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
BNP PARIBAS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

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)
BNP PARIBAS

787 SEVENTH AVENUE
NEW YORK, NY 10019-6018

2b Employer Identification Number (EIN)
94-1677765

2c Plan Sponsor's telephone number
212-841-3101

2d Business code (see instructions)
523110

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	CORINNE KEO
	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**	1075
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)**	162
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	144
b	Retired or separated participants receiving benefits	**6b**	283
c	Other retired or separated participants entitled to future benefits	**6c**	588
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1015
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	35
f	Total. Add lines **6d** and **6e**.	**6f**	1050
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 1C 1I 3F 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) [X]	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)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BNP PARIBAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BNP PARIBAS

D Employer Identification Number (EIN)
94-1677765

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	GA-7055	1050	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1601976
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ N/A

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	1553452
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	67242		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	67242
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1620694
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	18718		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	18718
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1601976

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
BNP PARIBAS 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
BNP PARIBAS

D Employer Identification Number (EIN)
94-1677765

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	123975728
b Actuarial value	**2b**	128183499

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	303	49715004	49715004
b For terminated vested participants	613	72429586	72429586
c For active participants	162	25370781	25370781
d Total	1078	147515371	147515371

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1500000
c Target normal cost	**6c**	1500000

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 — Date: 09/17/2026

JOSEPH GAMZON
Type or print name of actuary

26-06924
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

212-915-8888
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1296665
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1296665
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.84 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		201
	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 5.07 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-2
	c Total available at beginning of current plan year to add to prefunding balance		199
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	86.89 %
15	Adjusted funding target attainment percentage	15	86.89 %
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	96.35 %
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
04/14/2025	409520	0			
07/09/2025	409520	0			
09/08/2025	409520	0			
01/12/2026	406865	0			
09/10/2026	1938394	0			
			Totals ► 18(b)	3573819	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	3357517

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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	4
22 Weighted average retirement age			**22**	62

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**	1500000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	19331872	1856064
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**	3356064

	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**	3356064
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3357517
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1453
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
BNP PARIBAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BNP PARIBAS

D Employer Identification Number (EIN)
94-1677765

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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 15 16 17 50 70	NONE	500225	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INST ASSET MGT TRUST CO

20-2159373

(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?
27 51 52 71	NONE	330137	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	105000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(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?
27 50	NONE	54636	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF AMERICA

93-6178472

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 52	TRUSTEE	50082	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
BNP PARIBAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BNP PARIBAS

D Employer Identification Number (EIN)
94-1677765

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

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM 30/70 POOL A

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-137	C	9486384

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMRG MKTS DEBT COMMINGLED PO

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-022	C	1530899

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM GLBL LW VOLATILITY EQUITY POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-145	C	5848802

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-021	C	2636518

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTL SMALL CAPITALI

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-036	C	764318

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT EMRG MKTS EQUITY PO

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-100	C	1116660

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM 8-10 YR CORPORATE BOND COMM PO

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-155	C	18022662

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MARKETS COMMINGLED PO

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN 20-4659714-032	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1122777

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL CAP CORE POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN 20-4659714-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL/MID CAP CORE POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN 20-4659714-029	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1068926

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT CANADA POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN 20-4659714-101	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1003645

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM US REAL ESTATE INVEST TR CIT

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN 20-4659714-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 433149

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LNG CORPORATE A OR BETTER POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN 20-4659714-103	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54450015

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LNG US TREAS STRIPS 159.1895

b Name of sponsor of entity listed in (a): FIDELITY INSTL ASSET MGMT TRUST COMPANY

c EIN-PN 20-4659714-120	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15829743

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BNP PARIBAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BNP PARIBAS

D Employer Identification Number (EIN)
94-1677765

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)	227181	2345259
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	21642	10961
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5657610	3394265
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	108591156	113314498
(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)	7937888	7971840
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1553452	1601976
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	123988929	128638799
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	442033	477964
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	13	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	442046	477964
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	123546883	128160835

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)	3573819	
(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)		3573819
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	156145	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		156145
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	313	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		313
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	15771659	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15771659	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		12044458
(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)		-2229393
c Other income	2c		6040
d Total income. Add all **income** amounts in column (b) and enter total	2d		13551382
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6976720	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6976720
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)	389032	
(4) IQPA audit fees	2i(4)	105000	
(5) Investment advisory and investment management fees	2i(5)	384773	
(6) Bank or trust company trustee/custodial fees	2i(6)	50082	
(7) Actuarial fees	2i(7)	111193	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	920630	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1960710
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8937430
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4613952
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DELOITTE **(2)** EIN: 13-3891517

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		10390000
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 591349.

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
BNP PARIBAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BNP PARIBAS

D Employer Identification Number (EIN)
94-1677765

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): 93-6178472

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 | 18

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: 20.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 79.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 1.0 %

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_____.

BNP Paribas Pension Plan

Employer # 941677765

Plan ID # 001

Financial Statements as of and for the Years Ended
December 31, 2025 and 2024, Supplemental Schedules
As of and for the Year Ended December 31, 2025, and
Independent Auditor's Report

BNP PARIBAS PENSION PLAN
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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Deloitte.

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of BNP Paribas Pension Plan

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

We have performed audits of the financial statements of BNP Paribas 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 11 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 for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 of assets (held at end of year) as of December 31, 2025 and of reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 audit 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).

Deloitte & Touche LLP

October 15, 2026

BNP PARIBAS PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Investments :		
Common/Collective trusts, at fair value	$ 113,314,498	$ 108,591,156
Mutual funds, at fair value	11,366,105	13,595,498
Investment contract with insurance company, at contract value	1,601,976	1,553,452
Total investments	126,282,579	123,740,106
Receivables:		
Employer contribution receivable	2,345,259	227,181
Accrued investment income	10,961	21,642
Total receivables	2,356,220	248,823
Total Assets	128,638,799	123,988,929
LIABILITIES:		
Accrued administrative expenses	477,964	442,046
Total Liabilities	477,964	442,046
NET ASSETS AVAILABLE FOR BENEFITS	$ 128,160,835	$ 123,546,883

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

BNP PARIBAS PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS (REDUCTIONS):		
Employer contribution	$ 3,573,819	$ 364,332
Investment income (loss) :		
Net appreciation (depreciation) in fair value of investments	9,815,065	(860,858)
Dividends	313	235
Interest	156,145	291,023
Other income	6,040	-
Net investment income (loss)	9,977,563	(569,600)
Total Additions (Reductions)	13,551,382	(205,268)
DEDUCTIONS:		
Benefits paid directly to participants	6,976,720	9,514,307
Administrative expenses	1,960,710	1,944,529
Total Deductions	8,937,430	11,458,836
NET INCREASE (DECREASE)	4,613,952	(11,664,104)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	123,546,883	135,210,987
End of Year	$ 128,160,835	$ 123,546,883

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

1. DESCRIPTION OF THE PLAN

The following description of the BNP Paribas Pension Plan (the "Plan") is provided for general informational purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General — The Plan is a noncontributory defined benefit pension plan covering eligible U.S. based employees of BNP Paribas SA as well as eligible employees of participating U.S. affiliates of BNP Paribas SA (collectively "the Plan Sponsor" or "the Employer"). The Plan is designed to comply with the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The BNP Paribas Pension/401(k) Committee has been appointed as the Plan Administrator to control and manage the operation and administration of the Plan. Bank of America, N.A. serves as the trustee of the Plan and Willis Towers Watson US LLC is the recordkeeper handling the day-to-day administration, including providing retirement packages, answering pension-related questions and coordinating the issuance of pension payments.

Pension Benefits — In general, the Plan covers full-time and part-time employees over the age of 21 of the Plan Sponsor, as classified on the U.S. payroll records, after completing one year of service, as defined by the Plan. Effective December 31, 2004, no new participants may join the Plan.

Effective December 31, 2000, accrued benefits under a final average pay provision were frozen and the Plan adopted a cash balance feature. A hypothetical account is maintained for each participant in which contributions are credited for the benefit of the individual. The cash balance account grows at an annual interest rate equal to the 3-month Treasury bill in effect in November of the preceding year plus 1.75%.

From January 1, 2001, through December 31, 2011 (December 31, 2004, for participants hired after December 31, 2000) a participant who earned a year of benefit service received a hypothetical allocation of 5% of base pay to their cash balance account. Subsequent to these dates participants no longer accrue benefits for service; however, participants continue to receive interest credit to their cash balance accounts.

Up until January 1, 2012, former employees of Paribas or Banque Nationale de Paris accrued an alternate benefit of 2% of final average earnings times years of service for up to 25 years, plus two thirds of 1% of final average earnings times years of service over 25 years but up to 40 years of service, minus an offset based on the participant's expected primary social security benefit. If this final average earnings benefit formula produces a higher retirement benefit than the participant's cash balance account, the final average pay formula will apply.

All participants are 100% vested in their benefits. Participants can elect to receive benefits in a lump sum payment, single-life annuity, or other forms of annuities which provide for monthly payments to retired employees and/or to the surviving beneficiary.

Administrative Expenses — Administrative expenses of the Plan are paid by the Plan as provided in the plan document for actuarial, administration, audit, legal, trustee, and investment management fees, as well as Pension Benefit Guaranty Corporation ("PBGC") insurance premiums. Certain expenses are paid by the Employer on behalf of the Plan and the Plan reimburses the Employer. The Plan Sponsor provides accounting and other administrative services to the Plan at no charge.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared on an accrual basis in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates — The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from such estimates included in the financial statements.

Investment Valuation and Income Recognition — The Plan's investments are reported at fair value with the exception of the Plan's investment contract issued by Metropolitan Life Insurance Company ("MetLife") that is reported at contract value.

The fair value of a financial instrument 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. Contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the contract.

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.

Management fees and operating expenses charged to the Plan for investments in the common/collective trusts and mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Payment of Benefits — Benefit payments to participants are recorded upon distribution.

3. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Employer, no employee contributions are permitted. The Employer's funding policy is to use the Plan's funding balance to offset required minimum contributions to the Plan as determined by the Plan's independent actuary. The Employer's contributions to the Plan complied with the minimum funding requirements of ERISA for 2025 and 2024.

4. ACTUARIAL PRESENT VALUE OF 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.

Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees and their beneficiaries. Benefits under the Plan are based on employee's compensation and service history

at the time they leave employment. The accumulated plan benefit for active employees is based on their compensation and service history as of the valuation date.

The actuarial present value of accumulated Plan benefits is determined by an independent actuary and represents 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 for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of December 31, 2024, is as follows:

Vested accumulated benefits:		
Active employees	$	24,989,297
Participants with deferred benefits		71,459,754
Participants and/or beneficiaries currently receiving benefits		49,460,748
Total actuarial present value of accumulated plan benefits	$	145,909,799

The changes in the actuarial present value of the Plan's accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2023	$	140,688,631
Increase (decrease) during the year attributable to:		
Change in actuarial assumptions		6,801,291
Actuarial (gains)/losses		(221,705)
Decrease in the discount period		8,155,889
Actual benefits paid		(9,514,307)
Net Decrease		5,221,168
Actuarial present value of accumulated plan benefits at December 31, 2024	$	145,909,799

The significant actuarial assumptions used in the valuation as of December 31, 2024 were:

- Mortality: Pri-2012 sex-distinct tables (separate for nondisabled annuitant/employee, no collar adjustment), projected forward with generational improvement projected under sex-distinct MP-2021 improvement scales.
- Average Retirement age: 63
- Interest Rate: 5.50%
- Cash Balance Interest Rate: 6.17%

The effect of plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted. There were no amendments effective January 1, 2025 recognized in the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements are presented using the beginning of year benefit information date measured as of January 1, 2025. Had the valuations been performed as of December 31, there would be no material differences.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

5. INVESTMENT CONTRACT

The investment contract with the MetLife is a Group Annuity Contract ("GAC") whereby MetLife, at the direction of the Plan Administrator, purchases retirement annuities for a select group of participants when they become eligible. Purchased annuities are contracts under which MetLife is obligated to pay benefits to named employees or their beneficiaries. The GAC was established in 1994 between the BNP U.S. Retirement Plan and Trust (a predecessor to the Plan) and New England Life Insurance Company ("NEL"), and all contractual obligations have been assumed by the Plan. NEL was acquired by MetLife.

The contract's deposit arrangement is invested in a guaranteed investment contract ("GIC") to which it currently adds interest at a rate of 4.35 percent. The current interest rate is guaranteed from June 1, 2026 to May 31, 2027, but is subject to change for each subsequent policy year. The current period fluctuation reflects the net effect of interest earned, recorded on an accrual basis, and contract fees paid.

There is no event that limits the ability of the Plan to transact at less than the contract value with MetLife. There are also no events or circumstances that would allow MetLife to terminate the group annuity contract with the Plan and settle at an amount different from contract value. Accordingly, the investment contract with MetLife is stated at contract value.

6. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 – Quoted prices for similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived principally from or corroborated by observable market data by correlation or other means;

Level 3 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

Asset Valuation Techniques — Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds — Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/Collective Trust Funds — Valued at the net asset value of units of a collective trust. The net asset value as provided by the trustee, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. The redemption frequency is immediate with no redemption notice period and there are no unfunded commitments. Were the Plan to initiate a full redemption of a collective trust, the investment manager reserves the right to temporarily delay withdrawal from the trust in order to confirm that securities liquidations will be carried out in an orderly business manner.

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

Assets Held
Fair Value Measurements at December 31, 2025

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 11,366,105	$ -	$ -	$ 11,366,105
Total Assets in the fair value hierarchy	**$ 11,366,105**	**$ -**	**$ -**	**$ 11,366,105**
Common/Collective Trusts measured at net asset value as a practical expedient				113,314,498
Total Investments at Fair Value				**$ 124,680,603**

Assets Held
Fair Value Measurements at December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 13,595,498	$ -	$ -	$ 13,595,498
Total Assets in the fair value hierarchy	**$ 13,595,498**	**$ -**	**$ -**	**$ 13,595,498**
Common/Collective Trusts measured at net asset value as a practical expedient				108,591,156
Total Investments at Fair Value				**$122,186,654**

The Plan's policy is to recognize all transfers of assets between investment levels, made during the reporting period, as if they had occurred at the beginning of the reporting period. For the years ended December 31, 2025 and 2024, there were no transfers in or out of Levels 1, 2, or 3.

7. FEDERAL INCOME TAX STATUS

The Plan obtained its latest determination letter on April 19, 2021, covering amendments through December 20, 2019. The Plan has not been amended since receiving the determination letter. However, the Plan Sponsor and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

US 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 Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and December 2024, 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.

8. PLAN TERMINATION

The Employer presently intends to continue the Plan indefinitely. Nevertheless, the Employer maintains the rights to suspend, terminate or completely discontinue contributions under the Plan. In the event that the Plan is terminated (partially or fully), the net assets of the Plan will be distributed to

the participants in an order of priority determined in accordance with ERISA and its applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided for at all.

9. RISKS AND UNCERTAINTIES

The Plan invests in various investment options. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The actuarial present value of accumulated plan benefits is 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Concentrations of Investments - The Plan has a significant concentration in the following investments at December 31, 2025. A significant decline in the market value of these investments would significantly affect the net assets available for benefits.

Identity of Issue, Borrower, Lessor, or Similar Party	%
FIAM Long Corporate A or Better Pool	43%
FIAM LONG U.S. TREASURY STRIPS 149.8206	13%
FIAM 8-10 YEAR CORPORATE BOND COMMINGLED	14%

10. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

An investment of the Plan is managed by Bank of America, N.A., the Plan's trustee. Fees paid for the related investment management services were included as a reduction of the return earned on the fund and these transactions qualify as exempt party-in-interest transactions, respectively.

11. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the information regarding the Plan as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by Bank of America N.A., the trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator obtained certifications from the trustee that such information is complete and accurate.

	2025	2024
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS		
Investments at fair value:		
Common/Collective trusts, at fair value	$ 113,314,498	$ 108,591,156
Mutual Funds	11,366,105	13,595,498
Investments at fair value:	124,680,603	122,186,654
Intestments at contract value:		
Investment Contract with Insurance Company	1,601,976	1,553,452
Total Investments	$ 126,282,579	$ 123,740,106
STATEMENTS OF CHANGES IN OF NET ASSETS AVAILABLE FOR BENEFITS		
Investment income:		
Interest	156,145	291,023
Dividends	313	235
Net (depreciation) appreciation in fair value of investments	9,815,065	(860,858)
Other income	6,040	-

Supplemental schedules: All investment balances and information included in the supplemental schedule of assets (held at end of year) and supplemental schedule of reportable transactions.

Note 6: All investments balances and investment information, excluding the level of investments and the unfunded commitment and redemption frequency, other redemption restrictions, and redemption notice period.

12. SUBSEQUENT EVENTS

Subsequent events were evaluated through October 15, 2026, the date the financial statements were available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

SUPPLEMENTAL SCHEDULES

BNP PARIBAS PENSION PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (Held at Year End) EIN: 94-1677765 Plan: 001
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Investment Type	(d) Cost	(e) Current Value
	Investment Contract with Insurance Company:			
	Metropolitan Life Insurance Company	Insurance Contract	1,596,193	1,601,976
	Total Investment Contracts with Insurance Company		1,596,193	1,601,976
	Mutual funds:			
	Federated Hermes Government Obligation Fund - Premier Shares	Mutual Fund	3,394,265	3,394,265
	PIMCO Real Return Institutional Fund	Mutual Fund	8,794	8,166
	FIDELITY 500 INDEX FUND	Mutual Fund	5,546,747	7,963,674
	Total Mutual Funds		8,949,806	11,366,105
	Common/Collective Trusts:			
	FIAM 30/70 POOL A	Common/Collective Trust	7,681,208	9,486,384
	FIAM Emerging Markets Debt Commingled Po	Common/Collective Trust	1,324,784	1,530,899
	FIAM Emerging Markets Commingled Pool	Common/Collective Trust	837,985	1,122,777
	FIAM Global Low Volatility Equity Pool	Common/Collective Trust	4,881,472	5,848,802
	FIAM Select Emerging Markets Equity Po	Common/Collective Trust	860,337	1,116,660
	FIAM Select International Pool	Common/Collective Trust	2,493,015	2,636,518
	FIAM Select International Small Capitali	Common/Collective Trust	705,326	764,318
	FIAM Small/Mid Cap Core Pool	Common/Collective Trust	1,036,138	1,068,925
	FIAM SELECT CANADA POOL	Common/Collective Trust	861,174	1,003,645
	FIAM U.S. Real Estate Invest Tr CIT	Common/Collective Trust	433,884	433,149
	FIAM Long Corporate A or Better Pool	Common/Collective Trust	55,602,146	54,450,015
	FIAM LONG U.S. TREASURY STRIPS 149.8206	Common/Collective Trust	26,407,107	15,829,743
	FIAM 8-10 YEAR CORPORATE BOND COMMINGLED	Common/Collective Trust	15,904,775	18,022,662
	Total Common/Collective Trusts		119,029,350	113,314,498
	Total investments		$ 129,575,349	$ 126,282,579

See accompanying Independent Auditor's Report

BNP Paribas Pension Plan
Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
December 31, 2025
EIN: 94-1677765 **Plan: 001**

	(a) Identity of Party Involved	(b) Description of assets (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Number of Transactions	(f) Lease Rental	(g) Expense incurred with transaction	(h) Cost of asset	(i) Current value of asset on transaction date	(j) Net Gain/ (Loss)
	Series in Same Security:									
	Federated Hermes Government Obligation Fund - Premier Shares	Mutual Fund	$6,754,038	$9,017,383	21 44	n/a n/a	n/a n/a	$6,754,038 $9,017,383	$6,754,038 $9,017,383	$0 $0
*	Bank of America Temporary Overnight Deposit - Custody	Depository	$6,754,276	$6,754,276	21 23	n/a n/a	n/a n/a	$6,754,276 $6,754,276	$6,754,276 $6,754,276	$0 $0
	FIAM Long Corporate A or Better Pool	Common/Collective Trust	$6,799,855		9	n/a	n/a	$6,799,855	$6,799,855	$0
	FIAM 8-10 Year Corporate Bond Commingled	Common/Collective Trust		$9,374,904	8	n/a	n/a	$9,374,904	$9,374,904	$0

* Denotes party-in-interest

See accompanying Independent Auditor's Report

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	2	0	0	0	0	0	0	0	2
45-49	0	0	5	9	0	0	0	0	0	0	14
50-54	0	0	10	29	5	0	0	0	0	0	44
55-59	0	0	6	19	9	4	0	0	0	0	38
60-64	0	0	4	15	12	8	3	0	0	0	42
65-69	0	0	2	10	3	2	0	2	0	0	19
70 & over	0	0	1	1	0	1	0	0	0	0	3
Total	0	0	30	83	29	15	3	2	0	0	162

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

Plan Name: BNP Paribas Pension Plan
EIN / PN: 94-1677765/001
Plan Sponsor: BNP Paribas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.35%	5.32%

Annual rates of increase

- Compensation: N/A; Plan accruals were frozen as of December 31, 2011
- Future Social Security wage bases: N/A; Plan accruals were frozen as of December 31, 2011
- Statutory limits on compensation: None

Assumed cost of living adjustments for benefits accrued prior to December 31, 2001

- Heritage Paribas: 3.00%
- All Others: N/A

SCHEDULE SB ATTACHMENTS

Cash balance interest assumption

- Current Year: 6.17%
- Long Term Assumption: 4.00%
- Year Long Term Assumption Reached: 2027

The plan credits interest to cash balance accounts quarterly as of the last business day of each calendar quarter preceding the Annuity Starting Date at the annual interest rate equal to the average discount rate for the 3-month Treasury bills on the secondary market in effect for November immediately preceding the commencement of the Plan Year, plus 175 basis points. After examining historical variability in this rate, as well as expectations on spreads between corporate rates and the plans interest credit rate, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and the plan sponsor's long-term view of future interest crediting rates of 4.00%.

Expected Return on Assets 5.50%

The assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.

Plan-related expenses The amount included in the year for plan-related expenses is $1,500,000. Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums, the actual expenses paid from the trust in the preceding year, and the average expenses paid from the trust over the preceding years.

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

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

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

Participant data

Employee data was supplied electronically as of the valuation date.

New or rehired employees

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

Mortality

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

Termination (not due to disability, retirement or mortality

Percentage leaving during the year	
Age	**Percentage**
20	25%
25	25%
30	20%
35	15%
40	10%
45	7%
50	5%

Assumed termination rates differ by age and service because of expected differences in termination rates by service.

Disability

None

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target (disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Actives

Percentage retiring during the year	
Age	**Percentage**
55	10%
56	0%
57	0%
58	0%
59	0%
60	20%
61	20%
62	40%
63	10%
64	10%
65	100%

Inactives

It is assumed that vested employees will begin payments at Age 65 or immediately if older.

Retirement rates and termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Form of payment

100% are assumed to elect a lump sum form of payment under the plan. This is based on actual experience as well as gains/losses observed. Lump sums were valued using the substitution of annuity form under IRS Regulation 1.430(d) – 1(f)(4) with 2024 PPA Unisex Combined Mortality Table or based on the cash balance account as applicable.

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible male participants and 20% of eligible female participants are assumed to be married.

Spouse age

Male spouses are assumed to be 3 years older than female spouses.

Covered pay

N/A; Plan accruals were frozen as of December 31, 2011.

SCHEDULE SB ATTACHMENTS

Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.50% for 2025 and 6.00% for 2024 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with BNP Paribas regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with BNP Paribas and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor and its third-party pension system administrator, Willis Towers Watson, furnished participant data and claims data as of 1/1/2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name	**BNP Paribas Pension Plan**
Plan Sponsor EIN	**94-1677765**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

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

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

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
BNP PARIBAS 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
BNP Paribas

D Employer Identification Number (EIN)
94-1677765

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	123,975,728
b Actuarial value	**2b**	128,183,499

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	303	49,715,004	49,715,004
b For terminated vested participants	613	72,429,586	72,429,586
c For active participants	162	25,370,781	25,370,781
d Total	1,078	147,515,371	147,515,371

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,500,000
c Target normal cost	**6c**	1,500,000

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 Joseph Gamzon

Signature of actuary — Date: 9/17/2026

Joseph Gamzon
Type or print name of actuary

2606924
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

212-915-8888
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,296,665
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,296,665
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.84 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		201
	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 5.07 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-2
	c Total available at beginning of current plan year to add to prefunding balance		199
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	86.89 %
15	Adjusted funding target attainment percentage	15	86.89 %
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	96.35 %
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
04/14/2025	409,520	0			
07/09/2025	409,520	0			
09/08/2025	409,520	0			
01/12/2026	406,865	0			
09/10/2026	1,938,394	0			
			Totals ► 18(b)	3,573,819	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	3,357,517

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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	1,500,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	19,331,872	1,856,064
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**	3,356,064

	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**	3,356,064
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3,357,517

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1,453
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.10	1,000,000	1.000000	0.100000	5.500000
56	0.00	900,000	0.900000	0.000000	0.000000
57	0.00	900,000	0.900000	0.000000	0.000000
58	0.00	900,000	0.900000	0.000000	0.000000
59	0.00	900,000	0.900000	0.000000	0.000000
60	0.20	900,000	0.900000	0.180000	10.800000
61	0.20	720,000	0.720000	0.144000	8.784000
62	0.40	576,000	0.576000	0.230400	14.284800
63	0.10	345,600	0.345600	0.034560	2.177280
64	0.10	311,040	0.311040	0.031104	1.990656
65	1.00	279,936	0.279936	0.279936	18.195840
Average age at retirement					61.732576
Rounded for Schedule SB item 22					62

Plan Name: BNP Paribas Pension Plan
EIN / PN: 94-1677765/001
Plan Sponsor: BNP Paribas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.35%	5.32%

Annual rates of increase

- Compensation: N/A; Plan accruals were frozen as of December 31, 2011
- Future Social Security wage bases: N/A; Plan accruals were frozen as of December 31, 2011
- Statutory limits on compensation: None

Assumed cost of living adjustments for benefits accrued prior to December 31, 2001

- Heritage Paribas: 3.00%
- All Others: N/A

SCHEDULE SB ATTACHMENTS

Cash balance interest assumption

- Current Year: 6.17%
- Long Term Assumption: 4.00%
- Year Long Term Assumption Reached: 2027

The plan credits interest to cash balance accounts quarterly as of the last business day of each calendar quarter preceding the Annuity Starting Date at the annual interest rate equal to the average discount rate for the 3-month Treasury bills on the secondary market in effect for November immediately preceding the commencement of the Plan Year, plus 175 basis points. After examining historical variability in this rate, as well as expectations on spreads between corporate rates and the plans interest credit rate, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and the plan sponsor's long-term view of future interest crediting rates of 4.00%.

Expected Return on Assets 5.50%

The assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.

Plan-related expenses The amount included in the year for plan-related expenses is $1,500,000. Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums, the actual expenses paid from the trust in the preceding year, and the average expenses paid from the trust over the preceding years.

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

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

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

Participant data

Employee data was supplied electronically as of the valuation date.

New or rehired employees

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

Mortality

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

Termination (not due to disability, retirement or mortality

Percentage leaving during the year	
Age	**Percentage**
20	25%
25	25%
30	20%
35	15%
40	10%
45	7%
50	5%

Assumed termination rates differ by age and service because of expected differences in termination rates by service.

Disability

None

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target (disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Actives

Percentage retiring during the year	
Age	**Percentage**
55	10%
56	0%
57	0%
58	0%
59	0%
60	20%
61	20%
62	40%
63	10%
64	10%
65	100%

Inactives

It is assumed that vested employees will begin payments at Age 65 or immediately if older.

Retirement rates and termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Form of payment

100% are assumed to elect a lump sum form of payment under the plan. This is based on actual experience as well as gains/losses observed. Lump sums were valued using the substitution of annuity form under IRS Regulation 1.430(d) – 1(f)(4) with 2024 PPA Unisex Combined Mortality Table or based on the cash balance account as applicable.

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible male participants and 20% of eligible female participants are assumed to be married.

Spouse age

Male spouses are assumed to be 3 years older than female spouses.

Covered pay

N/A; Plan accruals were frozen as of December 31, 2011.

SCHEDULE SB ATTACHMENTS

Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.50% for 2025 and 6.00% for 2024 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with BNP Paribas regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with BNP Paribas and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor and its third-party pension system administrator, Willis Towers Watson, furnished participant data and claims data as of 1/1/2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

BNP Paribas

EIN/PN

94-1677765 / 001

Plan Provisions

The plan was originally effective December 31, 1994. Last restated effective January 1, 2011. The plan was last formally amended April 1, 2014, effective July 1, 2014, to provide a bulk lump sum window on July 1, 2014 for heritage Paribas participants who terminated prior to January 1, 2001.

Coverage and participation	Age 21 and 1 year of service with 1,000 hours, however, the plan was closed to employees hired after January 1, 2004.

Definitions

Plan year	January 1 to December 31.
Credited service	Employees accrue years and partial years of Credited Service on an elapsed time basis from hire date. The plan was amended to freeze benefit accruals effective December 31, 2011
Vesting service	Employees accrue years and partial years of vesting service on an elapsed time basis
Normal retirement date (NRD)	Age 65 and 5 years (prior to 1/1/2001)

SCHEDULE SB ATTACHMENTS

Normal retirement benefit

Employees as of 12/31/2000 get the greater of (A) and (B) below. All others get (A) below:

A) A cash balance benefit, which expressed as a single sum, is equal to the accumulation of employer pay and interest credits. The annual pay credit is 5% of base pay in effect on March 1 (February 1 for pay credits before January 1, 2011), and the interest credit, which is credited quarterly, is equal to the average 3-month treasury rate in effect for the November preceding the year it applies plus an additional 175 basis points.

Cash balances as of 12/31/2000 were the sum of the following:

For Heritage BNP	For Heritage Paribas
• Cash balance benefit as of 12/31/2000, accrued under BNP's former plan • The excess value of a French American Banking Corporation benefit for employees hired before 12/1982 and entitled to the benefit • The value of the Payment on Account (POA) retirement benefit • The value of the former BNP Plan's COLA provision	• The present value of the age 65 benefit payable under Paribas' former Plan plus any Paribas cash balance • The value of Paribas' early retirement subsidy available to eligible employees • The value of Paribas' joint and survivor subsidized benefit • The value of the former Paribas Plan's COLA provision

B) A final average pay benefit equal to the excess of (i) plus (ii) over (iii):

i. 2% of 5 year final average pay times projected service at normal retirement up to 25 years

ii. 2/3 of 1% of 5 year final average pay times projected service at normal retirement in excess of 25 years but not more than 40

iii. 1-2/3% of the participant's Primary Insurance Amount times projected years of service at normal retirement up to 30 years.

The Primary Insurance Amount is an estimate of the age 65 (or retirement age, if later) Social Security benefit. It is based on pay in the year prior to retirement or termination, projected backwards with a 6% salary scale. If termination is prior to age 65, future earnings are assumed to remain level at the rate of pay in the year prior to termination.

The accrued benefit at any date other than normal retirement is calculated by projecting service in the formula to normal retirement, multiplying the result by service at retirement/termination or December 31, 2011, if earlier, and dividing by projected service to normal retirement. Benefit accruals were frozen as of December 31, 2011.

Eligibility for Benefits

Normal retirement	NRD
Early retirement	Age 55 with 5 years of service
Vested termination	Termination for reasons other than death or retirement after completing 3 years of vesting service
Disability	None
Preretirement death benefit	5 years of service

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Normal retirement benefit payable on NRD
Early retirement	Normal Retirement Benefit reduced for early commencement. The final average pay benefit in B) above is reduced by actuarial equivalence for commencement prior to Normal Retirement Date. Participants of the former Paribas Plan who terminated after attaining age 55 and 5 will have the portion of their benefit accrued through December 31, 2000 reduced by 3% per year prior to age 65, the remainder reduced by actuarial equivalence.
Vested termination	Normal Retirement Benefit. Participants that meet the eligibility requirements for Early Retirement may begin receiving benefits reduced as indicated above.
Disablement	Normal Retirement Benefit reduced for early commencement. The final average pay benefit in B) above is reduced by actuarial equivalence for commencement prior to Normal Retirement Date.
Preretirement death	The greater of 50% of Normal Retirement Benefit reduced for contingent annuitant form and early commencement of benefits, payable at earliest retirement age and the actuarial equivalent of the cash balance paid for the lifetime of the spouse.

Other Plan Provisions

Forms of payment

Normal form:

Benefits are paid as a single life annuity if the participant has no eligible spouse, otherwise as a 50% joint and survivor annuity.

Optional forms of payment include:

- 5-Year Certain and Life Annuity
- 10-Year Certain and Life Annuity
- 100% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 66.7% Joint and Survivor Annuity
- 50% Joint and Survivor Annuity
- Single-Sum Payment

SCHEDULE SB ATTACHMENTS

	For Paribas Plan Participant's Accrued Benefits determined as of December 31, 2000: • 25% Joint and Survivor Annuity • 15-Year Certain and Life Annuity • 20-Year Certain and Life Annuity • Social Security Adjustment Option
Actuarial equivalence	Basis for lump sums: PPA corporate bond segment rates in effect for the plan year (based on the November rates in the prior year) and the PPA mandated mortality. Basis for Optional Forms: 6% and PPA optional combined, unisex mortality.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The current year interest crediting rate was changed to 6.17% for 2025. The remaining schedule is: 5.00% for year 2026, decreasing at 1.00% for each year thereafter with an ultimate rate of 4.00% for 2027 and beyond.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	2	0	0	0	0	0	0	0	2
45-49	0	0	5	9	0	0	0	0	0	0	14
50-54	0	0	10	29	5	0	0	0	0	0	44
55-59	0	0	6	19	9	4	0	0	0	0	38
60-64	0	0	4	15	12	8	3	0	0	0	42
65-69	0	0	2	10	3	2	0	2	0	0	19
70 & over	0	0	1	1	0	1	0	0	0	0	3
Total	0	0	30	83	29	15	3	2	0	0	162

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

Plan Name: BNP Paribas Pension Plan
EIN / PN: 94-1677765/001
Plan Sponsor: BNP Paribas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	888,566	6,487,101	4,984,883	12,360,550
2026	956,772	3,138,566	4,842,426	8,937,764
2027	1,047,446	3,776,850	4,698,126	9,522,422
2028	1,338,672	4,314,979	4,549,136	10,202,787
2029	1,480,629	4,765,337	4,396,348	10,642,314
2030	1,634,604	4,728,353	4,240,755	10,603,712
2031	1,758,678	5,136,453	4,083,535	10,978,666
2032	1,769,080	5,203,849	3,922,733	10,895,662
2033	1,843,425	5,225,634	3,755,700	10,824,759
2034	1,935,919	5,502,791	3,581,504	11,020,214
2035	1,979,856	5,287,173	3,404,455	10,671,484
2036	2,008,968	5,350,436	3,227,522	10,586,926
2037	2,043,162	5,268,967	3,047,375	10,359,504
2038	2,090,282	5,316,728	2,864,675	10,271,685
2039	2,114,835	5,491,355	2,680,168	10,286,358
2040	2,167,089	5,244,975	2,494,669	9,906,733
2041	2,120,696	5,100,193	2,309,030	9,529,919
2042	2,048,027	4,955,686	2,124,180	9,127,893
2043	1,975,640	4,760,901	1,941,189	8,677,730
2044	1,906,662	4,604,977	1,761,254	8,272,893
2045	1,819,369	4,311,694	1,585,627	7,716,690
2046	1,735,113	4,057,288	1,415,663	7,208,064
2047	1,646,468	3,828,412	1,252,731	6,727,611
2048	1,553,937	3,591,431	1,098,213	6,243,581
2049	1,458,001	3,348,226	953,429	5,759,656
2050	1,359,423	3,100,951	819,520	5,279,894
2051	1,259,121	2,851,995	697,402	4,808,518
2052	1,158,111	2,603,891	587,646	4,349,648
2053	1,057,495	2,359,275	490,473	3,907,243
2054	958,384	2,120,775	405,755	3,484,914
2055	861,839	1,890,903	333,014	3,085,756
2056	768,868	1,671,945	271,516	2,712,329
2057	680,340	1,465,837	220,311	2,366,488
2058	596,958	1,274,087	178,304	2,049,349
2059	519,253	1,097,754	144,342	1,761,349
2060	447,564	937,418	117,261	1,502,243
2061	382,075	793,200	95,947	1,271,222
2062	322,852	664,847	79,377	1,067,076
2063	269,851	551,801	66,630	888,282
2064	222,937	453,273	56,909	733,119

Plan Name: BNP Paribas Pension Plan
EIN / PN: 94-1677765/001
Plan Sponsor: BNP Paribas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2065	181,891	368,330	49,540	599,761
2066	146,437	295,926	43,967	486,330
2067	116,237	234,933	39,743	390,913
2068	90,889	184,177	36,509	311,575
2069	69,945	142,480	33,989	246,414
2070	52,930	108,680	31,971	193,581
2071	39,345	81,665	30,296	151,306
2072	28,694	60,400	28,845	117,939
2073	20,508	43,927	27,530	91,965
2074	14,348	31,385	26,289	72,022

SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	14,135,314	15.00000	14,135,314	1,317,983
2. Shortfall	01/01/2024	(838,436)	14.00000	(781,141)	(76,281)
3. Shortfall	01/01/2023	6,708,417	13.00000	5,977,699	614,362
Total				19,331,872	1,856,064

Plan Name: BNP Paribas Pension Plan
EIN / PN: 94-1677765/001
Plan Sponsor: BNP Paribas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.10	1,000,000	1.000000	0.100000	5.500000
56	0.00	900,000	0.900000	0.000000	0.000000
57	0.00	900,000	0.900000	0.000000	0.000000
58	0.00	900,000	0.900000	0.000000	0.000000
59	0.00	900,000	0.900000	0.000000	0.000000
60	0.20	900,000	0.900000	0.180000	10.800000
61	0.20	720,000	0.720000	0.144000	8.784000
62	0.40	576,000	0.576000	0.230400	14.284800
63	0.10	345,600	0.345600	0.034560	2.177280
64	0.10	311,040	0.311040	0.031104	1.990656
65	1.00	279,936	0.279936	0.279936	18.195840
Average age at retirement					61.732576
Rounded for Schedule SB item 22					62

Plan Name: BNP Paribas Pension Plan
EIN / PN: 94-1677765/001
Plan Sponsor: BNP Paribas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	888,566	6,487,101	4,984,883	12,360,550
2026	956,772	3,138,566	4,842,426	8,937,764
2027	1,047,446	3,776,850	4,698,126	9,522,422
2028	1,338,672	4,314,979	4,549,136	10,202,787
2029	1,480,629	4,765,337	4,396,348	10,642,314
2030	1,634,604	4,728,353	4,240,755	10,603,712
2031	1,758,678	5,136,453	4,083,535	10,978,666
2032	1,769,080	5,203,849	3,922,733	10,895,662
2033	1,843,425	5,225,634	3,755,700	10,824,759
2034	1,935,919	5,502,791	3,581,504	11,020,214
2035	1,979,856	5,287,173	3,404,455	10,671,484
2036	2,008,968	5,350,436	3,227,522	10,586,926
2037	2,043,162	5,268,967	3,047,375	10,359,504
2038	2,090,282	5,316,728	2,864,675	10,271,685
2039	2,114,835	5,491,355	2,680,168	10,286,358
2040	2,167,089	5,244,975	2,494,669	9,906,733
2041	2,120,696	5,100,193	2,309,030	9,529,919
2042	2,048,027	4,955,686	2,124,180	9,127,893
2043	1,975,640	4,760,901	1,941,189	8,677,730
2044	1,906,662	4,604,977	1,761,254	8,272,893
2045	1,819,369	4,311,694	1,585,627	7,716,690
2046	1,735,113	4,057,288	1,415,663	7,208,064
2047	1,646,468	3,828,412	1,252,731	6,727,611
2048	1,553,937	3,591,431	1,098,213	6,243,581
2049	1,458,001	3,348,226	953,429	5,759,656
2050	1,359,423	3,100,951	819,520	5,279,894
2051	1,259,121	2,851,995	697,402	4,808,518
2052	1,158,111	2,603,891	587,646	4,349,648
2053	1,057,495	2,359,275	490,473	3,907,243
2054	958,384	2,120,775	405,755	3,484,914
2055	861,839	1,890,903	333,014	3,085,756
2056	768,868	1,671,945	271,516	2,712,329
2057	680,340	1,465,837	220,311	2,366,488
2058	596,958	1,274,087	178,304	2,049,349
2059	519,253	1,097,754	144,342	1,761,349
2060	447,564	937,418	117,261	1,502,243
2061	382,075	793,200	95,947	1,271,222
2062	322,852	664,847	79,377	1,067,076
2063	269,851	551,801	66,630	888,282
2064	222,937	453,273	56,909	733,119

Plan Name: BNP Paribas Pension Plan
EIN / PN: 94-1677765/001
Plan Sponsor: BNP Paribas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2065	181,891	368,330	49,540	599,761
2066	146,437	295,926	43,967	486,330
2067	116,237	234,933	39,743	390,913
2068	90,889	184,177	36,509	311,575
2069	69,945	142,480	33,989	246,414
2070	52,930	108,680	31,971	193,581
2071	39,345	81,665	30,296	151,306
2072	28,694	60,400	28,845	117,939
2073	20,508	43,927	27,530	91,965
2074	14,348	31,385	26,289	72,022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

BNP Paribas

EIN/PN

94-1677765 / 001

Plan Provisions

The plan was originally effective December 31, 1994. Last restated effective January 1, 2011. The plan was last formally amended April 1, 2014, effective July 1, 2014, to provide a bulk lump sum window on July 1, 2014 for heritage Paribas participants who terminated prior to January 1, 2001.

Coverage and participation	Age 21 and 1 year of service with 1,000 hours, however, the plan was closed to employees hired after January 1, 2004.

Definitions

Plan year	January 1 to December 31.
Credited service	Employees accrue years and partial years of Credited Service on an elapsed time basis from hire date. The plan was amended to freeze benefit accruals effective December 31, 2011
Vesting service	Employees accrue years and partial years of vesting service on an elapsed time basis
Normal retirement date (NRD)	Age 65 and 5 years (prior to 1/1/2001)

SCHEDULE SB ATTACHMENTS

Normal retirement benefit

Employees as of 12/31/2000 get the greater of (A) and (B) below. All others get (A) below:

A) A cash balance benefit, which expressed as a single sum, is equal to the accumulation of employer pay and interest credits. The annual pay credit is 5% of base pay in effect on March 1 (February 1 for pay credits before January 1, 2011), and the interest credit, which is credited quarterly, is equal to the average 3-month treasury rate in effect for the November preceding the year it applies plus an additional 175 basis points.

Cash balances as of 12/31/2000 were the sum of the following:

For Heritage BNP	For Heritage Paribas
• Cash balance benefit as of 12/31/2000, accrued under BNP's former plan • The excess value of a French American Banking Corporation benefit for employees hired before 12/1982 and entitled to the benefit • The value of the Payment on Account (POA) retirement benefit • The value of the former BNP Plan's COLA provision	• The present value of the age 65 benefit payable under Paribas' former Plan plus any Paribas cash balance • The value of Paribas' early retirement subsidy available to eligible employees • The value of Paribas' joint and survivor subsidized benefit • The value of the former Paribas Plan's COLA provision

B) A final average pay benefit equal to the excess of (i) plus (ii) over (iii):

i. 2% of 5 year final average pay times projected service at normal retirement up to 25 years

ii. 2/3 of 1% of 5 year final average pay times projected service at normal retirement in excess of 25 years but not more than 40

iii. 1-2/3% of the participant's Primary Insurance Amount times projected years of service at normal retirement up to 30 years.

The Primary Insurance Amount is an estimate of the age 65 (or retirement age, if later) Social Security benefit. It is based on pay in the year prior to retirement or termination, projected backwards with a 6% salary scale. If termination is prior to age 65, future earnings are assumed to remain level at the rate of pay in the year prior to termination.

The accrued benefit at any date other than normal retirement is calculated by projecting service in the formula to normal retirement, multiplying the result by service at retirement/termination or December 31, 2011, if earlier, and dividing by projected service to normal retirement. Benefit accruals were frozen as of December 31, 2011.

Eligibility for Benefits

Normal retirement	NRD
Early retirement	Age 55 with 5 years of service
Vested termination	Termination for reasons other than death or retirement after completing 3 years of vesting service
Disability	None
Preretirement death benefit	5 years of service

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Normal retirement benefit payable on NRD
Early retirement	Normal Retirement Benefit reduced for early commencement. The final average pay benefit in B) above is reduced by actuarial equivalence for commencement prior to Normal Retirement Date. Participants of the former Paribas Plan who terminated after attaining age 55 and 5 will have the portion of their benefit accrued through December 31, 2000 reduced by 3% per year prior to age 65, the remainder reduced by actuarial equivalence.
Vested termination	Normal Retirement Benefit. Participants that meet the eligibility requirements for Early Retirement may begin receiving benefits reduced as indicated above.
Disablement	Normal Retirement Benefit reduced for early commencement. The final average pay benefit in B) above is reduced by actuarial equivalence for commencement prior to Normal Retirement Date.
Preretirement death	The greater of 50% of Normal Retirement Benefit reduced for contingent annuitant form and early commencement of benefits, payable at earliest retirement age and the actuarial equivalent of the cash balance paid for the lifetime of the spouse.

Other Plan Provisions

Forms of payment

Normal form:

Benefits are paid as a single life annuity if the participant has no eligible spouse, otherwise as a 50% joint and survivor annuity.

Optional forms of payment include:

- 5-Year Certain and Life Annuity
- 10-Year Certain and Life Annuity
- 100% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 66.7% Joint and Survivor Annuity
- 50% Joint and Survivor Annuity
- Single-Sum Payment

SCHEDULE SB ATTACHMENTS

	For Paribas Plan Participant's Accrued Benefits determined as of December 31, 2000: • 25% Joint and Survivor Annuity • 15-Year Certain and Life Annuity • 20-Year Certain and Life Annuity • Social Security Adjustment Option
Actuarial equivalence	Basis for lump sums: PPA corporate bond segment rates in effect for the plan year (based on the November rates in the prior year) and the PPA mandated mortality. Basis for Optional Forms: 6% and PPA optional combined, unisex mortality.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

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

Plan Name	**BNP Paribas Pension Plan**
Plan Sponsor EIN	**94-1677765**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

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

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	14,135,314	15.00000	14,135,314	1,317,983
2. Shortfall	01/01/2024	(838,436)	14.00000	(781,141)	(76,281)
3. Shortfall	01/01/2023	6,708,417	13.00000	5,977,699	614,362
Total				19,331,872	1,856,064

Plan Name: BNP Paribas Pension Plan
EIN / PN: 94-1677765/001
Plan Sponsor: BNP Paribas
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The current year interest crediting rate was changed to 6.17% for 2025. The remaining schedule is: 5.00% for year 2026, decreasing at 1.00% for each year thereafter with an ultimate rate of 4.00% for 2027 and beyond.