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.)
- ☒ 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:
- ☒ 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
TOTALENERGIES FINANCE USA, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 08/01/1934

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)
TOTALENERGIES FINANCE USA, INC.

P.O. BOX 4397
HOUSTON, TX 77210-4397

2b Employer Identification Number (EIN)
23-3060301

2c Plan Sponsor's telephone number
713-483-5305

2d Business code (see instructions)
324110

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.	10/16/2026	DEJI OGUNNUBI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	4389
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)**	401
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	353
b	Retired or separated participants receiving benefits	**6b**	2050
c	Other retired or separated participants entitled to future benefits	**6c**	1009
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3412
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	766
f	Total. Add lines **6d** and **6e**.	**6f**	4178
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] 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
TOTALENERGIES FINANCE USA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

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
AETNA 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
06-6033492	60054	014478	0	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	101950
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	102208
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4280		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	4280
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	106488
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4517		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	21		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	4538
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	101950

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
TOTALENERGIES FINANCE USA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

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**	637030964
b Actuarial value	**2b**	656470298

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	2812	409550564	409550564
b For terminated vested participants	1281	103019913	103019913
c For active participants	401	169901488	184927993
d Total	4494	682471965	697498470

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**	12582812
b Expected plan-related expenses	**6b**	3228126
c Target normal cost	**6c**	15810938

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/07/2026
Date

KEVIN BILLS
Type or print name of actuary

26-07029
Most recent enrollment number

MERCER
Firm name

713-276-2100
Telephone number (including area code)

500 DALLAS STREET, SUITE 1400
HOUSTON, TX 77002
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.05 %	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)		21681770
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09 %		1103602
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		22785372
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	94.11 %
15	Adjusted funding target attainment percentage	15	94.11 %
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	98.47 %
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
04/28/2025	10225000	0			
07/16/2025	10225000	0			
10/22/2025	10225000	0			
01/15/2026	5000000	0			
			Totals ► 18(b)	35675000	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	34532389

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? [ ] Yes [X] 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**	61

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**	15810938
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	41028172	4083746
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**	19894684

	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**	19894684
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	34532389
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	14637705
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
TOTALENERGIES FINANCE USA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(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)

LEGAL&GENERAL INVESTMENT MANAGEMENT

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	416413	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUSSELL INEVESTEMENTS TRUST COMPANY

91-1116938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	259433	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUSSELL INVESTMENTS CAPITAL, LLC

81-7106025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	190000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MORGAN STANLEY

11-3658445

(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	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	90000	Yes [ ] No [X]

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

BLACKROCK

94-3112180

(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 49 24 50 28 51	INVESTEMENT MANAGER	52783	Yes [X] No [ ]	Yes [X] No [ ]	49859	Yes [ ] No [X]

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

CROWE

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	20000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
TOTALENERGIES FINANCE USA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

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: TFE RETURN-SEEKING

b Name of sponsor of entity listed in (a): TOTALENERGIES FINANCE USA, INC.

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)
25-1883252-027	M	196597363

a Name of MTIA, CCT, PSA, or 103-12 IE: TFE DOMESTIC FIXED INCOME

b Name of sponsor of entity listed in (a): TOTALENERGIES FINANCE USA, INC.

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)
25-1883252-004	M	408179238

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

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

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)
13-5581829-001	C	957803

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FUND

b Name of sponsor of entity listed in (a): THE BANK OF MELLON

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)
25-6078093-023	C	1740197

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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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
TOTALENERGIES FINANCE USA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

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)	10225000	5000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6873	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9278311	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	617431081	604776601
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	102208	101950
(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	637043473	609878551
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	12534815	12534815
1k Total liabilities (add all amounts in lines 1g through1j)	1k	12534815	12534815
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	624508658	597343736

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)	35675000	
(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)		35675000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4280	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4280
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		34153601
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		69832881
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	93076479	
(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)		93076479
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3921324	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3921324
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		96997803
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-27164922
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: CROWE **(2)** EIN: 35-0921680

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591931.

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
TOTALENERGIES FINANCE USA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

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): 06-6033492

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 | 93

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: 24.7 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 67.0 %

High-Yield Debt: 0.0 % Real Assets: 5.1 % Cash or Cash Equivalents: 3.1 % Other: 0.1 %

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_____.

Structured Attachment	Schedule SB, line 26b	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Expected Benefit Payments**	This Form is Open to Public Inspection

Name of Plan	TOTALENERGIES FINANCE USA, INC. PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	23-3060301	PN	002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	5207715	8405359	48317519	61930593
2026	6397499	4257058	46169479	56824036
2027	7466971	4446878	43988030	55901879
2028	8355098	5781599	41745275	55881972
2029	9283215	5078365	39489724	53851304
2030	10091641	5382253	37226846	52700740
2031	11001401	6069620	34962036	52033057
2032	12383437	6116985	32719966	51220388
2033	12992318	6410569	30488150	49891037
2034	12969181	6999269	28290204	48258654
2035	13494023	8621356	26144772	48260151
2036	13918626	7266850	24055378	45240854
2037	14221505	7761569	22031167	44014241
2038	14550411	7570198	20080325	42200934
2039	14819959	7867787	18210169	40897915
2040	15657764	7935242	16427152	40020158
2041	15043727	7617912	14736859	37398498
2042	14994412	7604781	13143896	35743089
2043	14872661	7446673	11651794	33971128
2044	14615084	7378392	10263014	32256490
2045	14586800	7316693	8979027	30882520
2046	14089451	7059138	7800347	28948936
2047	13602090	6611193	6726568	26939851
2048	13249504	6105287	5756381	25111172
2049	12442690	5831621	4887504	23161815

Name of Plan	TOTALENERGIES FINANCE USA, INC. PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	23-3060301	PN	002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	11941600	5584473	4116723	21642796
2051	11213271	5182351	3439811	19835433
2052	10700612	5045173	2851505	18597290
2053	10095662	4782077	2345700	17223439
2054	9344317	4221418	1915610	15481345
2055	8692282	3873809	1553991	14120082
2056	8048817	3566460	1253350	12868627
2057	7399178	3265001	1006142	11670321
2058	6761473	2971249	805032	10537754
2059	6132473	2686879	643062	9462414
2060	5518064	2413462	513796	8445322
2061	4928607	2152436	411432	7492475
2062	4366461	1905124	330842	6602427
2063	3836239	1672732	267622	5776593
2064	3341620	1456269	218085	5015974
2065	2885347	1246548	179209	4311104
2066	2469136	1064104	148552	3681792
2067	2093672	899295	124192	3117159
2068	1758672	752152	104627	2615451
2069	1463017	622388	88708	2174113
2070	1204937	509404	75584	1789925
2071	982138	412317	64618	1459073
2072	791998	330007	55344	1177349
2073	631618	261188	47420	940226
2074	497953	204458	40593	743004

TOTALENERGIES FINANCE USA, INC.
PENSION PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

TOTALENERGIES FINANCE USA, INC.
PENSION PLAN
Houston, Texas

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Benefits Administrative Committee of
TotalEnergies Finance USA, Inc. Pension Plan
Houston, Texas

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

We have performed audits of the financial statements of TotalEnergies Finance USA, Inc. 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 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Note 3 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 qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

(Continued)

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 from the date 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.

(Continued)

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule 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 schedule 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).



Crowe LLP

Houston, Texas
October 14, 2026

TOTALENERGIES FINANCE USA, INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
Assets		
Plan's interest in the TotalEnergies Finance USA, Inc. Master Trust, at fair value	$ 604,776,601	$ 626,509,015
Investment held outside the TotalEnergies Finance USA, Inc. Master Trust, at fair value	101,950	102,208
Total investments	604,878,551	626,611,223
Employer contribution receivable	5,000,000	10,225,000
Total assets	609,878,551	636,836,223
Liabilities		
Accrued Plan expenses	12,534,815	12,534,815
Net assets available for benefits	$ 597,343,736	$ 624,301,408

See accompanying notes to financial statements.

TOTALENERGIES FINANCE USA, INC. PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2025 and 2024

	2025	2024
Net investment income (loss) from the Plan's interest in the TotalEnergies Finance USA, Inc. Master Trust including Master Trust expenses of $589,884 and $704,358 in 2025 and 2024, respectively	$ 34,153,601	$ 5,741,622
Interest income	4,280	4,343
Total investment income (loss)	34,157,881	5,745,965
Employer contributions	35,675,000	40,900,000
Benefits paid to participants	(93,076,479)	(65,708,643)
Administrative expenses, excluding TotalEnergies Finance USA, Inc. Master Trust expenses	(3,714,074)	(3,788,754)
Total deductions	(96,790,553)	(69,497,397)
Net decrease	(26,957,672)	(22,851,432)
Net assets available for benefits, beginning of year	624,301,408	647,152,840
Net assets available for benefits, end of year	$ 597,343,736	$ 624,301,408

See accompanying notes to financial statements.

NOTE 1 – DESCRIPTION OF THE PLAN

TotalEnergies Finance USA, Inc. Pension Plan (formerly, TOTAL Finance USA, Inc. Pension Plan) (the Plan) is a defined benefit pension plan sponsored by TotalEnergies Finance USA, Inc. The Plan was originally effective as of August 1, 1934 and was amended and restated effective January 1, 2022, to conform to new laws and regulations. Effective September 1, 2022, TOTAL Finance USA, Inc. changed their name to TotalEnergies Finance USA, Inc. and the Plan was amended to change the Plan name to TotalEnergies Finance USA, Inc. Pension Plan. On December 31, 2025, the Plan was amended to freeze benefit accruals under the Plan, other than accruals under the Amdel Pension Program component. Under the terms of the amendment, participants will cease accruing additional benefits under the Plan after December 31, 2025. Benefits accrued through the effective date of the freeze will remain payable in accordance with the terms of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers substantially all non-represented employees of the following companies (collectively, the Company):

- TotalEnergies Finance USA, Inc.
- Atlantic Trading & Marketing, Inc.
- TotalEnergies E&P AMERICAS, LLC
- TotalEnergies New Energies USA, Inc.
- Novogy, Inc.
- TotalEnergies E&P USA, Inc.
- TotalEnergies American Services, Inc.
- TotalEnergies Gas & Power North America, Inc.
- Total Gestion Internationale SA
- TotalEnergies New Energy Ventures USA, Inc.
- TotalEnergies E&P Barnett USA, LLC
- TotalEnergies Petrochemicals & Refining USA, Inc.
- Arkema, Inc. (retirees and deferred vested participants only)
- TotalEnergies Specialties USA, Inc.
- Mapa Spontex, Inc. (retirees and deferred participants only)
- Elf Acquitaine, Inc.
- Elf Atochem Wyoming Holdings, Inc.
- Elf Development, Inc.

Effective June 30, 1999, with respect to Tg Soda Ash, Inc., which was sold to FMC Wyoming Corporation (FMC), the Plan covers retirees drawing benefits at June 30, 1999 and active and terminated employees with vested benefits at June 30, 1999. The Plan also covers former employees of Tg Soda Ash, Inc., subsequently employed by the Company's affiliate, Elf Atochem Wyoming Holdings, Inc. In connection with the sale of Tg Soda Ash, Inc. to FMC, which occurred on June 30, 1999, the Plan was amended on May 24, 1999 and June 10, 1999, as follows:

- Any Plan participants who were employed by Tg Soda Ash, Inc. immediately prior to the closing of the sale described above would be considered to be fully vested in their accrued benefits.

- The annual compensation used to calculate Final Average Compensation for employees of Tg Soda Ash, Inc. who remain employees of Tg Soda Ash, Inc. immediately after the closing of the sale described above would be deemed to include 24 months of compensation immediately after the sale closing, the first 12 months of which shall be deemed to be at a rate 3% higher than the employee's annual rate of compensation immediately prior to the sale closing, and the second 12 months of which shall be deemed to be at a rate 3% higher than the deemed compensation for the first 12 months following the sale closing.

(Continued)

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

- Any employee of Tg Soda Ash, Inc. who would remain an employee of Tg Soda Ash, Inc. after the closing of the sale described above and who, prior to termination of such employment, would have qualified for an unreduced early retirement allowance within one year after the closing shall be deemed to have been qualified immediately prior to the closing.

- Any employees of Tg Soda Ash, Inc. on June 15, 1999 who either would be age 55 with five years of eligible service or have 30 years of credited service at the sale closing date, are terminated after June 15, 1999 and before June 30, 2002 in connection with a program for reduction in workforce by Tg Soda Ash, Inc., or successor of affiliate thereof, shall have an annual early retirement allowance equal to the greater of the amount calculated in accordance with the Plan or an amount reduced by 6% for each of the first five years, and 4% of each subsequent year by which their dates of retirement precede the first dates on which they could have retired with an unreduced retirement allowance.

Effective January 1, 2001, the Plan was amended to provide for special pension supplements for participants who were impacted by the Company's New York City office closing.

Eligible participants include participants in the New York City office who were actively employed on March 31, 2001, whose employment was involuntarily terminated for reasons other than cause between January 1, 2001 and March 31, 2001, or who were highly compensated employees and were transferred to an affiliate and subsequently terminated prior to April 1, 2002. Eligible participants were granted full vesting, credited service was increased by three years, and the age utilized for early retirement benefits was increased by five years.

Effective January 1, 2001, the Plan was amended to provide special provisions for participants who transferred employment to the Company from ATOFINA Petrochemicals, Inc. (ATOFINA) on January 1, 2001. Transferred participants were given service credit for each period of service granted under the ATOFINA Pension Plan (ATOFINA Plan) on December 31, 2000 for purposes of eligibility for benefits and credited with compensation paid by ATOFINA prior to January 1, 2001. For purposes of determining benefits under the Plan, transferred participants received credit for 90% of the service rendered under the ATOFINA Plan on December 31, 2000. Each transferred participant's accrued benefit under the Plan as of January 1, 2001 shall not be less than his accrued benefit under the ATOFINA Plan. Certain optional payment forms and early retirement benefits were preserved with respect to the transferred participant's accrued benefit as of December 31, 2000.

Effective January 1, 2001, the Plan was amended to provide special provisions for participants who transferred employment to the Company from TOTAL Exploration Production USA, Inc. (TEP USA) on January 1, 2001 and participants who are employed by TOTAL American Services, Inc. (TAS) on December 31, 2000, who on January 1, 2001 either continued to be employed by TAS or transferred to another entity under the Company. Transferred participants were given service credit for each period of service with TEP USA or TAS through December 31, 2000 for purposes of eligibility for benefits under the Plan and credited with compensation paid by TEP USA or TAS prior to January 1, 2001. For purposes of determining benefits under the Plan, transferred participants received credit for 45% of the service rendered to TEP USA or TAS on December 31, 2000.

Effective January 1, 2007, the Plan was frozen to new entrants hired after December 31, 2006. Any person who incurs a separation from service, as defined in the Plan, and thereafter is hired or rehired after December 31, 2006 is not eligible to participate in the Plan. Finally, an employee who transfers to an affiliated employer that is not a participating affiliate in the Plan and is subsequently rehired by a participating employer after December 31, 2006 is not eligible to participate in the Plan for any period beginning after December 31, 2006.

(Continued)

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Effective May 31, 2010, the Company amended the Plan to provide for full vesting of the Plan benefits of the Plan participants whose employment was terminated on or after May 31, 2010, as a result of the sale of certain oil and gas properties to W&T, Inc. on April 30, 2010.

Effective July 15, 2010, the Company amended the Plan to include TOTAL Gestion International SA as a participating employer and amended the definition of final average compensation to be expressed in U.S. dollars and any compensation paid in any other currency will be converted to U.S. dollars using the applicable exchange rate in effect as of the date on which such compensation is paid.

Effective as of the close of business on December 31, 2016, the Total Petrochemicals & Refining USA, Inc. Pension Plan was merged into the Plan. The Plan was amended and restated effective January 1, 2022.

Administration: The Plan is administered by the Benefits Administrative Committee (the Committee) whose members are appointed by the Board of Directors of the Company. The Committee controls and manages the operation and administration of the Plan. The Pension Plan Investment Committee of TotalEnergies Finance USA, Inc. (the Investment Committee) is the named fiduciary of the Plan with respect to the management and control of the assets of the Plan. The Bank of New York Mellon/BNY Mellon, N.A. (Mellon) is the trustee of the Plan. Aetna Life Insurance Company (Aetna) serves as a custodian of the group annuity contract.

Master Trust: The Company has adopted the defined benefit master trust agreement between the Company and Mellon, known as the TotalEnergies Finance USA, Inc. Master Trust (TEFUS Master Trust). The TEFUS Master Trust was established for the collective investment of certain defined benefit plans sponsored by TotalEnergies Finance USA, Inc. and its affiliates.

Funding Policy: The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the ERISA minimum funding requirement. Under the terms of the Plan, participant contributions are not permitted. Prior to January 1, 1998, participants were allowed to make voluntary contributions, which accrued interest at various rates as specified by the Plan. Participants may withdraw such contributions from the Plan should they leave the Company prior to retirement. Company contributions to the Plan are based on actuarial determinations for each year utilizing the Standard Unit Credit Method as required by the Pension Protection Act of 2006 and considered the Plan's desired funded status. The Company contributes amounts sufficient to fund the cost of benefits payable under the Plan. During 2025 and 2024, the Company made employer contributions of $30,675,000 and $40,900,000, respectively. The Plan's ERISA minimum funding requirements for 2025 and 2024 have been met.

Pension Benefits (TotalEnergies Finance USA, Inc.): The Plan provides that a participating employee's right to Plan benefits becomes vested after the completion of 10 years of vesting service for those employees who terminated prior to January 1, 1989, and five years of vesting service for those employees who terminated after January 1, 1989, or attaining age 65. Effective June 21, 2005, the Plan was amended to fully vest a participant's interest in their Plan benefit on the date such participant's employment with TotalEnergies E&P USA, Inc. (E&P) terminates if the participant (a) was employed by E&P on June 21, 2005, (b) was involuntarily terminated by E&P in connection with the reorganization and restructuring of E&P (the E&P Reorganization) during the period beginning on June 21, 2005, and ending on the termination date of the severance plan applicable to such participant that was adopted by E&P with respect to the E&P Reorganization and in effect on June 21, 2005 (the Severance Plan), and (c) was not terminated for cause as provided in the Severance Plan.

(Continued)

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Vested employees are eligible to receive monthly retirement allowance payments upon retirement after age 65 equal to 2% of a participant's final average compensation, defined as the highest paid 36 consecutive months during the last 120 months of credited service divided by 12, multiplied by credited service.

In certain circumstances, participants with credited service through December 31, 1997 may receive additional benefits based on a percentage of their voluntary additional contributions. A participant may retire between ages 55 and 60 with a reduced retirement allowance. Employees may elect to receive their pension benefits in actuarially equivalent optional forms, such as 100%, 75%, 66⅔%, 50%, 33⅓% or 25% joint and survivor, or a single life annuity. In lieu of receiving retirement benefits on a monthly basis, participants who are employees on or after September 1, 1999 may, prior to retirement, elect to receive a portion of their retirement benefits in a lump sum, which is actuarially equivalent to the monthly income that would otherwise be received. The Plan requires automatic distribution of participant accounts upon termination without the participant's consent, of amounts less than $1,000.

The Plan allows all or any portion of the benefit payable under the Plan to be provided through the purchase of annuities from an insurance company or companies as may be approved by the Committee and payment for such annuities shall be made from the Plan's assets. Purchased annuities are not reflected in the Plan's net assets, as benefit payments made to identified participants will be funded by the insurance company or companies.

If an active employee dies while eligible for a vested benefit or early retirement, the employee's spouse will receive a monthly death benefit annuity. The benefit will be determined as if the employee terminated employment on the first day of the month in which death occurred and elected a monthly benefit commencing at the earliest possible date, payable as a 50% joint and survivor benefit. The normal form of pension benefit payment is a reduced 50% joint and survivor benefit. That is, a retiree's spouse will receive 50% of the benefit paid to the retiree, commencing at the retiree's death, and payable for the rest of the spouse's life.

Effective January 1, 2008, the Plan was amended to freeze accrued benefits as of December 31, 2007 (Frozen Benefit). For benefit accruals after December 31, 2007, the following provisions apply:

- The normal form of pension benefit is a life only annuity with no minimum number of monthly payments guaranteed to be paid. A participant may elect to have the actuarial equivalent of his normal retirement benefit paid in a different form that is permitted under the Plan. The lump sum distribution option is not available for accruals after December 31, 2007.

  The annuity forms of payment that are available for the portion of benefit other than the Frozen Benefit are a single life annuity, single life annuity with 120 guaranteed payments, or a joint and survivor annuity with 100%, 75%, or 50% of the monthly amount paid during the joint lives of the participant and beneficiary continuing to be paid to the beneficiary after the death of the participant. The surviving spouse of the participant is not entitled to elect to receive a lump sum distribution or the survivor portion of a single life annuity with 120 guaranteed payments. The only preretirement death benefit under the Plan is a preretirement survivor annuity. If the participant dies prior to his annuity starting date, no preretirement death benefits will be payable to a beneficiary who is not the participant's surviving spouse.

(Continued)

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

- A participant is not permitted to commence benefits prior to attainment of age 55. If a participant terminates employment prior to age 55 and elects to have benefits commence prior to age 65, the portion of benefit attributable to accruals after December 31, 2007 will be actuarially reduced using the interest and mortality assumptions specified in the definition of actuarial equivalent as documented in the plan document.

Effective November 1, 2015, the Plan was amended and restated to allow for the addition of a new lump sum payment option to the current benefit payment options available to active and deferred participants. The new lump sum form of distribution is available to those participants who terminated employment prior to September 1, 1999, who have accrued benefits after December 31, 2001 or who were employed by FMC at the time of the sale to Tronox. All participants must incur a separation from service and attain age 55 to be eligible for the new lump sum form of benefit payment.

Pension Benefits (TotalEnergies Petrochemicals & Refining USA, Inc.): The Plan provides that a participating employee's right to Plan benefits becomes vested after the completion of five years of vesting service, or attaining age 55. Vested employees are eligible to receive monthly retirement allowance payments upon retirement after age 65 equal to 1.65% of final average compensation, as defined in the Plan, multiplied by the number of years of benefit service, minus the lesser of (i) 1.5% of the participant's anticipated Social Security Primary Insurance Amount (PIA) at age 65, multiplied by the number of years of benefit service (maximum 33⅓ years) and (ii) the greater, of (I) 50% of PIA multiplied by the participant's years of benefit service divided by the participant's benefit service at normal retirement and (II) 0.4% of final average compensation multiplied by years of benefit service. An early retirement allowance is available upon retirement at age 55 or later, in which case the accrued benefit is reduced by an annual factor for early retirement before age 60.

Employees may elect to receive their pension benefits in actuarially equivalent optional forms, such as a single lump sum payment, 100%, 75%, 66⅔%, 66% (for annuity starting dates through March 1, 2018) or 50% joint and survivor annuities, five-year, 10-year certain and continuous annuities or constant level benefit annuities. Participants who have benefits totaling $5,000 or less will receive their benefit in a single lump sum. However, employees who earned a greater benefit as of February 28, 1991, under the formula in effect at that time shall receive payments based on that formula.

Vested participants of the Plan as a result of the merger of the Amdel Plan, are eligible to receive monthly retirement allowance payments upon retirement after age 65 equal to 1.6% of a participant's final average compensation during the three consecutive Plan years of the last 10 Plan years immediately preceding retirement in which his compensation was highest, multiplied by credited service, less 50% of the primary Social Security benefit multiplied by credited service divided by the greater of 35 years or credited service at normal retirement date, age 65.

In certain circumstances, participants with credited service through December 31, 1968 may receive additional benefits based on a percentage of their voluntary additional contributions. The minimum annual normal retirement benefit is $144 for each year of credited service under the Plan. A participant may retire between ages 55 and 60 with a reduced retirement allowance. Employees may elect to receive their pension benefits in actuarially equivalent optional forms, such as 100%, 75%, 50% or 25% joint and survivor, 10-year certain, Social Security bridge option, and continuous annuities or constant level benefit annuities. In lieu of receiving retirement benefits on a monthly basis, participants may elect to receive their retirement benefits in a lump sum, which is actuarially equivalent to the monthly income that would otherwise be received.

(Continued)

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participating employees of Arkema Inc. become vested after the completion of five years of vesting service, or attaining age 65. Vested participants of the Plan as a result of the Arkema spinoff are entitled to benefits equal to 1.1% multiplied by the average annual earnings, as defined by the plan document, up to the Integration Level, as defined by the plan document, plus 1.5% multiplied by the average annual earnings in excess of the Integration Level, multiplied by years of service up to a maximum of 35 years, plus 1.25% multiplied by the average annual earnings multiplied by years of service in excess of 35 years. An early retirement allowance is available upon retirement at age 55 and completion of at least 10 years of service.

A participant's monthly benefit is reduced by one-fourth of 1% for each month before age 62. Other reductions (5.5%) apply based on age when the participant left the Company. Employees may elect to receive their pension benefits in actuarially equivalent optional forms, such as straight life annuity, and 100%, 75% or 50% joint and survivor annuities. Participants may also elect to receive their benefit in a single lump sum.

All benefits less than $1,000 are paid out in a single lump sum as soon as administratively possible after termination. Amounts greater than $1,000 but less than $5,000, are paid out at the participant's request. The Plan allows all or any portion of the benefits payable under the Plan to be provided through the purchase of annuities from such insurance company or companies as may be approved by the committee and payment for such annuities shall be made from the Plan's assets. Purchased annuities are not reflected in the Plan's net assets since benefit payments made to identified participants will be funded by the insurance company or companies. If an active employee dies while eligible for a vested benefit or early retirement, the employee's spouse will receive a monthly death benefit annuity. The benefit will be determined as if the employee terminated employment on the first day of the month in which death occurred and elected a monthly benefit commencing at the earliest possible date, payable as a 50% joint and survivor benefit. The normal form of pension benefit payment is a reduced 50% joint and survivor benefit. That is, a retiree's spouse will receive 50% of the benefit paid to the retiree, commencing upon election by the spouse and payable for the rest of the spouse's life.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. The Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisors and trustees. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Payments: Benefits are recorded upon distribution.

(Continued)

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Administrative Expenses: The TEFUS Master Trust pays substantially all Plan expenses on behalf of the Plan. Generally, fees charged by (1) Mellon, including but not limited to trust and custodian fees, securities lending fees, and performance analysis fees, (2) investment management fees, (3) fees for products or services related to the management of the investments, and (4) internal salary, benefits, and other direct expenses incurred by personnel employed by the Company in connection with the management of the TEFUS Master Trust, are shared on an equitable basis by the participating plans. Individual Plan level expenses including but not limited to fees for (1) benefit services, (2) Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) premiums, (3) auditing fees, (4) actuarial and related fees, and (5) legal fees are charged to the assets of the Plan submitting the invoice for payment.

Risks and Uncertainties: The Plan holds various investments. Investments are exposed to various risks such as interest rate, market, liquidity, credit, and global event risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the fair values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

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

Subsequent Events: Plan management has evaluated subsequent events for recognition and disclosure through October 14, 2026, which is the date the financial statements were available to be issued.

NOTE 3 – CERTIFIED INFORMATION

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, net appreciation (depreciation) in fair value of investments and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A. and Aetna Life Insurance Company.

NOTE 4 – TOTALENERGIES FINANCE USA, INC. MASTER TRUST

A portion of the Plan's investments are in the TotalEnergies Finance USA, Inc. Master Trust (TEFUS Master Trust). The TEFUS Master Trust was established for the investment of assets of the Plan and one other defined benefit plan sponsored by the Company. The assets of the TEFUS Master Trust are held by the trustee.

The value of the Plan's interest in the TEFUS Master Trust is based on the beginning of year value of the Plan's interest in the trust, plus actual contributions to the Plan and investment income (loss) with respect to the Plan's investments held in the trust less actual distributions from the Plan and allocated administrative expenses. The Plan's interest in the TEFUS Master Trust is reported at fair value based upon the fair values of the underlying investments of the Master Trust. All interest, dividends, other income, expenses, and any proceeds from the sale or disposition of the Plan's investments of the TEFUS Master Trust is allocated to the Plan based on the ratio of the plan's interest in that investment to the value of the Master Trust's interest in that investment.

(Continued)

NOTE 4 – TOTALENERGIES FINANCE USA, INC. MASTER TRUST (Continued)

The TEFUS Master Trust consists of a number of investment pools in which the participating plans may choose to invest. The following pools are available for investment by the Plan: the Diversified Return Seeking Pool and the Liability-Hedging Pool. Additionally, there were assets included in the TEFUS Master Trust but not in the investment pools that were specific to certain participating plans.

The following table presents the investments and assets of the TEFUS Master Trust as of December 31:

	2025		2024	
	TFUSA Master Trust	Plan's Interest of Master Trust	TFUSA Master Trust	Plan's Interest of Master Trust
Investments at fair value				
U.S. government securities	$ 9,837,995	$ 9,837,995	$ 7,722,201	$ 7,722,201
Corporate debt instruments	137,298,654	137,298,654	118,408,746	118,408,746
Corporate stock – common	-	-	-	-
Partnership/joint ventures	49,460,714	49,460,714	77,506,066	77,506,066
Common/collective trusts	553,185,299	407,302,779	540,234,667	422,160,847
Pooled separate accounts	957,803	957,803	911,530	911,530
Total investments at fair value	750,740,465	604,857,945	744,783,210	626,709,390
Noninterest-bearing cash	702	-	-	-
Accrued income and unsettled trades	25,515	5,725	21,119	6,874
Accrued expenses	(87,069)	(87,069)	(207,249)	(207,249)
Total TFUSA Master Trust net assets	$ 750,679,613	$ 604,776,601	$ 744,597,080	$ 626,509,015

The following table presents investment income (loss) for the TEFUS Master Trust for the years ended December 31:

	2025		2024	
	TFUSA Master Trust	Plan's Interest of Master Trust	TFUSA Master Trust	Plan's Interest of Master Trust
Net investment income:				
Net appreciation (depreciation) in fair value of investments	$ 48,659,279	$ 34,026,759	$ 10,469,951	$ 5,353,257
Interest and dividends	355,437	126,843	685,520	388,365
Net investment income	$ 49,014,716	$ 34,153,602	$ 11,155,471	$ 5,741,622

For 2025 and 2024, the managers of the fixed income funds within the TEFUS Master Trust utilized futures and options trading in the normal course of managing their portfolios. Derivative investments are reported at fair value. The TEFUS Master Trust invests in partnerships and joint ventures which are included in certain of the investment pools noted above. As of December 31, 2025, the TEFUS Master Trust had no further commitments with regard to contributions of capital relating to the TEFUS Master Trust's current investments in the partnerships and joint ventures.

(Continued)

NOTE 5 – FAIR VALUE MEASUREMENTS – TEFUS MASTER TRUST

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the TEFUS Master Trust to estimate the fair values of investments:

U.S. Government Securities and Corporate Debt Securities: Certain U.S. government and corporate debt securities are valued at the closing price reported in the active market in which the security is traded (Level 1 inputs). However, most corporate debt securities are valued based upon recent bid prices or the average recent bid and asked prices when available (Level 2 inputs) and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities with similar credit risk (Level 2 inputs).

Corporate Stock (Common and Preferred): The fair values of common stock are determined by obtaining quoted prices from a nationally recognized exchange (Level 1 inputs).

Limited Partnerships: The fair values of limited partnerships are estimated utilizing the asset valuations provided by the funds and their administrators (Level 3 inputs). The Plan Sponsor substantiates the fair values at year-end through a comparison of the partnerships' capital as reported on the partner's K-1 to that reported in the audited financial statements of the Partnerships. The Plan records its proportionate share of the respective Partnerships' income, expense, and realized and unrealized gains and losses.

Collective Trusts: The fair values of participation units held in collective trusts are based on the net asset values per unit as reported by the fund managers. The collective trusts provide for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

Pooled Separate Accounts: The fair values of participation units held in pooled separate accounts are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices. Each pooled separate account provides for daily redemptions by the Plan with no advance notice requirements and has redemption prices that are determined by the fund's net asset value per unit.

(Continued)

NOTE 5 – FAIR VALUE MEASUREMENTS – TEFUS MASTER TRUST (Continued)

The following table sets forth by level, within the fair value hierarchy, the TEFUS Master Trust's assets at fair value as of December 31:

	2025			
	Level 1	Level 2	Level 3	Total
U.S. government securities	$ 9,837,995	$ -	$ -	$ 9,837,995
Corporate debt securities	-	137,298,654	-	137,298,654
Limited partnerships	-	-	49,460,714	49,460,714
Total assets within the fair value hierarchy	$ 9,837,995	$ 137,298,654	$ 49,460,714	196,597,363
Investments measured at NAV as practical expedient*				554,143,102
Total investments at fair value				$ 750,740,465

	2024			
	Level 1	Level 2	Level 3	Total
U.S. government securities	$ 7,722,201	$ -	$ -	$ 7,722,201
Corporate debt securities	-	118,408,746	-	118,408,746
Limited partnerships	-	-	77,506,066	77,506,066
Total assets within the fair value hierarchy	$ 7,722,201	$ 118,408,746	$ 77,506,066	203,637,013
Investments measured at NAV as practical expedient*				541,146,197
Total investments at fair value				$ 744,783,210

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in Note 4.

(Continued)

NOTE 5 – FAIR VALUE MEASUREMENTS – TEFUS MASTER TRUST (Continued)

Qualitative Information About Significant Unobservable Inputs Used in Level 3 Fair Value Measurements: The following table represents the TEFUS Master Trust's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Investment Type	Fair value 12/31/2025	Fair value 12/31/2024	Valuation	Significant Unobservable Inputs
Partnerships:				
Real estate funds – UBS Realty	$ 18,956,128	$ 35,820,496	Market approach	Discount rate
Venture capital funds – Crosslink Capital	$ 30,504,586	$ 41,685,570	Market approach	Discount rate

NOTE 6 – GROUP ANNUITY CONTRACT

Under terms of a group annuity contract with Aetna Life Insurance Company (Aetna), the amounts provided by the Plan have been segregated into a group annuity contract. The assets of the fund, including credited interest (4.27% and 4.31% for 2025 and 2024, respectively), are available to provide annuities for all participants with retirement annuities in force prior to August 1, 1968. The Company is required to maintain certain minimum balances, as determined by Aetna, sufficient to cover such annuity payments. The balance required to be maintained as of December 31, 2025 and 2024 is $74,821 and $79,983, respectively. The assets in the group annuity contract had a fair value level of 2 for 2025 and 2024.

NOTE 7 – 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 which 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 eligible employees or their beneficiaries.

For active participants, accumulated Plan benefits are determined based on the benefit earned through the valuation date under the applicable Plan formula, including final average compensation, credited service, and other applicable Plan provisions. Benefits payable under all circumstances – retirement, death, or termination of employment are included to the extent they are deemed attributable to employee service rendered prior to the valuation date.

Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated Plan benefits is determined by Mercer (US) Inc., the Plan's actuary, and is that amount which 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, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated Plan benefits was calculated as of January 1, 2025 and 2024 by the Plan's actuary.

(Continued)

NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The significant actuarial assumptions used in the valuation as of January 1, 2025 were as follows:

Interest rate:	5.50%
Mortality basis:	For FASB ASC 960 requirements, Pre-2012 sex-distinct seperate employee and retiree tables with contingent survivor adjustments for existing survivors with no collar adjustment, projected generationally with mortality improvement projection scale MP-2021. For ERISA requirements, section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvements beyond 2006 removed, projected with mortality improvement based on the Internal Revenue Service (IRS) methodology and projection scale MP-2021.
Normal retirement date:	Age 65
Lump sum interest rate:	TFUSA New Benefit: Assumed segment rates of 0.50% for the first five years, 2.25% for the next 15 years, and 3.75% thereafter for 2022 gradually increasing by 0.50%-0.75% per year through 2026. TPRI Non-Amdel: Assumed segment rates of 0.50% for the first five years, 2.25% for the next 15 years, and 3.75% thereafter for 2023 gradually increasing by 0.50%-0.75% per year through 2026.

The significant actuarial assumptions used in the valuation as of January 1, 2024 were as follows:

Interest rate:	5.80%
Mortality basis:	For FASB ASC 960 requirements, Pre-2012 sex-distinct seperate employee and retiree tables with contingent survivor adjustments for existing survivors with no collar adjustment, projected generationally with mortality improvement projection scale MP-2021. For ERISA requirements, section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvements beyond 2006 removed, projected with mortality improvement based on the Internal Revenue Service (IRS) methodology and projection scale MP-2021.
Normal retirement date:	Age 65
Lump sum interest rate:	TFUSA New Benefit: Assumed segment rates of 0.50% for the first five years, 2.25% for the next 15 years, and 3.75% thereafter for 2022 gradually increasing by 0.50%-0.75% per year through 2026. TPRI Non-Amdel: Assumed segment rates of 0.50% for the first five years, 2.25% for the next 15 years, and 3.75% thereafter for 2023 gradually increasing by 0.50%-0.75% per year through 2026.

(Continued)

NOTE 8 – ACCUMULATED PLAN BENEFITS AND CHANGES IN ACCUMULATED PLAN BENEFITS

A summary of the actuarial present value of accumulated plan benefits as determined by the Plan's actuary is as follows:

	January 1, 2025	January 1, 2024
Vested benefits:		
Active participants	$ 166,224,164	$ 151,712,804
Inactive participants with deferred benefits	95,623,440	95,861,459
Inactive participants receiving benefits	400,752,859	425,508,500
Total vested benefits	662,600,463	673,082,763
Nonvested benefits	14,060,741	14,600,216
Total actuarial present value of accumulated Plan benefits	$ 676,661,204	$ 687,682,979

	2025	2024
Actuarial present value of accumulated Plan benefits at beginning of year	$ 687,682,979	$ 736,005,054
Increase (decrease) during the Plan year attributed to:		
Benefits accumulated	8,395,257	12,016,507
Interest accumulation	37,818,188	40,227,319
Benefits paid	(65,708,643)	(76,495,061)
Change in actuarial assumptions	8,473,423	(24,070,840)
Net increase (decrease)	(11,021,775)	(48,322,075)
Actuarial present value of accumulated Plan benefits at end of year	$ 676,661,204	$ 687,682,979

The $11,021,775 decrease in the present value of accumulated plan benefits reflects the net effect of benefits accumulated, interest accumulation, benefits paid, and changes in actuarial assumptions during the year. The $8,473,423 increase attributable to changes in actuarial assumptions resulted from changes in certain demographic assumptions identified through a recent experience study.

NOTE 9 – PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA. Under these provisions, if the Plan is terminated, the Company may be obligated to make termination payments to the Plan. No funds shall be distributed until notice has been given to the PBGC in compliance with the law. Distributions due to the termination of the Plan shall be made in accordance with the modes of distribution provided for in the Plan.

(Continued)

NOTE 9 – PLAN TERMINATION (Continued)

If the Company terminates the Plan, the Committee shall make the following allocation among the members and the beneficiaries in the following order:

- First in the case of benefits payable as an annuity, benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

- Other vested benefits insured by the PBGC up to the applicable limitations (discussed below).

- All other vested benefits (that is, vested benefits not insured by the PBGC).

- All nonvested benefits.

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 survivor's 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. However, there is a statutory ceiling, adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate 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. However, the Company has no intention of terminating the Plan.

NOTE 10 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the plan, any party rendering service to the plan, the employer, and certain others. Amounts paid by the Plan to parties in interest included fees paid for investment management and actuarial services. Certain professional fees for the administration and audit of the Plan were paid by the Company. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTE 11 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 5, 2018 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

(Continued)

NOTE 11 – TAX STATUS (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 12 – JANUARY 1, 2026 ACTUARIAL VALUATION (UNAUDITED)

The January 1, 2026 actuarial valuation was completed prior to the release of the financial statements. A summary of the actuarial valuation information provided by the Plan's actuary, which has not been audited by independent accountants, is provided below for information purposes.

The actuarial present value of accumulated plan benefits as of January 1, 2026 and 2025 is as follows:

	January 1,	
	2026	2025
Vested benefits:		
Active participants	$ 160,148,322	$ 166,224,164
Inactive participants with deferred benefits	93,745,776	95,623,440
Inactive participants receiving benefits	379,021,624	400,752,859
Total vested benefits	632,915,722	662,600,463
Nonvested benefits	10,756,199	14,060,741
Total actuarial present value of accumulated Plan benefits	$ 643,671,921	$ 676,661,204

	2026
Actuarial present value of accumulated Plan benefits at beginning of year	$ 676,661,204
Increase (decrease) during the Plan year attributed to:	
Benefits accumulated	18,401,138
Interest accumulation	36,454,407
Benefits paid	(88,868,208)
Change in actuarial assumptions	1,023,380
Net decrease	(32,989,283)
Actuarial present value of accumulated Plan benefits at end of year	$ 643,671,921

The $32,989,283 decrease in the present value of accumulated plan benefits is due to actuarial assumption changes attributable to the changes to the lump sum interest rate assumptions and updated demographic assumptions due to a recent experience study.

SUPPLEMENTAL SCHEDULE

TOTALENERGIES FINANCE USA, INC. PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: TotalEnergies Finance USA, Inc.
Employee Identification Number: 23-3060301
Three-digit Plan Number: 002

(a) Party in Interest	(b) Identity of Issue, Description of Investment	(c) Units	(d) Cost	(e) Current Value
*	Aetna Life Insurance Company Experience Fund I	102,208	$ 101,950	$ 101,950
			$ 101,950	$ 101,950

* A party in interest as defined by ERISA.

See Independent Auditor's Report.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39		1			3						4
40–44		2	1		19	3					25
45–49		3	5	1	12	26	4				51
50–54		6	4	2	18	36	29	3	1		118
55–59		4	2	1	22	35	22	16	16		118
60–64		2	1		14	16	16	12	14	2	77
65–69			2		5	6		3	2	3	21
70 & up					1	1			1	3	6
Total		18	15	4	94	123	71	34	34	8	401

In each cell, the number is the count of active participants for each age/service combination. Average pay is not shown for plans with less than 1,000 active participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions

Economic assumptions		
Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	**Nonstabilized**
• First 5 years	5.07%	5.07%
• Next 15 years	5.31%	5.33%
• Over 20 years	5.50%	5.36%
417(e) lump sums		
• TEFUS New Benefit and TEPRI Non-Amdel Benefit	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.	
Non-417(e) lump sums		
• TEFUS Frozen Benefit		
– Mortality table	1994 Group Annuity Reserve Mortality Table projected to 2002 with rates blended 50% for males and females (per RR2001-62)	
– Interest rate	3.90% for 2025 and 3.30% for 2026+	
• TEPRI Amdel Benefit		
– Mortality table	UP-84	
– Interest rate	2.00%	
Other economic assumptions		
• Salary increases	Varies by group. See table of sample rates	
• Social Security taxable wage base increases	4.00% per year	
• Inflation	2.50% per year	
• Expected investment return	5.75% for 2023 and 2024, 6.25% for 2025	
• Expenses	$3,228,126 added to current year normal cost	
• Projection of valuation pay	FINA: Prior year base pay with salary scale, adjusted by expected bonus. The expected bonus is the average of the three prior year's bonus as a percent of pay. All others: Prior year base pay with salary scale.	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Rationale for significant economic assumptions

- Discount rates – These are the IRS prescribed rates. The plan sponsor elected this methodology from alternative IRS prescribed options.
- Non-417(e) lump sums (TEFUS Frozen Benefit and TEPRI Amdel Benefit) – The lump sum rates were determined by reviewing current interest rates and the long-term expectations from Mercer Investment Consulting's *Capital Markets Outlook*.
- Salary increases – Based on an experience study conducted in 2016 and 2017. The resulting assumption balances the plan's historical experience with future expectations based on input and concurrence from the plan sponsor.
- Expected investment return – The expected investment return is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's *Capital Markets Outlook* for the plan's target asset mix, rounded to the nearest 25 basis points. The expected investment return is net of an adjustment for investment expenses assumed to be paid from plan assets.
- Expenses – Based on prior year experience, adjusted for current year PBGC premiums.

Demographic assumptions	
• Mortality sponsor elections	
— Healthy and disabled participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.
• Withdrawal	See table of sample rates
• Disability incidence	TEFUS – None TEPRI – See table of sample rates
• Retirement age	See table of sample rates
• Benefit commencement age for	
TEFUS	
— Future vested deferred	Age 65
— Current vested deferred	See table of sample retirement rates
TEPRI	
— Future vested deferred	Age 62 for FINA; age 65 otherwise
— Current vested deferred	Age 62 for FINA; age 65 otherwise

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Spouse assumptions	**Male participants**	**Female participants**
– Percentage married	80%	50%
– Spouse age difference	2 years younger	1 year older
• Beneficiary survivorship persistency	3.00%. This measures only participants that are in the receipt of payments and have elected a joint and survivor optional form of payment. The percentage represents the approximation of beneficiaries that predecease the participant.	

Form of payment

TEFUS Frozen Benefit	**Lump sum**	**Certain and life (10 yr)**	**100% J&S (10 yr)**	**50% J&S (10 yr)**
• Active retirements	55%	20%	10%	15%
• Future vested deferred	55%	20%	10%	15%
• Future deaths	0%	100%	0%	0%
• Current vested deferred (includes former FMC vested deferred)	70%	10%	10%	10%

TEFUS New Benefit	**Lump sum**	**Single life**	**100% J&S**	**50% J&S**
• Active retirements	55%	30%	10%	5%
• Future vested deferred	55%	30%	10%	5%
• Future deaths	0%	100%	0%	0%
• Current vested deferred	95%	5%	0%	0%

TEPRI Non-Amdel	**Lump sum**	**Single life**	**100% J&S**
• Active retirements	80%	5%	15%
• Future vested deferred	80%	5%	15%
• Future disabilities	80%	5%	15%
• Future deaths	0%	100%	0%
• Current vested deferred	70%	15%	15%

TEPRI Amdel	**Lump sum**	**Single life**	**100% J&S**
• Active retirements	90%	10%	0%
• Future vested deferred	90%	10%	0%
• Future disabilities	90%	10%	0%
• Future deaths	0%	100%	0%
• Current vested deferred	85%	15%	0%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Table of sample rates

Salary increases

Attained age	Percentage			
	TEFUS	TEPRI		
		Amdel	Specialties	FINA
20	12.50%	2.50%	4.00%	6.00%
25	12.50%	2.50%	4.00%	6.00%
30	12.50%	2.50%	4.00%	6.00%
35	10.88%	2.50%	4.00%	6.00%
40	8.18%	2.50%	3.70%	5.40%
45	5.48%	2.50%	3.20%	4.70%
50	5.00%	2.50%	2.70%	3.90%
55	5.00%	2.50%	2.20%	3.50%
60	5.00%	2.50%	2.00%	3.50%
65	5.00%	2.50%	2.00%	3.20%

Disability rates – TEPRI

Attained age	Percentage	
	Disability incidence	
	Male	Female
20	0.036%	0.054%
25	0.036%	0.054%
30	0.036%	0.054%
35	0.038%	0.058%
40	0.044%	0.066%
45	0.059%	0.089%
50	0.107%	0.161%
55	0.204%	0.307%
60	0.414%	0.621%
65	0.000%	0.000%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Withdrawal rates

Attained age	Rates
20	10.40%
25	7.20%
30	4.88%
35	3.48%
40	2.76%
45	2.44%
50	2.24%
55	1.76%
60	1.36%
65	1.00%

Retirement rates

Attained age	Rates
55 – 58	10.00%
59 – 61	15.00%
62	20.00%
63	15.00%
64 – 67	35.00%
68 – 70	40.00%
71	100.00%

Rationale for significant demographic assumptions

- Mortality – Prescribed by the IRS and based on the plan sponsor's election.
- Withdrawal, retirement age, percentage married, spouse age difference, and form of payment – Based on an experience study conducted in 2020. The resulting assumptions balance the plan's historical experience with future expectations based on input and concurrence from the plan sponsor.
- Non-417(e) lump sums (TEFUS Frozen Benefit and TEPRI Amdel Benefit) – Lump sum conversion mortality is defined by the plan.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value over the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included**: The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

- **Participants excluded**: No actuarial liability is included for non-vested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.

- **Insurance contracts**: The plan does have insurance contracts, which are reflected as follows:

    - Metlife contract 352 – For this group, a portion of their benefit is payable via a group annuity contract (GAC). For the portion covered by the GAC contract, payments are transferred to Metlife as they are paid. Since the assets in the trust include the GAC benefits, the entire benefit (before GAC offset) is included in the plan's liabilities.

    - Prudential contract 8973 – For this group, a portion of their benefit is payable via a group annuity contract (GAC). The assets related to the portion covered by the GAC contract have already been transferred to Prudential. As a result, only the net benefit (after reflecting the GAC offset) is included in the plan's liabilities.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

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
TOTALENERGIES FINANCE USA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

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**	637,030,964
b Actuarial value	**2b**	656,470,298

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	2,812	409,550,564	409,550,564
b For terminated vested participants	1,281	103,019,913	103,019,913
c For active participants	401	169,901,488	184,927,993
d Total	4,494	682,471,965	697,498,470

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**	12,582,812
b Expected plan-related expenses	**6b**	3,228,126
c Target normal cost	**6c**	15,810,938

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

KB
Signature of actuary

10/7/2026
Date

KEVIN BILLS
Type or print name of actuary

2607029
Most recent enrollment number

MERCER
Firm name

713-276-2100
Telephone number (including area code)

500 DALLAS STREET, SUITE 1400
HOUSTON TX 77002
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.05%	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)		21,681,770
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09%		1,103,602
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		22,785,372
	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	94.11%
15	Adjusted funding target attainment percentage	15	94.11%
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	98.47%
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
04/28/2025	10,225,000	0			
07/16/2025	10,225,000	0			
10/22/2025	10,225,000	0			
01/15/2026	5,000,000	0			
			Totals ► 18(b)	35,675,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	34,532,389

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? [ ] Yes [X] No

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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**	15,810,938
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	41,028,172	4,083,746
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**	19,894,684

	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**	19,894,684
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	34,532,389
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	14,637,705
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 (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
TOTALENERGIES FINANCE USA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TOTALENERGIES FINANCE USA, INC.

D Employer Identification Number (EIN)
23-3060301

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**	637,030,964
b Actuarial value	**2b**	656,470,298

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	2,812	409,550,564	409,550,564
b For terminated vested participants	1,281	103,019,913	103,019,913
c For active participants	401	169,901,488	184,927,993
d Total	4,494	682,471,965	697,498,470

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**	12,582,812
b Expected plan-related expenses	**6b**	3,228,126
c Target normal cost	**6c**	15,810,938

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

KB
Signature of actuary

10/7/2026
Date

KEVIN BILLS
Type or print name of actuary

2607029
Most recent enrollment number

MERCER
Firm name

713-276-2100
Telephone number (including area code)

500 DALLAS STREET, SUITE 1400
HOUSTON TX 77002
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.05%	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)		21,681,770
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09%		1,103,602
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		22,785,372
	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	94.11%
15	Adjusted funding target attainment percentage	15	94.11%
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	98.47%
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
04/28/2025	10,225,000	0			
07/16/2025	10,225,000	0			
10/22/2025	10,225,000	0			
01/15/2026	5,000,000	0			
			Totals ► 18(b)	35,675,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	34,532,389

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? [ ] Yes [X] No

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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**	15,810,938
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	41,028,172	4,083,746
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**	19,894,684

	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**	19,894,684
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	34,532,389
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	14,637,705
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, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	10%	10,000	1,000	55,000
56	10%	9,000	900	50,400
57	10%	8,100	810	46,170
58	10%	7,290	729	42,282
59	15%	6,561	984	58,065
60	15%	5,577	837	50,192
61	15%	4,740	711	43,374
62	20%	4,029	806	49,963
63	15%	3,223	484	30,461
64	35%	2,740	959	61,374
65	35%	1,781	623	40,516
66	35%	1,158	405	26,741
67	35%	752	263	17,645
68	40%	489	196	13,303
69	40%	293	117	8,099
70	40%	176	70	4,930
71	100%	106	106	7,501
Total			10,000	606,016
Average				60.6

The weighted average retirement age is total for column E divided by the total for column D, rounded to the nearest integral age. It should be noted that while only integral valued are shown in the table, the full content of each cell, including decimal portions, is used in the calculations.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions – TEFUS

Effective date and plan year	Restated plan: January 1, 2017 Plan year: January 1 to December 31
Status of the plan	The plan has ongoing benefit accruals and no new employees are eligible to participate in the plan.
Significant events that occurred during the year	None
Definitions	
• Covered employees	All-full time employees prior to January 1, 2007 are members of the Plan
• Participation	The plan was closed to new participants effective December 31, 2006.
• Employee contributions	Each employee made contributions to the Plan equal to one percent of annual Plan covered compensation. In no event, however, did an employee make contributions for more than 35 years or after he reached his normal retirement date, or during periods of incapacity. Participant contributions were discontinued effective January 1, 1998.
• Vesting service	A plan year during which an employee completes 1,000 or more hours of service. Up to 24 months of service is credited for paid authorized leave of absence.
• Benefit service	Consists of years and months of employment. Up to 24 months of service is credited for paid authorized leave of absence.
• Pensionable earnings	Eligible wages paid during the plan year include regular or base wages, retroactive wages, merit bonuses, sign-on bonuses, special pay and overtime pay.
• Final average compensation	Final average compensation is the greater of: A. the average of the highest thirty-six (36) complete consecutive calendar months out of last sixty (60) months of benefit service as an active employee; or B. the average of the last five calendar years of benefit service as an active employee (including the year such benefit service terminates).
Normal retirement	
• Eligibility	Age 65

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	1/12 of the annual accrued benefit as of normal retirement date, where the accrued benefit is the sum of the Frozen Benefit and the New Benefit. *Frozen Benefit* 2 percent of final average compensation determined as if the employee incurred final separation from service as of December 31, 2007 multiplied by the number of years of benefit service (not exceeding 35 years) as if the employee incurred final separation from service as of December 31, 2007. *New Benefit* An amount equal to (a) minus (b), where (a) is 2 percent of final average compensation multiplied by the number of years of benefit service (not exceeding 35 years), and (b) is 2 percent of final average compensation determined as if the employee incurred a final separation from service as of December 31, 2007 multiplied by the number of years of benefit service as of December 31, 2007 (not exceeding 35 years).
Early retirement	
• Eligibility	Age 55 with 5 years of vesting service
• Benefit	*Frozen Benefit* If retirement occurs after age 60 with 20 years of benefit service, the benefit is unreduced. Otherwise: - Termination prior to September 1, 1999: The benefit is reduced 6% per year for the first 5 years and 4% per year for the next 5 years for which commencement precedes age 65 - Termination on or after September 1, 1999: The benefit is reduced 5% per year prior to age 60. *New Benefit* If retirement occurs after age 60 with 20 years of benefit service, the benefit is unreduced. Otherwise, the benefit is reduced 5% per year prior to age 60.
Late retirement	
• Eligibility	Retirement after normal retirement date.
• Benefit	Greater of the normal retirement benefit actuarially increased to the earlier of the date the suspension of benefits notice was given and the date of termination or the benefit accrued at the date of termination.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested

- Eligibility

An employee who terminates prior to normal or early retirement eligibility and who has 5 years of vesting service or has at least 4 years of vesting service and whose fifth anniversary as an employee has occurred.

- Benefit

The normal retirement benefit, commencing at age 65. The benefit may be commenced prior to age 65, reflecting the following reduction factors:

Frozen Benefit

Age	Factor	Age	Factor
25	17%	40	32%
26	17	41	33
27	18	42	35
28	18	43	36
29	20	44	39
30	20	45	42
31	20	46	45
32	21	47	48
33	21	48	51
34	23	49	54
35	24	50	57
36	26	51	60
37	27	52	63
38	29	53	66
39	30	54	71

Reductions for benefits commencing after age 55 are consistent with early retirement reductions.

New Benefit

Actuarially reduced prior to age 65 using the UP-1984 Unisex Mortality Table and a 7.00% interest rate.

Disability

- Eligibility

Eligibility for benefits under the Company’s long term disability insurance plan prior to normal retirement date.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	*Frozen Benefit* The benefit determined under the normal retirement benefit formula, with continued benefit service accruals and annualized compensation during disability equal to the rate of annualized compensation immediately preceding the disability date. *New Benefit* The benefit determined under the normal retirement benefit formula, with continued benefit service accruals. The final average compensation for the total benefit formula is the greater of the final average compensation at the disability date or the final average compensation at actual termination, and based only on compensation that is actually paid. The final average compensation for the Frozen Benefit offset is based on annualized compensation during disability equal to the rate of annualized compensation immediately preceding the disability date.
Pre-retirement death	
• Eligibility	Eligible for a vested benefit.
• Benefit	*Frozen Benefit* The vested survivor portion of a 50% joint and survivor with 10-year certain annuity is paid to the surviving spouse at the later of the participant's age 55 or death. The benefit is reduced for early commencement under the same basis as for early retirement or vested termination, as applicable. *New Benefit* The vested survivor portion of a 50% joint and survivor annuity is paid to the surviving spouse at the later of the participant's age 55 or death. The benefit is reduced for early commencement under the same basis as for early retirement or vested termination, as applicable.
Form of benefits	
• Automatic form for unmarried participants	Life annuity (with 10 year certain for Frozen Benefit)
• Automatic form for married participants	50% joint & survivor annuity (with 10 year certain for Frozen Benefit)

Schedule SB, Part V — Summary of Plan Provisions

• Optional forms	*Frozen Benefit* - 25% joint & survivor annuity with 10 year certain - 33 1-3% joint & survivor annuity with 10 year certain - 50% joint & survivor annuity with 10 year certain - 66 2-3% joint & survivor annuity with 10 year certain - 75% joint & survivor annuity with 10 year certain - 100% joint & survivor annuity with 10 year certain - 10 year certain and life annuity - Lump sum *New Benefit* - Life annuity - 50% joint & survivor annuity - 75% joint & survivor annuity - 100% joint & survivor annuity - 10 year certain and life annuity - Lump sum
• Actuarial equivalence	Lump sums: 417(e) mortality and 417(e) interest for the 3rd month preceding the calendar quarter of determination. Optional forms: UP-1984 Unisex Mortality Table and a 7.00% interest rate. Grandfathered participants will have their Frozen Benefit lump sum or optional forms calculated under a guaranteed minimum actuarial equivalence, if it produces a greater benefit.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions – TEPRI

Plan year	January 1 to December 31
Status of the plan	The plan has ongoing benefit accruals and no new employees are eligible to participate in the plan.
Significant events that occurred during the year	None
Definitions	
• Covered employees	All employees who are not represented by a collective bargaining unit (unless the collective bargaining unit has agreed to participation in the plan), and have completed one year of employment containing at least 1,000 hours of service.
• Participation	The plan was closed to new participants effective December 31, 2005.
• Employee contributions	None
• Vesting service	A 12-month period during which an employee completes 1,000 or more hours of service.
• Benefit service	Continuous service from date of hire with 1,000 hour anniversary years of employment, with 1/12 year of service credited for each month with at least one hour of service in the computation period during which termination occurs.
• Pensionable earnings	Regular base salary or wages, plus overtime pay, shift differential pay, merit/nondiscretionary annual incentive bonuses, and, if paid on/before the last regularly scheduled paycheck, accrued vacation/paid time-off.
• Final average compensation	The average of the highest thirty-six (36) complete consecutive calendar months out of last 120 months of benefit service as an active employee.
Normal retirement	
• Eligibility	Age 65

Schedule SB, Part V — Summary of Plan Provisions

- Benefit

1/12 of the annual accrued benefit as of normal retirement date, which is equal to the greatest of A. or B.:

A. (i) minus (ii):

(i). 1.65% of final average compensation times years of benefit service

(ii). The lesser of a. or b.:

a. 1.5% of primary Social Security amount times years of benefit service (not exceeding 33-1/3 years)

b. The greater of 1. or 2. :

1. 50% of primary Social Security amount times years of benefit service divided by projected years of benefit service at age 65

2. 0.4% of final average compensation times years of benefit service.

B. Accrued benefit as of February 28, 1991.

Early retirement

- Eligibility

Age 55 with 5 years of vesting service

- Benefit

The benefit may be commenced prior to age 65, reflecting the following reduction factors:

Age	Factor
65	100%
64	100
63	100
62	100
61	100
60	100
59	95
58	90
57	85
56	80
55	75

Schedule SB, Part V — Summary of Plan Provisions

Late retirement	
• Eligibility	Retirement after normal retirement date.
• Benefit	Greater of the normal retirement benefit actuarially increased to the earlier of the date the suspension of benefits notice was given and the date of termination or the benefit accrued at the date of termination.
Deferred vested	
• Eligibility	Five years of vesting service.
• Benefit	The normal retirement benefit, commencing at age 65. The benefit may be commenced prior to age 65, reflecting actuarially equivalent reductions using the UP-1984 Unisex Mortality Table and a 7.00% interest rate.
Disability	
• Eligibility	Eligibility for benefits under the Company's long term disability insurance plan prior to normal retirement date.
• Benefit	Continued service accruals until the earliest of recovery, benefit commencement (normal, early, or vested retirement), or termination of employment. Final average compensation is determined at the later of the disability date or the date that sick pay or short term disability payments cease.
Pre-retirement death	
• Eligibility	Eligible for a vested benefit.
• Benefit	The vested survivor portion of a 50% joint and survivor annuity is paid to the surviving spouse. The benefit is reduced for early commencement under the same basis as for early retirement or vested termination, as applicable.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	50% joint & survivor annuity
• Optional forms	− Life annuity − 50% joint & survivor annuity − 66% joint & survivor annuity − 75% joint & survivor annuity − 100% joint & survivor annuity − 5 year certain and life annuity − 10 year certain and life annuity − Lump sum

Schedule SB, Part V — Summary of Plan Provisions

• Actuarial equivalence	Lump sums: 417(e) mortality and 417(e) interest for the 3rd month preceding the calendar quarter of determination. Optional forms: UP-1984 Unisex Mortality Table and a 7.00% interest rate.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions – AMDEL

Plan year	January 1 to December 31
Status of the plan	The plan has ongoing benefit accruals and no new employees are eligible to participate in the plan.
Significant events that occurred during the year	None
Definitions	
• Covered employees	All employees who are represented by a collective bargaining unit who has entered into an agreement with the company, and have completed six months of employment.
• Participation	The plan was closed to new participants effective December 31, 2009.
• Employee contributions	None
• Vesting service	A 12-month period during which an employee completes 1,000 or more hours of service.
• Benefit service	1/12 of the total number of months after December 31, 1975 in which the participant is credited with an hour of service, plus 1/12 of the total number of completed months prior to January 1, 1976.
• Pensionable earnings	Regular base salary or wages. Overtime, shift differentials/other premium pay, bonuses/ other special compensation are excluded.
• Final average compensation	The average of the highest three consecutive plan years out of last ten plan years of benefit service as an Amdel employee.
Normal retirement	
• Eligibility	Age 65
• Benefit	1/12 of the annual accrued benefit as of normal retirement date, which is equal to the greatest of A., B. or C.: A. (i) minus (ii): (i). 1.6% of final average compensation times years of benefit service (ii). 50% of primary Social Security amount times years of benefit service divided by projected years of benefit service at age 65 (not less than 35 years). B. $144 times years of benefit service. C. Accrued benefit under Amdel plan as of December 31, 1988.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement

- Eligibility: Age 55 with 5 years of vesting service
- Benefit: The benefit may be commenced prior to age 65, reflecting the following reduction factors:

Age	Factor
65	100%
64	100
63	100
62	100
61	100
60	100
59	95
58	90
57	85
56	80
55	75

Late retirement

- Eligibility: Retirement after normal retirement date.
- Benefit: Greater of the normal retirement benefit actuarially increased to the earlier of the date the suspension of benefits notice was given and the date of termination or the benefit accrued at the date of termination.

Deferred vested

- Eligibility: Five years of vesting service.
- Benefit: The normal retirement benefit, commencing at age 65. The benefit may be commenced prior to age 65, reflecting the following reduction factors:

Age	Factor
65	100%
64	94
63	89
62	84
61	79
60	75
59	71
58	67
57	64
56	61
55	58

Schedule SB, Part V — Summary of Plan Provisions

Disability	
• Eligibility	Eligibility for benefits under Social Security or under the Company's long term disability insurance plan prior to normal retirement date.
• Benefit	Continued service accruals until the earliest of recovery, benefit commencement (normal, early, or vested retirement), or termination of employment. Final average compensation is determined at the later of the disability date or the date that sick pay or short term disability payments cease.
Pre-retirement death	
• Eligibility	Eligible for a vested benefit.
• Benefit	The vested survivor portion of a 50% joint and survivor annuity is paid to the surviving spouse. The benefit is reduced for early commencement under the same basis as for early retirement or vested termination, as applicable.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	50% joint & survivor annuity
• Optional forms	– Life annuity – 25% joint & survivor annuity – 50% joint & survivor annuity – 75% joint & survivor annuity – 100% joint & survivor annuity – 10 year certain and life annuity – Lump sum – Level income option
• Actuarial equivalence	Lump sums: UP-1984 mortality and PBGC interest rates. Optional forms: UP-1984 Unisex Mortality Table and a 7.00% interest rate.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions – Arkema

Plan year	January 1 to December 31
Status of the plan	The plan has ongoing benefit accruals and no new employees are eligible to participate in the plan.
Significant events that occurred during the year	None
Definitions	
• Covered employees	All employees who are set forth on Schedule A of the seventh amendment of the prior plan document.
• Participation	The plan was closed to new participants effective December 31, 2005.
• Employee contributions	None
• Vesting service	A 12-month period of employment in which an employee completes 1,000 or more hours of service.
• Benefit service	Continuous service from date of hire with 1,000 hour anniversary years of employment, with 1/12 year of service credited for each month with at least one hour of service in the computation period during which termination occurs.
• Pensionable earnings	Hourly: Straight-time hourly rate in effect at the end of each calendar year x 2,080; plus, for collectively-bargained employees, 2/3 of cost-of-living bonus, if any. The cost-of-living bonus is increased by the ratio of 2,080 to actual straight-time hours worked if less than 2,000. Salaried: Annual rate of compensation in effect at end of each calendar year.
• Final average compensation	The average of the highest five consecutive plan years out of last ten plan years of benefit service.
• Covered compensation	The average of the Social Security taxable wage bases for the 35-year period ending in the year the participant attains Social Security retirement age.
• Integration level	Excess of the covered compensation amount for the plan year, assuming attained age 65, over $7,800.
Normal retirement	
• Eligibility	Age 65

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	1/12 of the annual accrued benefit as of normal retirement date, which is equal to the sum of A., B., and C.: A. 1.1% of final average compensation up to the integration level multiplied by years of benefit service (not exceeding 35 years) B. 1.5% of final average compensation in excess of the Integration level multiplied by years of benefit service (not exceeding 35 years) C. 1.25% of final average compensation for each year in excess of 35 years.
Early retirement	
• Eligibility	Age 55 with 10 years of vesting service
• Benefit	The benefit may be commenced prior to age 65, reflecting the following reduction factors:

Age	Factor
65	100%
64	100
63	100
62	100
61	97
60	94
59	91
58	88
57	85
56	82
55	79

Late retirement	
• Eligibility	Retirement after normal retirement date.
• Benefit	Greater of the normal retirement benefit actuarially increased to the earlier of the date the suspension of benefits notice was given and the date of termination or the benefit accrued at the date of termination.
Deferred vested	
• Eligibility	Five years of vesting service.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	The normal retirement benefit, commencing at age 65. The benefit may be commenced prior to age 65, reflecting the following reduction factors: - Prior to age 55 with 10 years of vesting service: Benefit may commence at age 55, reduced 5.5% per year prior to age 65 - On or after age 50 with 25 years of vesting service: Benefit may commence at age 55, reduced 3.0% per year prior to age 62.
Disability	
• Eligibility	Eligibility for benefits under Social Security prior to normal retirement date. Otherwise, physician certification of permanent disability as a result of illness or injury that prevents gainful employment.
• Benefit	If active employee at disability date, and have attained age 40 with 10 years of vesting service: - If Social Security disabled, unreduced accrued benefit payable - If not Social Security disabled, 1.1% of final average compensation multiplied by years of benefit service, payable until eligible for Social Security disability (or Social Security retirement age, if earlier), and then the unreduced accrued benefit payable thereafter If terminated vested prior to disability date, and have attained 10 years of vesting service and terminated prior to age 55 without commencing benefits, the accrued benefit, reduced 3% per year prior to age 62, is payable.
Pre-retirement death	
• Eligibility	Eligible for a vested benefit.
• Benefit	If the participant had 10 years of vesting service, and the sum of age and vesting service is at least 70, 50% of the unreduced accrued benefit is payable immediately. Otherwise, the vested survivor portion of a 50% joint and survivor annuity is paid to the surviving spouse at the later of the participant's age 55 or death. The benefit is reduced for early commencement under the same basis as for early retirement.
Form of benefits	
• Automatic form for unmarried participants	Life annuity

Schedule SB, Part V — Summary of Plan Provisions

• Automatic form for married participants	50% joint & survivor annuity
• Optional forms	– Life annuity – 50% joint & survivor annuity – 75% joint & survivor annuity – 100% joint & survivor annuity – 5 year certain and life annuity – 10 year certain and life annuity – Lump sum – Level income option
• Actuarial equivalence	Lump sums: UP-1984 mortality and PBGC interest rates. Optional forms: 1971 TPF&C Forecast Mortality, setback 1 year for participants and 5 years for beneficiaries, and a 5.50% interest rate.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as amended and restated effective January 1, 2017, are included in this valuation:

- **Most recent plan amendments included**: Amendment executed on December 15, 2021.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* For TEFUS, the plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. For TEPRI, the plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits*: None.
  - *Plan amendments:* See above.
  - *Prohibited payments:* None.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

TOTALENERGIES FINANCE USA, INC. PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of Plan Sponsor: TotalEnergies Finance USA, Inc.
Employee Identification Number: 23-3060301
Three-digit Plan Number: 002

(a) Party in Interest	(b) Identity of Issue, Description of Investment	(c) Units	(d) Cost	(e) Current Value
*	Aetna Life Insurance Company Experience Fund I	102,208	$ 101,950	$ 101,950
			$ 101,950	$ 101,950

* A party in interest as defined by ERISA.

See Independent Auditor's Report.

Schedule SB, line 32 — Schedule of Amortization Bases

Shortfall amortization charge

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established		Outstanding balance	Years remaining		2025 installment
2023	$	41,588,646	13	$	4,274,305
2024		(31,340,264)	14		(3,060,483)
2025		30,779,790	15		2,869,924
Total	$	41,028,172		$	4,083,746

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- The expected investment return increased from 5.75% for 2024 to 6.25% for 2025.
- The lump sum conversion interest rates were updated to reflect updated expectations.
- The expense component of normal cost changed from $3,805,889 in 2024 to $3,228,126 in 2025.