponsor's telephone number
212-884-9000

2d Business code (see instructions)
524290

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.	10/15/2026	ELIZABETH ISENHOUR
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	350
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)**	66
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	55
b	Retired or separated participants receiving benefits	**6b**	163
c	Other retired or separated participants entitled to future benefits	**6c**	116
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	334
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	13
f	Total. Add lines **6d** and **6e**.	**6f**	347
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
SCOR U.S. GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SCOR U.S. CORPORATION

D Employer Identification Number (EIN)
75-1791342

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	72368894
b Actuarial value	**2b**	73925688

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	165	56299858	56299858
b For terminated vested participants	119	8446641	8446641
c For active participants	66	9494893	9494893
d Total	350	74241392	74241392

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

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

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	360000
c Target normal cost	**6c**	360000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/25/2026
Date

AIDA DOMLIJA, FSA, EA, MAAA
Type or print name of actuary

26-06955
Most recent enrollment number

SEGAL
Firm name

212-251-5000
Telephone number (including area code)

66 HUDSON BLVD E
20TH FLOOR
NEW YORK, NY 10001-2192
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	11732693
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	11732693
10	Interest on line 9 using prior year's actual return of 1.29 %	0	151352
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		299063
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09 %		15222
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		314285
d	Portion of (c) to be added to prefunding balance		314285
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	12198330

Part III Funding Percentages

14	Funding target attainment percentage	14	83.14 %
15	Adjusted funding target attainment percentage	15	83.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.52 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/04/2025	450000	0			
06/04/2025	450000	0			
09/08/2025	450000	0			
12/03/2025	450000	0			
			Totals ► 18(b)	1800000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1749567

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.03 %	2nd segment: 5.28 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	360000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	12514034	1349904
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1709904

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

36 Additional cash requirement (line 34 minus line 35)	**36**	1709904
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1749567
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	39663
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
SCOR U.S. GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCOR U.S. CORPORATION

D Employer Identification Number (EIN)
75-1791342

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

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

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

FIDUCIARY TRUST COMPANY INTERNATION

13-3580612

(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	NONE	279959	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE SEGAL COMPANY

13-2619159

(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	NONE	215275	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FORVIS MAZARS, LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	47092	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(complete as many entries as needed)

a Name: JARRED WILSON
b EIN: 13-2619159
c Position: CONSULTING ACTUARY
d Address: 66 HUDSON BLVD E
20TH FLOOR
NEW YORK, NY 10001
e Telephone: 212-251-5000

Explanation: THE ENROLLED ACTUARY WAS CHANGED DUE TO A REASSIGNMENT OF RESPONSIBILITIES WITHIN THE SAME FIRM.

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCOR U.S. GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCOR U.S. CORPORATION

D Employer Identification Number (EIN)
75-1791342

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	499889	465542
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	626684	192412
(2) U.S. Government securities	1c(2)	43897053	55996103
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1629747	8562660
(B) All other	1c(3)(B)	8469119	601726
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	14044348	7382301
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3202053	1805865

		(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	72368893	75006609
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	84010	102332
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	84010	102332
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	72284883	74904277

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)	1800000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1800000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	20250	
(B) U.S. Government securities	2b(1)(B)	786804	
(C) Corporate debt instruments	2b(1)(C)	462655	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	127381	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1397090
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	223646	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		223646
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	34870875	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	28700977	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		6169898
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-777294	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-777294

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-98389
d Total income. Add all **income** amounts in column (b) and enter total	2d		8714951
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5439692	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	-18758	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5420934
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	279959	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	262367	
(11) Other expenses	2i(11)	132297	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		674623
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6095557
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2619394
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583695.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SCOR U.S. GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCOR U.S. CORPORATION

D Employer Identification Number (EIN)
75-1791342

Part I Distributions

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

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

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

EIN(s): 13-3580612

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 0

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

SCOR US Group Pension Plan
Years Ended December 31, 2025 and 2024
With Independent Auditor's Report
EIN 75-1791342 PN 001

Internal. Access limited to SCOR users, authorized trusted partners and clients.

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Internal. Access limited to SCOR users, authorized trusted partners and clients.

Forvis Mazars, LLP
135 West 50th Street
New York, NY 10020-1299
P 212.812.7000 | F 212.375.6888
forvismazars.us

Independent Auditor's Report

Trustees
SCOR US Group Pension Plan
New York, New York

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

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

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

Management has obtained certifications from 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 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Forvis Mazars, LLP

New York, New York
October 12, 2026

Federal Employer Identification Number: 44-0160260

SCOR US Group Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	December 31,	
	2025	**2024**
Assets:		
Investments at fair value:		
Fixed maturities	**$ 66,966,354**	$ 57,197,972
Common stocks	**7,382,301**	14,044,348
Cash and cash equivalents	**192,412**	626,684
Total investments at fair value	**74,541,067**	71,869,004
Receivables:		
Accrued investment income	**465,542**	499,889
Total receivables	**465,542**	499,889
Total assets	**75,006,609**	72,368,893
Liabilities:		
Accrued expenses	**102,332**	84,010
Total liabilities	**102,332**	84,010
Net assets available for benefits	**$ 74,904,277**	$ 72,284,883

See accompanying notes to financial statements.

Internal. Access limited to SCOR users, authorized trusted partners and clients.

SCOR US Group Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2025 and 2024

	December 31,	
	2025	**2024**
Additions to net assets attributable to:		
Investment income		
Net (depreciation) appreciation in fair value of investments	**$ 5,392,604**	$ (694,347)
Interest earned	**1,397,090**	1,387,179
Dividends earned	**223,646**	234,432
Other (losses) income	**(98,389)**	(33,730)
Total investment income	**6,914,951**	893,534
Employer contributions	**1,800,000**	1,508,000
Total contributions	**1,800,000**	1,508,000
Total additions	**8,714,951**	2,401,534
Deductions from net assets attributable to:		
Benefits paid to participants	**5,439,692**	5,170,485
Administrative expenses	**674,623**	606,608
Other cash disbursements	**(18,758)**	606,608
Total deductions	**6,095,557**	5,777,093
Net (decrease) increase in net assets	**2,619,394**	(3,375,559)
Net assets available for benefits:		
Beginning of year	**72,284,883**	75,660,442
End of year	**$ 74,904,277**	$ 72,284,883

See accompanying notes to financial statements.

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1. Background and Plan Description

The following brief description of the SCOR US Group Pension Plan (the "SCOR Plan" or "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information, copies are available from the Administrative Committee of the Plan.

General

The Plan is a noncontributory defined benefit pension plan sponsored by SCOR US Corporation (the "Corporation" or "Company") covering substantially all employees of SCOR US subsidiaries, and certain other affiliates. Benefits under the Plan were based on an employee's years of service and compensation.

Effective October 1, 2006, the SCOR Plan was closed to new participants, accrued benefits for existing participants were frozen, and to the extent not previously vested, existing participants continued to vest in their accrued benefits in accordance with the terms of the SCOR Plan.

Effective December 31, 2007, the Sorema N.A. Holding Corporation Pension Plan (the "Sorema Plan") merged into the SCOR Plan. As part of the merger, all Sorema Plan assets and liabilities were transferred to the SCOR Plan. In addition, all accrued benefits related to the Sorema Plan are disbursed from the SCOR Plan.

Effective January 1, 2015, SCOR Global Life U.S. Re Insurance Company ("SGLUSA") adopted the SCOR Plan as a participating employer and merged the frozen Generali USA Life Reassurance Company Employees' Retirement Plan (the "Generali Plan") into the SCOR Plan. In addition, all accrued benefits related to the Generali Plan are disbursed from the SCOR Plan.

The original plan documents, before the merger, have remained in effect. As a result, the Company remains directly responsible for those obligations under the original SCOR Plan, which is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

SCOR Plan

Under the terms of the Plan, participants are eligible for normal monthly benefit payments upon reaching age 65 and having had five years of vesting service. Participants are eligible for reduced benefit payments upon reaching age 55 and having had ten years of vesting service.

Monthly benefit payments are determined by application of a benefit formula to a participant's average base pay, overtime pay and bonus, for the highest five consecutive years out of the last ten years preceding retirement (or October 1, 2006, if sooner). If a participant had accrued less than 15 years of benefit service, the monthly pension benefit is equal to 46% of the average monthly compensation, as defined, multiplied by the ratio of years of benefit service to 15. If a participant had accrued 15 or more years of benefit service, the monthly pension benefit is equal to 46% of the average monthly compensation. Participants were not vested in the Plan unless they had completed five years of service, at which time the participant was 100% vested.

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1. Background and Plan Description (continued)

The normal form of retirement benefit for a single employee is a life annuity and a 50% joint and survivor annuity for a married employee. Other forms of benefit may be elected with spousal consent.

The Plan also provides death benefits for participants and disability benefits in the event of eligibility for Social Security disability benefits.

Sorema Plan

Under the terms of the Sorema Plan, participants were eligible for normal monthly benefit payments upon reaching age 65 and having had five years of vesting service. If a participant has accrued less than 15 years of benefit service, the monthly pension benefit is equal to 50% of the average monthly compensation, as defined, multiplied by the ratio of years of benefit service to 15. If a participant had accrued 15 or more years of benefit service, the monthly pension benefit is equal to 50% of the average monthly compensation. The average monthly compensation is determined as one-twelfth of the average compensation over the 60-month period of credited service for which it is the highest. The Plan permits early retirement at ages 55 to 64 when having accumulated five years of vesting service.

The Sorema Plan also provides death benefits for participants.

Generali Plan

Under the terms of the Generali Plan, participants are eligible for retirement benefits upon reaching age 65 or earlier based on minimum age and service requirements. Participants may elect early retirement, provided that the sum of the participant's age and years of vesting service is equal to at least 75 years and they are at least 50 years of age. Employee benefits are determined by application of a benefit ratio to a participant's average monthly wage. Participants will receive monthly benefits of 1.6% of their final average salary up to covered compensation, plus 2.0% of their computed final average salary in excess of covered compensation, for each year of participating service completed prior to normal retirement, with a maximum of 30 years of participating service. The final average salary is equal to the highest 36 consecutive months of base salary out of the last 120 months.

Upon retirement, employees may receive the value of their accumulated plan benefits in annuity distributions. If the present value of their accrued benefit is less than $20,000, they may also elect a lump-sum payment. If the present value of their accrued benefit is greater than $1,000 but is $5,000 or less, the employee may elect a single lump sum payment, annuity distributions, or direct rollover into an eligible retirement plan. If the present value of their accrued benefit is $1,000 or less, the Plan will automatically distribute the lump sum. Distributions are made in accordance with the Generali Plan provisions.

The Generali Plan also provides death benefits for participants and disability benefits in the event of eligibility for Social Security disability benefits.

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1. **Background and Plan Description (continued)**

Plan Expenses

Trustee fees and other fees including actuarial and audit fees subject to ERISA are paid directly by the Plan.

2. **Summary of Significant Accounting Policies**

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles ("GAAP") in the United States of America requires management to make estimates and assumptions that affect the reporting amounts of net assets available for benefits at the date of the financial statements and the actuarial present value of accumulated plan benefits as of the benefit information date, the changes in net assets available for benefits and the accumulated plan benefits during the reporting period and, when applicable, the recognition and disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates and assumptions.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is 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. See Note 5 for discussions of fair value measurements.

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

Subsequent Events

The Plan has evaluated subsequent events through October 12, 2026, the date the financial statements were available for issuance.

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3. Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered through the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries.

Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent consulting actuary, Segal Consulting, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The following are significant assumptions underlying the computation of the actuarial present value of accumulated plan benefits for the 2025 and 2024 plan years:

	January 1,	
	2025	**2024**
Assumed rate of interest	**5.75%**	5.75%

	Age	**Rate of Retirement**	
		SCOR/Sorema	**Generali**
Retirement age	**55-59**	**0%**	**5%**
	60-61	**5%**	**10%**
	62-64	**5%**	**25%**
	65-69	**20%**	**30%**
	70 & above	**100%**	**100%**

Assumed mortality rate:

The assumed mortality rates are the White Collar amounts-weighted PRI-2012 employee and retiree mortality tables. Mortality improvement is projected generationally using the Intermediate Tier assumptions of the SSA's 2024 Trustees Report. Previously, the same mortality improvement projection was used but based on the assumptions in the prior year's Trustees Report. The mortality assumption was selected by the plan sponsor. Based on a review of the historical experience, in light of professional judgement, the selected table and mortality improvement projection reasonably reflects the expected future mortality experience of the Plan.

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3. Accumulated Plan Benefits (continued)

The accumulated plan benefit information at January 1, 2025 is summarized as follows:

	January 1, 2025
Actuarial present value of accumulated plan benefits:	
Vested Benefits:	
Participants currently receiving payments	$ 56,554,661
Other participants	17,741,489
	74,296,150
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	$ 74,296,150

Changes in the accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits at January 1, 2024	$ 74,656,329
Increase (decrease) during the year attributable to:	
Benefits accumulated and (gains) losses	897,020
Increase in interest due to change in discount period	3,915,739
Benefits paid	(5,170,485)
Change in actuarial assumptions (*)	(2,453)
Net change	(360,179)
Actuarial present value of accumulated plan benefits at January 1, 2025	$ 74,296,150

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had valuations been performed as of December 31, there would be no material differences.

(*) Actuarial assumption changes since prior valuation

- The mortality improvement scale was updated from the generational 2023 SSA Intermediate-Cost Projections scale to the generational 2024 SSA Intermediate-Cost Projections scale to better reflect future expected experience.

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4. 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, Fiduciary Trust Company International, ("Fiduciary"), a qualified institution, has certified the following investment from information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

	December 31,	
	2025	**2024**
Investments, at fair value	**$ 74,375,302**	$ 71,667,484
Total	**$ 74,375,302**	$ 71,667,484

	Year Ended December 31,	
	2024	**2023**
Interest and dividend income	**$ 1,620,736**	$ 1,621,611
Net (depreciation) appreciation in fair value of investment	**5,392,604**	(694,347)
Total	**$ 7,013,340**	$ 927,264

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

5. Fair Value Measurements

The Plan's investments are stated at fair value. The fair value hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a level 3 fair value measurement may include inputs that are both observable (levels 1 and 2) and unobservable (level 3). The levels of the fair value hierarchy are as follows:

- Level 1 – Values are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.

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5. Fair Value Measurements (continued)

- Level 2 – Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves.

- Level 3 – Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

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

The valuation methodology used for common stocks and short-term investments measured at fair value are at the closing price reported on the active markets on which the individual securities are traded. The valuation methodology used for corporate bonds, mortgages, and U.S. government securities are valued using pricing models maximizing the use of observable inputs for similar securities.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Assets at fair value				
U.S. treasury securities and obligations of U.S. government agencies and corporations	$ -	$ 55,996,103	$ -	$ 55,996,103
Taxable municipal	-	1,805,865	-	1,805,865
Corporate bonds	-	9,164,386	-	9,164,386
Common stocks	7,382,301	-	-	7,382,301
Cash equivalents	26,647	-	-	26,647
Total assets at fair value	$ 7,408,948	$ 66,966,354	$ -	$ 74,375,302

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5. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Assets at fair value				
U.S. treasury securities and obligations of U.S. government agencies and corporations	$ -	$ 43,897,053	$ -	$ 43,897,053
Mortgages	-	3,202,053	-	3,202,053
Corporate bonds	-	10,098,866	-	10,098,866
Common stocks	14,044,348	-	-	14,044,348
Cash equivalents	425,164	-	-	425,164
Total assets at fair value	$ 14,469,512	$ 57,197,972	$ -	$ 71,667,484

6. Plan Termination

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan subject to a resolution by the Board of Directors of the Company and provision set forth by ERISA.

In the event of termination of the Plan, the net assets of the Plan will be distributed to the employees based on priorities established in the Plan and by ERISA. Generally, the net assets will be set aside first for the payment of vested benefits and then for the payment of accrued but nonvested benefits. The Pension Benefit Guaranty Corporation ("PBGC") guarantees the payment of certain nonforfeitable basic benefits, subject to certain limitations prescribed by ERISA. However, there is a ceiling on the amount of an individual's monthly benefit and the PBGC guarantees, which is adjusted periodically.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits, the financial condition of the Company, and the level of benefits guaranteed by the PBGC.

7. Funding Policy

The Company's funding policy regarding the Plan is to make contributions sufficient to provide the Plan with assets to pay pension benefits to Plan participants. The regular contributions, computed using the Projected Unit Credit method, consist of each year's normal contribution required to cover the annual actuarial requirements of the Plan plus a normal contribution to amortize the unfunded actuarial accrued liability, or the amount required to meet minimum funding requirements under ERISA, as determined by annual actuarial valuations of the Plan by an independent consulting actuary. The Company made contributions to the defined benefit pension plan of $1,800,000 in 2025 and intends to make contributions of $1,548,000 in 2026 to meet the minimum funding requirements under ERISA.

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8. Party-In-Interest Transactions

The investments of the Plan are held by Fiduciary; therefore, the administrative fees qualify as party-in-interest transactions. Fees incurred to Fiduciary were $279,959 and $278,125 for the years ended December 31, 2025 and 2024, respectively. Services rendered by the actuary and the auditor also qualify as party-in-interest transactions. The related expenses amounted to $262,367 and $273,587 in 2025 and 2024, respectively. As of December 31, 2025 and 2024, there were accrued expenses of $102,332 and $84,010, respectively, included within for all party-in-interest services provided.

9. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 14, 2014, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code (IRC) and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations with respect to the Plan's Form 5500 filings for Plan years prior to 2022.

10. Risks and Uncertainties

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

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

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Supplemental Schedules

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SCOR US Group Pension Plan

Schedule H, Line 4j – Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)			(d)	(e)
*	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
CASH, CASH EQUIVALENT						
CASH						
	CASH			$ 165,765	$ 165,765	$ 165,765
CASH EQUIVALENT						
	STIP 2: US TREASURY ONLY			26,647	26,647	26,647
TOTAL CASH, CASH EQUIVALENT					$ 192,412	$ 192,412
FIXED MATURITIES						
GOVERNMENTS						
	UNITED STATES OF AMER TREAS BONDS	02/15/44	0.000	1,100,000	1,105,917	1,064,161
	UNITED STATES TREASURY NOTE/BND	11/15/31	1.375	815,000	784,915	709,914
	UNITED STATES TREASURY NOTE/BND	11/15/42	2.750	225,000	224,965	172,899
	UNITED STATES TREASURY NOTE/BND	08/15/44	3.125	325,000	320,988	257,231
	UNITED STATES TREASURY NOTE/BND	02/15/39	3.500	9,835,000	10,307,805	8,961,357
	UNITED STATES TREASURY NOTE/BND	08/15/35	4.250	1,200,000	1,224,563	1,208,628
	UNITED STATES TREASURY NOTE/BND	02/15/38	4.375	4,350,000	4,888,998	4,388,585
	UNITED STATES TREASURY NOTE/BND	08/15/39	4.500	4,285,000	4,889,698	4,292,370
	UNITED STATES TREASURY NOTE/BND	02/15/36	4.500	600,000	740,532	619,266
	UNITED STATES TREASURY STRIP COUPON	08/15/34	0.000	11,000,000	7,516,164	7,634,110
	UNITED STATES TREASURY STRIP COUPON	08/15/35	0.000	4,025,000	2,820,012	2,655,373
	UNITED STATES TREASURY STRIP COUPON	08/15/37	0.000	13,350,000	8,036,027	7,907,739
	UNITED STATES TREASURY STRIP COUPON	05/15/35	0.000	9,350,000	6,268,419	6,247,764
	UNITED STATES TREASURY STRIP COUPON	05/15/43	0.000	3,775,000	1,642,379	1,587,161
	UNITED STATES TREASURY STRIP COUPON	11/15/33	0.000	11,500,000	7,690,413	8,289,545
TAXABLE MUNICIPAL						
	ARIZONA BRD OF RGTS TXBLE-SUSTAINABLE BOND-SER C- CALL[1]	07/01/42	4.116	150,000	150,000	134,402
	COLORADO ST HSG & FIN AUTH TXBLE-SER G-1 CALL[2]	11/01/46	3.650	220,000	220,000	216,979

Footnotes:

1. ARIZONA BRD OF RGTS REV SER C- CALLABLE ON 07/01/2032 @ 100%
2. COLORADO ST HSG & FIN AUTH TXBLE-SER G-1 CALLABLE ON 11/01/2028 @ 100%

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SCOR US Group Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)			(d)	(e)
*	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
FIXED MATURITIES (Continued)						
TAXABLE MUNICIPAL						
	ESCAMBIA CNTY FL HLTH FACS AUT TXBLE-REF-HEALTHCARE	08/15/40	3.607	80,000	80,000	66,197
	INDIANA ST FIN AUTH REV TXBLE-REF-DEACONESS HEALTH	03/01/28	1.994	400,000	400,000	383,632
	MIAMI-DADE CNTY FL AVIATION RE TXBLE-REF-AVIATION	10/01/27	2.349	525,000	525,000	512,148
	PITTSBURGH PA PUBLIC PKG AUTH TXBLE-REF	12/01/30	2.480	285,000	285,000	263,314
	TOBACCO SETTLEMENT FIN AUTH WV TXBLE-REF CLASS 1 SB CALL[3]	06/01/31	2.951	250,000	250,000	229,193
CORPORATES						
	BANK OF AMERICA CORP	02/07/42	5.875	1,300,000	1,382,723	1,385,496
	BANK OF AMERICA CORP VARIABLE CALL[4]	07/21/32	2.299	365,000	365,000	326,368
	BANK OF AMERICA CORP VARIABLE CALL[5]	03/08/37	3.846	345,000	345,000	324,900
	COMCAST CORP CALL[6]	04/01/40	3.750	1,200,000	1,026,505	989,064
	COMCAST CORP CALL[7]	10/15/38	4.600	200,000	199,868	186,202
	CVS HEALTH CORP CALL[8]	03/25/28	4.300	130,000	128,172	130,465
	JP MORGAN CHASE & CO	10/15/40	5.500	1,500,000	1,522,409	1,567,619
	MONTEFIORE MEDICAL CENTER	10/20/26	2.152	40,000	40,000	39,476
	MORGAN STANLEY VARIABLE CALL[9]	04/22/39	4.457	1,000,000	833,700	940,910
	PFIZER INC CALL[10]	03/15/39	3.900	1,400,000	1,287,216	1,239,768
	SHERWIN-WILLIAMS CO/THE	05/15/30	2.300	360,000	359,924	331,918
	SUTTER HEALTH CALL[11]	08/15/30	2.294	335,000	335,000	308,079
	TYSON FOODS INC CALL[12]	08/15/34	4.875	100,000	100,432	99,866

Footnotes:

3. TOBACCO SETTLEMENT FIN AUTH WV TXBLE-REF CLASS 1 SB - CALLABLE ON 12/01/2030 @ 100%
4. BANK OF AMERICA CORP VARIABLE - CALLABLE ON 07/21/2031 @ 100%
5. BANK OF AMERICA CORP VARIABLE - CALLABLE ON 03/08/2032 @ 100%
6. COMCAST CORP - CALLABLE ON 10/01/2039 @ 100%
7. COMCAST CORP - CALLABLE ON 04/15/2038 @ 100%
8. CVS HEALTH CORP - CALLABLE ON 12/25/2027 @ 100%
9. MORGAN STANLEY VARIABLE - CALLABLE ON 04/22/2038 @ 100%
10. PFIZER INC - CALLABLE ON 09/15/2038 @ 100%
11. SUTTER HEALTH - CALLABLE ON 02/15/2030 @ 100%
12. TYSON FOODS INC - CALLABLE ON 02/15/2034 @ 100%

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SCOR US Group Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)			(d)	(e)
*	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
FIXED MATURITIES (Continued)						
CORPORATES						
	UNITEDHEALTH GRP INC CALL[13]	08/15/39	3.500	1,550,000	1,304,263	1,294,255
TOTAL FIXED MATURITIES					**$ 69,602,007**	**$ 66,966,354**
COMMON STOCKS						
	ABBOTT LABORATORIES			500	18,766	62,645
	AIR PRODUCTS AND CHEMICALS INC			205	50,201	50,639
	ALPHABET INC			1,000	24,475	313,800
	AMAZON.COM INC			1,300	103,543	300,066
	APPLE INC			1,400	6,007	380,604
	ARES MANAGEMENT CORP			600	22,297	96,978
	ASTRAZENECA PLC SPONS ADR			1,100	39,633	101,123
	BLACKROCK INC			100	17,320	107,034
	BOWING CO/THE			200	43,231	43,424
	BROADCOM INC			500	23,850	173,050
	CHEVRON CORP			500	26,316	76,205
	CONOCOPHILLIPS			525	27,401	49,145
	COSTCO WHOLESALE CORP			100	15,718	86,234
	DANAHER CORP			350	21,114	80,122
	EATON CORP PLC			400	54,767	127,404
	ELI LILLY & CO			150	121,262	161,202
	ISHARES CORE MSCI EMERGING MARKETS ETF			4,700	229,924	315,934
	ISHARES CORE S&P SMALL-CAP ETF			2,540	179,864	305,257
	ISHARES CORE S&P MID-CAP ETF			66	295,908	330,000
	ISHARES MSCI EAFE EFT			11,000	698,989	1,056,330
	JPMORGAN CHASE & CO			800	26,150	257,776
	LAM RESEARCH CORP			700	3,889	119,826
	MASTERCARD INC			250	5,800	142,720
	MCDONALD'S CORP			310	56,938	94,745
	META PLATFORMS INC			250	134,231	165,023

Footnotes:

13. UNITEDHEALTH GROP INC - CALLABLE ON 02/15/2039 @ 100%

Internal. Access limited to SCOR users, authorized trusted partners and clients.

SCOR US Group Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)			(d)	(e)
*	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
	COMMON STOCKS					
	MICROSOFT CORP			900	36,426	435,258
	MORGAN STANLEY			885	37,403	157,114
	NETFLIX INC			500	62,094	46,880
	NEXTERA ENERGY INC			1,100	87,662	88,308
	NVIDIA CORP			2,600	9,475	484,900
	ORACLE CORP			325	55,251	63,346
	O'REILLY AUTOMOTIVE INC			400	16,932	36,484
	PALO ALTO NETWORKS INC			350	65,635	64,470
	PEPSICO INC			400	17,639	57,408
	PROCTER & GAMBLE CO/THE			400	49,040	57,324
	QUANTA SERVICES INC			250	94,706	105,515
	REPUBLIC SERVICES INC			345	46,152	73,116
	SERVICENOW INC			500	18,608	76,595
	S&P GLOBAL INC			200	89,289	104,518
	STRYKER CORP			240	36,057	84,353
	SYNOPSYS INC			175	94,568	82,201
	TEXAS INSTRUMENTS INC			485	53,783	84,143
	TJX COS INC/THE			900	29,585	138,249
	WALMART INC			1,300	51,768	144,833
	TOTAL COMMON STOCKS				**$ 3,199,667**	**$ 7,382,301**
	TOTAL ASSETS				**$ 72,994,086**	**$ 74,541,067**

* Party-in-interest as defined by ERISA - None in 2024

Internal. Access limited to SCOR users, authorized trusted partners and clients.

SCOR US Group Pension Plan

Schedule H, Line 4i – Schedule of Reportable Transactions for the Year Ended

December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
STIP 2: US TREASURY ONLY TRANSACTIONS: 161	CASH EQUIVALENT	$ 22,275,857	$ -	$ -	$22,275,857	$ 22,275,857	$ -
STIP 2: US TREASURY ONLY TRANSACTIONS: 57	CASH EQUIVALENT	$ -	$22,674,374	$ -	$22,674,374	$ 22,674,374	$ -
UNITED STATES TREASURY STRIP COUPON 8/15/37 TRANSACTIONS: 3	U.S. GOVERNMENT AGENCIES AND CORPORATIONS	$ 8,036,027	$ -	$ -	$ 8,036,027	$ 8,036,027	$ -

Internal. Access limited to SCOR users, authorized trusted partners and clients.

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Line 26a - Schedule of Active Participant Data
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Participants in Active Service by Age and Years of Service

		Years of Service									
Age	**Total**	**Less than 1**	**1 - 4**	**5 - 9**	**10 - 14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 & Over**
Under 25	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
25 - 29	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
30 - 34	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
35 - 39	2	—	2	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
40 - 44	3	—	—	2	1	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
45 - 49	1	—	—	—	1	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
50 - 54	9	—	3	4	1	1	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
55 - 59	18	—	4	4	3	3	—	4	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
60 - 64	19	—	4	2	1	5	2	4	1	—	—
	—	—	—	—	—	—	—	—	—	—	—
65 - 69	9	—	2	5	1	—	—	—	—	1	—
	—	—	—	—	—	—	—	—	—	—	—
70 & Over	5	—	2	—	—	—	1	1	—	1	—
	—	—	—	—	—	—	—	—	—	—	—
Total	**66**	**—**	**17**	**17**	**8**	**9**	**3**	**9**	**1**	**2**	**—**

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Actuarial Assumptions and Methodologies

Certain assumptions are prescribed as noted below. The other assumptions are estimates derived from historical and recent experience as well as market observations, combined with professional judgment about future expectations.

Interest for IRS funding purposes

The interest rates used for the 2025 plan year are the 24-month average corporate bond segment rates for November 2024 (a 2-month lookback) subject to funding stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average corporate bond rates) but are then constrained to be within a corridor around a 25-year average of those same bond rates. Each of the three segments of the yield curve reflecting the 25-year average rates is constrained to be no less than 5%. For 2025, the stabilization corridor is 5%. It will remain at 5% through 2030 and then increase by 5% per year beginning in 2031 until it reaches 30% for 2035. The interest rate description above reflects that the plan sponsor elected to apply the ARPA provisions beginning with the 2020 plan year. The rates are as follows:

Assumption	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter	Effective Interest Rate
Current Year, reflecting stabilization	5.03%	5.28%	5.50%	5.33%
Current Year, without stabilization	5.03%	5.28%	5.36%	5.28%
Prior Year, reflecting stabilization	4.75%	4.87%	5.59%	5.09%
Prior Year, without stabilization	4.02%	4.73%	4.75%	4.69%

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Interest for PBGC premium purposes

Under the Standard Method, the interest rates used to determine the PBGC variable-rate premium for the 2025 plan year are the average corporate bond segment rates for December, as follows:

Year	Method	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter
Current Year	Standard	4.65%	5.28%	5.63%
Prior Year	Standard	5.01%	5.13%	5.15%

These interest rates are based on the plan sponsor's election to use the Standard Method (the plan sponsor currently has the option to change methods) and are subject to the constraints established by law.

Mortality Rates

Pri-2012 separate employee and annuitant healthy mortality tables, projected generationally using the Adjusted MP-2021 scale as described in the final IRS mortality regulations released in October 2023. This assumption is one of the choices allowed by the regulations. Both the mortality base tables and mortality improvement scale is unchanged from the prior year.

Benefit Election

	Single Life Annuity	50% Joint and Survivor Annuity	66⅔% Joint and Survivor Annuity
SCOR	50%	50%	N/A
Generali ERP	25%	0%	75%
Sorema	50%	50%	N/A

This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Sample Termination Rates

Age	Rates
20	17.94%
25	17.22
30	16.21
35	14.86
40	13.10
45	10.84
50	7.92
55	4.40
60	1.20

Termination rates do not apply after early retirement age. This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Sample Disability Rates

2013 Individual Disability Income Valuation Table (2013 IDIVT). Based on a review of the assumed rates compared to standard tables, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Retirement (From Active Status) Rates

Age	SCOR / Sorema Rates	Generali Rates
55-59	0%	5%
60-61	5	10
62-64	5	25
65-69	20	30
70+	100	100

This assumption is based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Description of Weighted Average Retirement Age

Age 63.99, determined as follows: The weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.

Retirement From Inactive Status

Age 65

Percent Married

80% for SCOR and Sorema participants. 75% for Generali participants.

Age Difference

For SCOR and Sorema participants, male spouses are assumed to be four years older than female spouses. For Generali participants, male spouses are assumed to be three years older than female spouses.

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Administrative Expenses

An expense assumption is required under the funding rules. Plan-related expenses of $360,000 (previously $430,000) are expected to be paid by the plan during the year.

This assumption is based on recent historical data, adjusted to reflect PBGC premium changes and estimated future experience and professional judgment.

Asset Method

As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 5.75% for 2024 and 2023, not to exceed the applicable third segment rates of 5.59% for 2024 and 5.74% for 2023.

Funding Method and Contribution Requirement

Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates.

Plan sponsors are required under Internal Revenue Code Section 430 to make a minimum level of contributions to qualified pension plans. Available credit balances can be used to satisfy this required contribution. In general, the minimum required contribution is the sum of the target normal cost and an installment that amortizes the plan's funding shortfall, offset by any plan overfunding, if applicable. If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within fifteen years. Once that is achieved, or for overfunded plans, the minimum required contribution will generally equal the target normal cost reduced by any overfunding.

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Non-Prescribed Assumption Changes Since Prior Valuation

- Administrative Expenses
  - Current Assumptions: $360,000
  - Prior Assumptions: $430,000
  - Reason for Change: Plan Experience

Actuarial Models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprising both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

SCOR US Group Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transaction for

the Year Ended December 31, 2025

(a)	(b)	(c)			(d)	(e)
*	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
CASH, CASH EQUIVALENT						
CASH						
	CASH			$ 165,765	$ 165,765	$ 165,765
CASH EQUIVALENT						
	STIP 2: US TREASURY ONLY			26,647	26,647	26,647
TOTAL CASH, CASH EQUIVALENT					$ 192,412	$ 192,412
FIXED MATURITIES						
GOVERNMENTS						
	UNITED STATES OF AMER TREAS BONDS	02/15/44	0.000	1,100,000	1,105,917	1,064,161
	UNITED STATES TREASURY NOTE/BND	11/15/31	1.375	815,000	784,915	709,914
	UNITED STATES TREASURY NOTE/BND	11/15/42	2.750	225,000	224,965	172,899
	UNITED STATES TREASURY NOTE/BND	08/15/44	3.125	325,000	320,988	257,231
	UNITED STATES TREASURY NOTE/BND	02/15/39	3.500	9,835,000	10,307,805	8,961,357
	UNITED STATES TREASURY NOTE/BND	08/15/35	4.250	1,200,000	1,224,563	1,208,628
	UNITED STATES TREASURY NOTE/BND	02/15/38	4.375	4,350,000	4,888,998	4,388,585
	UNITED STATES TREASURY NOTE/BND	08/15/39	4.500	4,285,000	4,889,698	4,292,370
	UNITED STATES TREASURY NOTE/BND	02/15/36	4.500	600,000	740,532	619,266
	UNITED STATES TREASURY STRIP COUPON	08/15/34	0.000	11,000,000	7,516,164	7,634,110
	UNITED STATES TREASURY STRIP COUPON	08/15/35	0.000	4,025,000	2,820,012	2,655,373
	UNITED STATES TREASURY STRIP COUPON	08/15/37	0.000	13,350,000	8,036,027	7,907,739
	UNITED STATES TREASURY STRIP COUPON	05/15/35	0.000	9,350,000	6,268,419	6,247,764
	UNITED STATES TREASURY STRIP COUPON	05/15/43	0.000	3,775,000	1,642,379	1,587,161
	UNITED STATES TREASURY STRIP COUPON	11/15/33	0.000	11,500,000	7,690,413	8,289,545
TAXABLE MUNICIPAL						
	ARIZONA BRD OF RGTS TXBLE-SUSTAINABLE BOND-SER C- CALL[1]	07/01/42	4.116	150,000	150,000	134,402
	COLORADO ST HSG & FIN AUTH TXBLE-SER G-1 CALL[2]	11/01/46	3.650	220,000	220,000	216,979

Footnotes:

1. ARIZONA BRD OF RGTS REV SER C- CALLABLE ON 07/01/2032 @ 100%
2. COLORADO ST HSG & FIN AUTH TXBLE-SER G-1 CALLABLE ON 11/01/2028 @ 100%

Internal. Access limited to SCOR users, authorized trusted partners and clients.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
SCOR U.S. GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Scor U.S. Corporation

D Employer Identification Number (EIN)
75-1791342

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	72,368,894
b Actuarial value	**2b**	73,925,688

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	165	56,299,858	56,299,858
b For terminated vested participants	119	8,446,641	8,446,641
c For active participants	66	9,494,893	9,494,893
d Total	350	74,241,392	74,241,392

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

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

5 Effective interest rate	**5**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	360,000
c Target normal cost	**6c**	360,000

Statement by Enrolled Actuary

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

SIGN HERE

Aida Domlija AJ — Signature of actuary

08/25/2026 — Date

Aida Domlija, FSA, EA, MAAA — Type or print name of actuary

2606955 — Most recent enrollment number

Segal — Firm name

212-251-5000 — Telephone number (including area code)

66 Hudson Blvd E
20th Floor
NEW YORK NY 10001-2192
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	11,732,693
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	11,732,693
10	Interest on line 9 using prior year's actual return of 1.29 %	0	151,352
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		299,063
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09 %		15,222
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		314,285
	d Portion of (c) to be added to prefunding balance		314,285
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	12,198,330

Part III Funding Percentages

14	Funding target attainment percentage	14	83.14 %
15	Adjusted funding target attainment percentage	15	83.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.52 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/04/2025	450,000	0			
06/04/2025	450,000	0			
09/08/2025	450,000	0			
12/03/2025	450,000	0			
			Totals ► 18(b)	1,800,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	1,749,567

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	5.28 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	360,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	12,514,034	1,349,904
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,709,904

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

36 Additional cash requirement (line 34 minus line 35)	**36**	1,709,904
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,749,567

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

a Total (excess, if any, of line 37 over line 36)	**38a**	39,663
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

SCOR and Former Sorema Participants

Age	Rate of Retirement	Lx	Number of Retirements	Number of Retirements * Age
60	5.00%	10,000	500	30,000
61	5.00%	9,500	475	28,975
62	5.00%	9,025	451	27,978
63	5.00%	8,574	429	27,007
64	5.00%	8,145	407	26,064
65	20.00%	7,738	1,548	100,592
66	20.00%	6,190	1,238	81,711
67	20.00%	4,952	990	66,359
68	20.00%	3,962	792	53,880
69	20.00%	3,169	634	43,738
70	100.00%	2,536	2,536	177,487
Total			**10,000**	**663,791**

Weighted Average Retirement Age: 66.38

The weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Former Generali Participants

Age	Rate of Retirement	Lx	Number of Retirements	Number of Retirements * Age
55	5.00%	10,000	500	27,500
56	5.00%	9,500	475	26,600
57	5.00%	9,025	451	25,721
58	5.00%	8,574	429	24,864
59	5.00%	8,145	407	24,028
60	10.00%	7,738	774	46,427
61	10.00%	6,964	696	42,481
62	25.00%	6,268	1,567	97,148
63	25.00%	4,701	1,175	74,036
64	25.00%	3,526	881	56,409
65	30.00%	2,644	793	51,561
66	30.00%	1,851	555	36,648
67	30.00%	1,296	389	26,042
68	30.00%	907	272	18,502
69	30.00%	635	190	13,142
70	100.00%	444	444	31,108
Total			**10,000**	**622,216**

Weighted Average Retirement Age: 62.22

The weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

All Participants

Division	# of Participants	Weighted Avg Retirement Age
SCOR/Sorema	28	66.38
Generali	38	62.22
Total	**66**	**63.99**

Weighted Average Retirement Age: 63.99

The weighted average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age and then retiring at that age, assuming no other decrements.

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Summary of Plan Provisions

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

For SCOR and former Sorema participants, the plan is closed to new entrants and all benefit accruals are frozen effective 9/30/2006. For former Generali ERP participants, the Plan is closed to new entrants as of 07/01/2012 and all benefit accruals are frozen effective 12/31/2014.

Statutory Limits

Section 415 limit: $280,000 (previously, $275,000)

Recent Plan Amendments

- Generali ERP plan freeze and merger into the SCOR U.S. Group Pension Plan
  - Effective Date: December 31, 2014
  - Reflected in 2025 Actuarial Valuation: Yes
- Generali early retirement supplement service accrual freeze
  - Effective Date: January 1, 2015
  - Reflected in 2025 Actuarial Valuation: Yes
- Pre-retirement death benefit designation
  - Effective Date: January 1, 2015
  - Reflected in 2025 Actuarial Valuation: Yes
- Terminated vested lump sum distribution window
  - Effective Date: September 22, 2016

  - Reflected in 2025 Actuarial Valuation: Yes
- Regulatory update for treatment of benefits payable as a partial lump sum
  - Effective Date: January 1, 2017
  - Reflected in 2025 Actuarial Valuation: Yes

Legacy SCOR U.S. Group Pension Plan Participants

Normal Retirement

- Age Requirement: 65
- Service Requirement: 5 Years
- Amount: 46% x average monthly compensation x years of service / (greater of projected years of service to normal retirement date and 15)
- Average monthly compensation: Average monthly compensation paid during the highest consecutive 5 calendar years

Early Retirement

- Age Requirement: 55
- Service Requirement: 10 years of service
- Amount: Reduced by 1/15th for each year preceding age 65 and 1/30th for each year preceding age 60

Late Retirement

- Active: Participants who work past normal retirement date receive actuarial equivalent increases beginning at age 70.5
- Deferred: Deferred participants over age 65 receive the actuarial equivalent of their normal retirement benefit

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Vesting

- Age Requirement: None
- Service Requirement: 5 years of service
- Amount: Accrued pension payable at age 65
- Vesting Percentage: 100% after 5 years of service

Pre-Retirement Death Benefits

- Amount: Surviving spouse eligible to receive benefit payable as if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died

Forms of Benefit

- Normal Form: Life annuity for single participants, 50% joint and survivor annuity for married participants
- Optional Forms: 50%, 66⅔%, 75%, or 100% joint and survivor, 5 year certain and life, 10 year certain and life
- Actuarial Equivalence: GA71 Table 50/50% M/F blended at 6.5% interest for all optional forms

Legacy Sorema N.A. Holding Corporation Pension Plan Participants

Normal Retirement

- Age Requirement: 65
- Service Requirement: 5 Years
- Amount: 50% x average monthly compensation x (lesser of years of service and 15) / 15
- Average monthly compensation: Average of the highest consecutive 60 months

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Early Retirement

- Age Requirement: 55
- Service Requirement: 5 years of service
- Amount: Normal retirement benefit reduced by 1/15th for each year preceding age 65 and 1/30th for each year preceding age 60

Late Retirement

- Active: Participants who work past normal retirement date receive the actuarial equivalent of their normal retirement benefit
- Deferred: Deferred participants over age 65 receive the actuarial equivalent of their normal retirement benefit

Vesting

- Age Requirement: None
- Service Requirement: 5 years of service
- Amount: Accrued pension payable at age 65
- Vesting Percentage: Participants who terminate with 1 year of vesting service will be 20% vested, increasing by 20% for each additional year of vesting service up to a maximum of 100%

Pre-Retirement Death Benefits

- Amount: Surviving spouse eligible to receive benefit payable as if participant had terminated on date of death and commenced payment as 50% joint and survivor annuity and then died

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Forms of Benefit

- Normal Form: Life annuity for single participants, 50% joint and survivor annuity for married participants
- Optional Forms: 50%, 75%, or 100% joint and survivor, 10 year certain and life, life annuity with Social Security level income option, 10 level installments, 20 level installments, lump sum distribution
- Actuarial Equivalence: Lump sum and level installments actuarial equivalence is based on IRS section 417(e)
  - Interest as of the November of the preceding plan year
  - Mortality for the current plan year
  - Joint and survivor actuarial equivalence is given in Table 1 of Exhibit B in the plan document
  - Life annuity with a certain period actuarial equivalence is given in Table 2 of Exhibit B in the plan document
  - Life annuity with Social Security level income option actuarial equivalence is given in Table 3 of Exhibit B in the plan document

Legacy Generali USA Life Reassurance Company Employees' Retirement Plan Participants

Normal Retirement

- Age Requirement: 65
- Service Requirement: 5 Years
- Amount: 1.6% x final average salary not in excess of Covered Compensation x years of service up to 30 + 2% x final average salary in excess of Covered Compensation x years of service up to 30
- Final average salary: Average of the highest consecutive 36 months out of last 120 months

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Early Retirement

- Points Requirement: 75 points and at least age 50
- Amount: If the participant retires from active service, the normal retirement benefit is reduced according to Table C of the plan document. If the participant retires from inactive service, the regular pension is reduced according to Table A of the plan document. Sample rates are provided below:

Active Early Retirement – Table C Sample

Vesting Service	Participant Age at Retirement			
	50	55	60	65
20	N/A	0.40	0.70	1.00
25	0.50	0.70	0.80	1.00
30	0.52	0.79	0.90	1.00
35	0.52	0.79	1.00	1.00

Inactive Early Retirement – Table A Sample

Participant Age at Retirement	Early Retirement Reduction Factor
50	0.275
55	0.407
60	0.623
65	1.000

Early Retirement Supplement

- Eligibility: Participants retiring under the early retirement provisions of the plan who are under the age of 62 at their early retirement date are eligible for an early retirement supplement. Payment of the early retirement supplement shall cease as of the first day of the calendar month coincident with or next following attainment of age 62.
- Amount: $12 x years of service up to 30 x [1 – 0.005 x (60 – participant age at retirement) x 12]

Late Retirement

- Amount: Participants who work past normal retirement date receive the actuarial equivalent of their normal retirement benefit

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Vesting

- Age Requirement: None
- Service Requirement: 5 years of service
- Amount: Accrued pension payable at age 65
- Vesting Percentage: 100% after 5 years of service

Pre-Retirement Death Benefits

- Amount: Surviving spouse eligible to receive benefit payable as if participant had terminated on date of death and commenced payment, if married for more than 1 year but less than 5 years, as 50% joint and survivor annuity and then died, if married for more than 5 years, as 66⅔% joint and survivor annuity and then died.

Forms of Benefit

- Normal Form: Life annuity if single, 50% joint and survivor annuity if married and not eligible for 66⅔% joint and survivor annuity, 66⅔% joint and survivor annuity, if:

  a) early retirement eligible at termination

  b) married at least 5 years at termination

  c) legally married for the year preceding benefit commencement
- Optional Forms: 50%, 75%, or 100% joint and survivor, 5 year certain and life, 10 year certain and life, 15 year certain and life, 20 year certain and life
- Actuarial Equivalence: GA71 Table set back six years for females 50/50% M/F blended at 6% interest for all optional forms

SCOR US Group Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)			(d)	(e)
*	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
FIXED MATURITIES (Continued)						
TAXABLE MUNICIPAL						
	ESCAMBIA CNTY FL HLTH FACS AUT TXBLE-REF-HEALTHCARE	08/15/40	3.607	80,000	80,000	66,197
	INDIANA ST FIN AUTH REV TXBLE-REF-DEACONESS HEALTH	03/01/28	1.994	400,000	400,000	383,632
	MIAMI-DADE CNTY FL AVIATION RE TXBLE-REF-AVIATION	10/01/27	2.349	525,000	525,000	512,148
	PITTSBURGH PA PUBLIC PKG AUTH TXBLE-REF	12/01/30	2.480	285,000	285,000	263,314
	TOBACCO SETTLEMENT FIN AUTH WV TXBLE-REF CLASS 1 SB CALL[3]	06/01/31	2.951	250,000	250,000	229,193
CORPORATES						
	BANK OF AMERICA CORP	02/07/42	5.875	1,300,000	1,382,723	1,385,496
	BANK OF AMERICA CORP VARIABLE CALL[4]	07/21/32	2.299	365,000	365,000	326,368
	BANK OF AMERICA CORP VARIABLE CALL[5]	03/08/37	3.846	345,000	345,000	324,900
	COMCAST CORP CALL[6]	04/01/40	3.750	1,200,000	1,026,505	989,064
	COMCAST CORP CALL[7]	10/15/38	4.600	200,000	199,868	186,202
	CVS HEALTH CORP CALL[8]	03/25/28	4.300	130,000	128,172	130,465
	JP MORGAN CHASE & CO	10/15/40	5.500	1,500,000	1,522,409	1,567,619
	MONTEFIORE MEDICAL CENTER	10/20/26	2.152	40,000	40,000	39,476
	MORGAN STANLEY VARIABLE CALL[9]	04/22/39	4.457	1,000,000	833,700	940,910
	PFIZER INC CALL[10]	03/15/39	3.900	1,400,000	1,287,216	1,239,768
	SHERWIN-WILLIAMS CO/THE	05/15/30	2.300	360,000	359,924	331,918
	SUTTER HEALTH CALL[11]	08/15/30	2.294	335,000	335,000	308,079
	TYSON FOODS INC CALL[12]	08/15/34	4.875	100,000	100,432	99,866

Footnotes:

3. TOBACCO SETTLEMENT FIN AUTH WV TXBLE-REF CLASS 1 SB - CALLABLE ON 12/01/2030 @ 100%
4. BANK OF AMERICA CORP VARIABLE - CALLABLE ON 07/21/2031 @ 100%
5. BANK OF AMERICA CORP VARIABLE - CALLABLE ON 03/08/2032 @ 100%
6. COMCAST CORP - CALLABLE ON 10/01/2039 @ 100%
7. COMCAST CORP - CALLABLE ON 04/15/2038 @ 100%
8. CVS HEALTH CORP - CALLABLE ON 12/25/2027 @ 100%
9. MORGAN STANLEY VARIABLE - CALLABLE ON 04/22/2038 @ 100%
10. PFIZER INC - CALLABLE ON 09/15/2038 @ 100%
11. SUTTER HEALTH - CALLABLE ON 02/15/2030 @ 100%
12. TYSON FOODS INC - CALLABLE ON 02/15/2034 @ 100%

Internal. Access limited to SCOR users, authorized trusted partners and clients.

SCOR US Group Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)			(d)	(e)
*	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
FIXED MATURITIES (Continued)						
CORPORATES						
	UNITEDHEALTH GRP INC CALL[13]	08/15/39	3.500	1,550,000	1,304,263	1,294,255
TOTAL FIXED MATURITIES					**$ 69,602,007**	**$ 66,966,354**
COMMON STOCKS						
	ABBOTT LABORATORIES			500	18,766	62,645
	AIR PRODUCTS AND CHEMICALS INC			205	50,201	50,639
	ALPHABET INC			1,000	24,475	313,800
	AMAZON.COM INC			1,300	103,543	300,066
	APPLE INC			1,400	6,007	380,604
	ARES MANAGEMENT CORP			600	22,297	96,978
	ASTRAZENECA PLC SPONS ADR			1,100	39,633	101,123
	BLACKROCK INC			100	17,320	107,034
	BOWING CO/THE			200	43,231	43,424
	BROADCOM INC			500	23,850	173,050
	CHEVRON CORP			500	26,316	76,205
	CONOCOPHILLIPS			525	27,401	49,145
	COSTCO WHOLESALE CORP			100	15,718	86,234
	DANAHER CORP			350	21,114	80,122
	EATON CORP PLC			400	54,767	127,404
	ELI LILLY & CO			150	121,262	161,202
	ISHARES CORE MSCI EMERGING MARKETS ETF			4,700	229,924	315,934
	ISHARES CORE S&P SMALL-CAP ETF			2,540	179,864	305,257
	ISHARES CORE S&P MID-CAP ETF			66	295,908	330,000
	ISHARES MSCI EAFE EFT			11,000	698,989	1,056,330
	JPMORGAN CHASE & CO			800	26,150	257,776
	LAM RESEARCH CORP			700	3,889	119,826
	MASTERCARD INC			250	5,800	142,720
	MCDONALD'S CORP			310	56,938	94,745
	META PLATFORMS INC			250	134,231	165,023

Footnotes:

13. UNITEDHEALTH GROP INC - CALLABLE ON 02/15/2039 @ 100%

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SCOR US Group Pension Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b)	(c)			(d)	(e)
*	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date	Rate of Interest	Par Value / Shares	Cost	Current Value
	COMMON STOCKS					
	MICROSOFT CORP			900	36,426	435,258
	MORGAN STANLEY			885	37,403	157,114
	NETFLIX INC			500	62,094	46,880
	NEXTERA ENERGY INC			1,100	87,662	88,308
	NVIDIA CORP			2,600	9,475	484,900
	ORACLE CORP			325	55,251	63,346
	O'REILLY AUTOMOTIVE INC			400	16,932	36,484
	PALO ALTO NETWORKS INC			350	65,635	64,470
	PEPSICO INC			400	17,639	57,408
	PROCTER & GAMBLE CO/THE			400	49,040	57,324
	QUANTA SERVICES INC			250	94,706	105,515
	REPUBLIC SERVICES INC			345	46,152	73,116
	SERVICENOW INC			500	18,608	76,595
	S&P GLOBAL INC			200	89,289	104,518
	STRYKER CORP			240	36,057	84,353
	SYNOPSYS INC			175	94,568	82,201
	TEXAS INSTRUMENTS INC			485	53,783	84,143
	TJX COS INC/THE			900	29,585	138,249
	WALMART INC			1,300	51,768	144,833
	TOTAL COMMON STOCKS				**$ 3,199,667**	**$ 7,382,301**
	TOTAL ASSETS				**$ 72,994,086**	**$ 74,541,067**

* Party-in-interest as defined by ERISA - None in 2024

Internal. Access limited to SCOR users, authorized trusted partners and clients.

SCOR US Group Pension Plan

Schedule H, Line 4i – Schedule of Reportable Transactions for the Year Ended

December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
STIP 2: US TREASURY ONLY TRANSACTIONS: 161	CASH EQUIVALENT	$ 22,275,857	$ -	$ -	$22,275,857	$ 22,275,857	$ -
STIP 2: US TREASURY ONLY TRANSACTIONS: 57	CASH EQUIVALENT	$ -	$22,674,374	$ -	$22,674,374	$ 22,674,374	$ -
UNITED STATES TREASURY STRIP COUPON 8/15/37 TRANSACTIONS: 3	U.S. GOVERNMENT AGENCIES AND CORPORATIONS	$ 8,036,027	$ -	$ -	$ 8,036,027	$ 8,036,027	$ -

Internal. Access limited to SCOR users, authorized trusted partners and clients.

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Schedule of Shortfall Amortization Bases as of January 1, 2025

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
2025	$6,583,923	$6,583,923	15	$612,783
2024	432,463	403,599	14	39,346
2023	5,065,794	4,521,183	13	463,930
2022	(6,973,927)	(5,933,046)	12	(644,469)
2021	(2,219,386)	(1,787,610)	11	(206,940)
2020	11,559,150	8,725,985	10	1,085,254
Total		**$12,514,034**		**$1,349,904**

Attachment to 2025 Schedule SB of Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions
SCOR U.S. Group Pension Plan
EIN 75-1791342 PN 001

Change in Actuarial Assumptions

Non-Prescribed Assumption Changes Since Prior Valuation

- Administrative Expenses
  - Current Assumptions: $360,000
  - Prior Assumptions: $430,000
  - Reason for Change: Plan Experience