

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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 <u>GENERAL CABLE MASTER PENSION PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>07/01/1952</u>
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) <u>GK TECHNOLOGIES, INCORPORATED</u> <u>4 TESSENEER DRIVE</u> <u>HIGHLAND HEIGHTS, KY 41076-9167</u>
2b	Employer Identification Number (EIN) <u>13-3064555</u>
2c	Plan Sponsor's telephone number <u>859-572-8000</u>
2d	Business code (see instructions) <u>332610</u>

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.	10/17/2022	ANN MAIER
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor RETIREMENT PLANS ADMINISTRATIVE COMMITTEE 4 TESSENEER DRIVE HIGHLAND HEIGHTS, KY 41076-9167		3b Administrator's EIN 06-1009714	
		3c Administrator's telephone number 859-572-8000	
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	3006
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)	245
a(2) Total number of active participants at the end of the plan year		6a(2)	204
b Retired or separated participants receiving benefits.....		6b	2239
c Other retired or separated participants entitled to future benefits		6c	371
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2814
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	92
f Total. Add lines 6d and 6e		6f	2906
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan GENERAL CABLE MASTER PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GK TECHNOLOGIES, INCORPORATED	D Employer Identification Number (EIN) 13-3064555	

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.
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1 Coverage Information:

(a) Name of insurance carrier AXA EQUITABLE LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	0599	0	01/01/2021	12/31/2021

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
AXA EQUITABLE LIFE INSURANCE CO. PO BOX 4998 SYRACUSE, NY 13221

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	575226	
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		12062
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below).....	7c(5)		
	(6) Total additions	7c(6)	12062	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	587288	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		105706
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below).....	7e(4)		
	(5) Total deductions	7e(5)	105706	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	481582	

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. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ 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 GENERAL CABLE MASTER 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 GK TECHNOLOGIES, INCORPORATED	D Employer Identification Number (EIN) 13-3064555
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2021	
2 Assets:	
a Market value	2a 123682599
b Actuarial value	2b 112988032
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 2327 (2) Vested Funding Target 81088853 (3) Total Funding Target 81088853
b For terminated vested participants.....	399 11200336 11200336
c For active participants	230 15823731 16553366
d Total.....	2956 108112920 108842555
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 5.50 %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 68580
b Expected plan-related expenses	6b 977064
c Total (line 6a + line 6b)	6c 1045644

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		09/22/2022
Signature of actuary		Date
MARK ANDERSON		20-08129
Type or print name of actuary		Most recent enrollment number
WILLIS TOWERS WATSON US, LLC		952-842-6454
Firm name		Telephone number (including area code)
8400 NORMANDALE LAKE BOULEVARD SUITE 1700 MINNEAPOLIS, MN 55437		
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 ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2021
v. 201209

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	2433197
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1586890
9 Amount remaining (line 7 minus line 8)	0	846307
10 Interest on line 9 using prior year's actual return of <u>13.95</u> %	0	118060
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		734336
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 <u>5.63</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		102440
c Total available at beginning of current plan year to add to prefunding balance		836776
d Portion of (c) to be added to prefunding balance		836776
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	1801143

Part III Funding Percentages

14 Funding target attainment percentage	14	102.15 %
15 Adjusted funding target attainment percentage	15	103.80 %
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	99.76 %
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
Totals ▶			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? 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** 1045644**b** Excess assets, if applicable, but not greater than line 31a **31b** 1045644**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**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** 0**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**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 Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan GENERAL CABLE MASTER PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 GK TECHNOLOGIES, INCORPORATED	D Employer Identification Number (EIN) 13-3064555	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY MANAGMENT CO
04-2723880

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

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

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

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

FIDELITY MANAGEMENT CO

04-2723880

(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?
14 15 17 25 27 28 50	ADMIN CONSULTING	343133	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INV ADVISORY	205920	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HIGHLAND CONSULTING

81-4312679

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	CONSULTING	31100	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)

BLACKROCK INSTITUTIONAL TRUST CO

27-3432186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	CONSULTING	28829	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELLIOTT DAVIS

57-0381582

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDIT	20545	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUCK GLOBAL LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	CONSULTING	10544	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)

LEGAL & GENERAL

52-1236150

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	CONSULTING	6823	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	BRIAN A HARTMAN	b EIN:	53-0181291
c Position:	EA 2007613		
d Address:	1001 LAKESIDE AVENUE STE 1500 CLEVELAND, OH 44114	e Telephone:	216-937-4000

Explanation: REASSIGNMENT OF WORK WITHIN WTW

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 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan GENERAL CABLE MASTER PENSION PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GK TECHNOLOGIES, INCORPORATED				D Employer Identification Number (EIN) 13-3064555	
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: PRYSMIAN GROUP US PENSION PL MASTER					
b Name of sponsor of entity listed in (a): PRYSMIAN CABLES AND SYS USA LLC					
c EIN-PN 86-6618775-008		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124211030	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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	

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
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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)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan GENERAL CABLE MASTER PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 GK TECHNOLOGIES, INCORPORATED		
D Employer Identification Number (EIN) 13-3064555		

Part I	Asset and Liability Statement
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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	652	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	29015	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6805351	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)	0	124211030
(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)	112850923	404911
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	569023	481582
(15) Other.....	1c(15)	2652608	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	122907572 125097523
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	122907572 125097523

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	687581
	(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)	687581
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)	12062
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	12062
(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)	52826
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	52826
(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)		13695993
(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)		3299966
c Other income.....	2c		-917423
d Total income. Add all income amounts in column (b) and enter total.....	2d		16831005
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12481216	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	833141	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		13314357
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	1326697	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1326697
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14641054
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2189951
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) ☒ 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) ☒ 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: ELLIOTT DAVIS, LLC,

(2) EIN: 57-0381582

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 439601 _____.			

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 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan GENERAL CABLE MASTER PENSION PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 GK TECHNOLOGIES, INCORPORATED	D Employer Identification Number (EIN) 13-3064555

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): 36-1561860		
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	24

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: 75.0 % Investment-Grade Debt: 17.0 % High-Yield Debt: _____ % Real Estate: _____ % Other: 8.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**General Cable Master
Pension Plan**

Report on the Financial Statements

For the years ended December 31, 2021 and 2020

elliott davis

General Cable Master Pension Plan

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Independent Auditor's Report

General Cable Master Pension Plan
Pension and Benefit Plans Administration Committee
Highland Heights, Kentucky

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of General Cable Master 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 statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended and the statement of accumulated plan benefits as of December 31, 2020, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Fidelity Management Trust Company as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 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 (U.S. GAAP).
- the information in the accompanying 2021 financial statements related to assets held by and certified to by Fidelity Management Trust Company agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit 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 2021 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 audit. 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 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements 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.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements, Continued

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for within a year of the date of our Independent Auditor's Report

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

2021 Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, 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 (DOL) 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

2021 Supplemental Schedule Required by ERISA, Continued

For information included in the supplemental schedule 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 DOL'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, is presented, in all material respects, in conformity with the DOL'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 Fidelity Management Trust Company 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).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by Fidelity Trust Company. In our report dated October 15, 2021 we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Augusta, Georgia
October 14, 2022

General Cable Master Pension Plan

Statements of Net Assets Available for Benefits

As of December 31, 2021 and 2020

	2021	2020
Assets		
Investments at fair value (see Note 5)	\$ 404,911	\$ 119,656,274
Investments at estimated fair value (see Note 5 & 7)	481,582	1,510,762
Plan interest in Prysmian Group U.S. Pension Plan Master Trust, at fair value (see Note 5 & 6)	124,211,030	-
Total investments	<u>125,097,523</u>	<u>121,167,036</u>
 Receivables		
Employer contributions	-	793,446
Dividends receivable	-	29,015
Total receivables	-	<u>822,461</u>
Cash, non-interest bearing	-	652
Total assets	<u>125,097,523</u>	<u>121,990,149</u>
Net assets available for benefits	<u><u>\$ 125,097,523</u></u>	<u><u>\$ 121,990,149</u></u>

See Notes to the Financial Statements

General Cable Master Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2021 and 2020

	2021	2020
Additions:		
Investment income		
Plan interest in Prysmian Group U.S. Pension Plan Master		
Trust investment income	\$ 13,695,993	\$ -
Net appreciation in fair value of investments	3,299,966	12,514,317
Interest and dividends	64,888	2,714,327
	17,060,847	15,228,644
Employer contributions	687,581	793,446
Total additions	17,748,428	16,022,090
Deductions:		
Benefits paid to Plan participants and beneficiaries	12,481,216	11,932,672
Administrative expenses	1,326,697	1,409,705
Other deductions	833,141	-
Total deductions	14,641,054	13,342,377
Net increase	3,107,374	2,679,713
Net assets available for benefits, beginning of year	121,990,149	119,310,436
Net assets available for benefits, end of year	<u>\$ 125,097,523</u>	<u>\$ 121,990,149</u>

See Notes to the Financial Statements

General Cable Master Pension Plan

Statement of Accumulated Plan Benefits

As of December 31, 2020

Actuarial present value of accumulated plan benefits

Vested benefits

Active employees	\$ 17,431,413
Terminated vested participants	12,384,777
Retired participants and beneficiaries currently receiving benefits	<u>68,836,824</u>
Total vested benefits	98,653,014

Nonvested benefits

900,159

Total actuarial present value of accumulated plan benefits

\$ 99,553,173

See Notes to the Financial Statements

General Cable Master Pension Plan

Statement of Changes in Accumulated Plan Benefits

For the year ended December 31, 2020

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 102,525,296</u>
Increase (decrease) during the year attributable to	
Benefits accumulated and actuarial gains	872,197
Increase for interest due to the decrease in the discount period	7,035,422
Benefits paid to Plan participants and beneficiaries	(11,932,672)
Change in actuarial assumptions	<u>1,052,930</u>
Net decrease	<u>(2,972,123)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 99,553,173</u></u>

See Notes to the Financial Statements

General Cable Master Pension Plan

Notes to the Financial Statements

December 31, 2021 and 2020

Note 2. Summary of Significant Accounting Policies, Continued

Investment valuation and income recognition:

Effective February 26, 2021, The Plan is a participant in a Master Trust of which Fidelity Management Trust Company is the trustee as of December 31, 2021. Investments, including the Plan's interest in the Master Trust, are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Pension and Benefit Plans Administration Committee determines the Plan's valuation policies utilizing information provided by the trustees. See Note 5 for discussion of fair value measurements.

The investment in the Master Trust consists of units of participation and is stated at redemption value, which approximates the Plan's share of the fair value of Master Trust's net assets. Purchases and sales of securities, including those within the Master Trust, are recorded on a trade-date basis. Interest income, including that within the Master Trust, is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments and interest in the Master Trust bought and sold as well as held during the year.

Payment of benefits:

Benefits payments to participants are recorded when paid.

Expenses:

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of the Plan, including those incurred within the Master Trust, are recorded by the trustee and included in administrative expenses. These administrative fees incurred include fiduciary (trustee), investment management, actuarial, and other professional service and administrative fees. Certain administrative functions are performed by employees of the Plan Sponsor. Neither the Plan Sponsor nor the employees of the Plan Sponsor receive compensation from the Plan.

Subsequent events:

The Plan has evaluated subsequent events through October 14, 2022, which is the date these financial statements were available to be issued.

Recently issued accounting pronouncements:

Accounting standards that have been issued or proposed by the Financial Accounting Standards board (FASB) or other standards-setting bodies are not expected to have a material impact on the Plan's financial statements.

General Cable Master Pension Plan

Notes to the Financial Statements

December 31, 2021 and 2020

Note 1. Description of the Plan, Continued

Pension benefits, continued:

In 2019 and 2018, hourly rated employees of the following plant locations were eligible to participate in the Plan: Lawrenceburg, Kentucky (hired prior to September 1, 2009); Altoona, Pennsylvania (hired prior to March 27, 2011); Manchester, New Hampshire (hired prior to April 1, 2008); and Lincoln, Rhode Island (hired prior to April 1, 2009). The Plan also includes employees at the Chino, California and Lebanon, Indiana regional distribution center locations (hired prior to August 1, 2009). Former employees of certain closed plant locations are also eligible to receive their vested Plan benefits.

Contributions:

The Plan is funded solely by contributions from the Company. The Company's funding policy, subject to the minimum and maximum funding requirements of ERISA and the Internal Revenue Code ("IRC"), is to contribute such amounts as determined on an actuarial basis to provide assets sufficient to meet the Plan's benefit obligations. The Company contributed \$687,581 and \$793,446 to the Plan for the years ended December 31, 2021 and 2020, respectively. At December 31, 2021 and 2020, there was an employer contributions receivable of \$0, and \$793,446, respectively. The Plan met the minimum funding requirement for both 2021 and 2020 Plan years. The Plan's AFTAP percentages for the years ended January 1, 2021 and 2020 were 103.80% and 96.55%, respectively. Therefore, there were no benefit payment restrictions.

Vesting:

Participant vesting varies among locations. However, for each of the locations, participants are either 100% vested after completion of 5 calendar years of 1,000 hours worked each year or vested on a seven year graded schedule.

Note 2. Summary of Significant Accounting Policies

Basis of accounting:

The Plan's financial statements have been prepared on the accrual basis of accounting.

Use of estimates:

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

General Cable Master Pension Plan

Notes to the Financial Statements

December 31, 2021 and 2020

Note 2. Summary of Significant Accounting Policies, Continued

Investment valuation and income recognition:

Effective February 26, 2021, The Plan is a participant in a Master Trust of which Fidelity Management Trust Company is the trustee as of December 31, 2021. Investments, including the Plan's interest in the Master Trust, are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Pension and Benefit Plans Administration Committee determines the Plan's valuation policies utilizing information provided by the trustees. See Note 5 for discussion of fair value measurements.

The investment in the Master Trust consists of units of participation and is stated at redemption value, which approximates the Plan's share of the fair value of Master Trust's net assets. Purchases and sales of securities, including those within the Master Trust, are recorded on a trade-date basis. Interest income, including that within the Master Trust, is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments and interest in the Master Trust bought and sold as well as held during the year.

Payment of benefits:

Benefits payments to participants are recorded when paid.

Expenses:

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of the Plan, including those incurred within the Master Trust, are recorded by the trustee and included in administrative expenses. These administrative fees incurred include fiduciary (trustee), investment management, actuarial, and other professional service and administrative fees. Certain administrative functions are performed by employees of the Plan Sponsor. Neither the Plan Sponsor nor the employees of the Plan Sponsor receive compensation from the Plan.

Subsequent events:

The Plan has evaluated subsequent events through October 14, 2021, which is the date these financial statements were available to be issued.

Recently issued accounting pronouncements:

Accounting standards that have been issued or proposed by the Financial Accounting Standards board (FASB) or other standards-setting bodies are not expected to have a material impact on the Plan's financial statements.

General Cable Master Pension Plan

Notes to the Financial Statements

December 31, 2021 and 2020

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to services rendered by the participants. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries and (b) beneficiaries of participants who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated participants or their beneficiaries are determined according to the Plan, generally based on years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered 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 the Plan's independent actuary, Willis Towers Watson, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death or withdrawal) between the valuation date and the expected date of payment.

The actuary's estimate of the present value of accumulated plan benefits is made as of the beginning of the Plan year, January 1, 2021. The Plan administrator estimates that there were no material changes in the present value of accumulated plan benefits from December 31, 2020 to January 1, 2021. The following were significant actuarial assumptions used in the Plan's valuations as of January 1, 2021 and January 1, 2020:

Funding method:	Unit of credit
Investment return:	5.50% as of January 1, 2021, which decreased from 5.63% in the prior year valuation
Discount rate:	7.25% for both year's valuation
Mortality rates:	The mortality table used was the Pre-2012 Mortality Tables (separate rates for employees, retirees and contingent survivors with Blue Collar adjustments for Hourly Participants and White Collar adjustments for Salaried Participants) projected generationally from 2012 using Scale MP-2020 For the prior valuation, the Pre-2012 Mortality Tables (separate rates for employees, retirees and contingent survivors with Blue Collar adjustments for Hourly Participants and White Collar adjustments for Salaried Participants) projected generationally from 2012 using Scale MP-2019
Retirement age:	Graded table beginning at age 55 varying by age and gender; vested terminated participants are assumed to begin receipt of benefits at age 62

General Cable Master Pension Plan

Notes to the Financial Statements

December 31, 2021 and 2020

Note 3. Actuarial Present Value of Accumulated Plan Benefits, Continued

As disclosed above an updated mortality table was used in estimating the present value of accumulated plan benefits, resulting in an increase in actuarial assumptions of \$1,052,930 in the accompanying statement of changes in accumulated plan benefits.

The foregoing actuarial assumptions are based upon the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 4. Trustee Certifications

The following is a summary of the Plan's asset information as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the trustee and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that the information provided to the plan administrator by the trustee related to the following assets is complete and accurate. Accordingly as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

	<u>2021</u>	<u>2020</u>
Investments at fair value:		
Mutual funds	\$ -	\$ 113,560,707
Money market fund	<u>404,911</u>	<u>6,095,567</u>
Total investments at fair value	<u>404,911</u>	<u>119,656,274</u>
Master Trust investments at fair value:		
Money market fund	1,463,307	-
Collective trust funds	<u>122,747,723</u>	<u>-</u>
Total Master Trust investment at fair value	<u>124,211,030</u>	<u>-</u>
Investments at estimated fair value:		
AXA Equitable contract	<u>481,582</u>	<u>414,749</u>
	125,097,523	120,041,023
Cash, non interest-bearing	-	652
Total investments at fair value	<u>\$ 125,097,523</u>	<u>\$ 120,071,675</u>

The trustee also certified to the completeness and accuracy of the Plan's interest in Master Trust investment income of \$13,695,993, and \$0, and \$3,299,966 and \$12,514,317 of net appreciation in the fair value of investments and \$64,888 and \$2,714,327 of interest and dividends for the year ended December 31, 2021 and 2020, respectively.

General Cable Master Pension Plan

Notes to the Financial Statements

December 31, 2021 and 2020

Note 5. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Money market fund: The money market fund is invested in the Fidelity Government Portfolio Institution fund. The Plan invests in the money market fund to provide daily liquidity. Fair value is based on the net asset value (NAV) that can be validated with sufficient level of observable activity (i.e. purchases and sales at NAV).

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

AXA Equitable Contract: Valued at NAV. NAV as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

General Cable Master Pension Plan

Notes to the Financial Statements

December 31, 2021 and 2020

Note 5. Fair Value Measurements, Continued

Coal Lease: The Plan's investment in the coal lease has no quoted market price. The amount for the coal lease represents fair value as determined by the trustee and the Plan's management. Many factors are considered in arriving at the estimates of future royalties to be received pursuant to the term of the lease.

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements:

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 404,911	\$ -	\$ -	\$ 404,911
Money market fund – Master Trust	1,463,307	-	-	1,463,307
Investments at fair value	<u>\$ 1,868,218</u>	<u>\$ -</u>	<u>\$ -</u>	1,868,218
Investments measured at NAV (a)				<u>123,229,305</u>
Investments at fair value				<u>\$ 125,097,523</u>

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 6,095,567	\$ -	\$ -	\$ 6,095,567
Mutual funds	113,560,707	-	-	113,560,707
Coal lease	-	-	1,096,013	1,096,013
Investments at fair value	<u>\$ 119,656,274</u>	<u>\$ -</u>	<u>\$ 1,096,013</u>	\$ 120,752,287
Investments measured at NAV (a)				<u>414,749</u>
Investments at fair value				<u>\$ 121,167,036</u>

- (a) Certain investments that were measured at NAV per share or its equivalent have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth a summary of the Plan's investments reported at NAV as a practical expedient to estimate fair value at December 31, 2021:

Investment	Fair value	Unfunded commitment	Redemption frequency	Redemption notice periods
Collective trust funds	<u>\$ 122,747,723</u>	None	Daily	None
AXA equitable contract	<u>\$ 481,582</u>	None	Daily	None

General Cable Master Pension Plan

Notes to the Financial Statements

December 31, 2021 and 2020

Note 5. Fair Value Measurements, Continued

The following table sets forth a summary of the Plan's investments reported at NAV as a practical expedient to estimate fair value at December 31, 2020:

Investment	Fair value	Unfunded commitment	Redemption frequency	Redemption notice periods
AXA equitable contract	\$ 414,749	None	Daily	None

Changes in Fair Value of Level 3 Assets and Related Gains and Losses:

The Plan did not purchase or issue any Level 3 investments for the years ended December 31, 2021, and 2020, respectively. Additionally, no Level 2 investments were transferred to Level 3 during the years ended December 31, 2021, and 2020, respectively. During the current year, the Plan sold the Coal Lease for a loss of \$1,819,467.

The Alternative Investment Coal Lease held by the Plan was reported at fair value based upon a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure fair value of those financial instruments, and significant unobservable inputs and ranges of values for those inputs.

December 31, 2020

Instrument	Fair Value	Principal Valuation Technique	Unobservable Input	Range of Significant Input Values
Coal Lease	\$1,096,013	Discounted Cash Flow	Producer Price Index for all Industrial Commodities	192.8 – 200.7
			Discount rate	7.5%

Note 6. Master Trust

All of the Plan's investments excluding the AXA Equitable contract and money market fund are in the Master Trust, which was established for the investment of assets of the Plan and Prysmian Cables and Systems Pension Plan, another PCS sponsored pension plan. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by Fidelity Management Trust Company.

General Cable Master Pension Plan

Notes to the Financial Statements

December 31, 2021 and 2020

Note 6. Master Trust, Continued

The value of the Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. At December 31, 2021, the Plan's interest in the net assets of the Master Trust was approximately 82%. At December 31, 2020, the Plan's investments were not in the Master Trust.

Total investment income (including net appreciation in the fair value of investments) of the Master Trust is allocated to the individual plans based upon the amount of the time the Plan's assets were invested in the Master Trust.

The following table presents the net assets of the Master Trust and the Plan's percentage of the total Master Trust at December 31, 2021:

	2021	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments:		
Money market fund	\$ 1,791,199	\$ 1,463,307
Collective trust funds	150,252,542	122,747,723
Total investments	152,043,741	124,211,030
Net assets	<u>\$ 152,043,741</u>	<u>\$ 124,211,030</u>

The following table sets forth the changes in net assets for the Master Trust for the year ended December 31, 2021:

	2021
Additions to net assets attributed to:	
Investment Income:	
Net appreciation in fair value of investments	\$ 19,778,267
Interest and dividends	264,649
Total investment income	20,042,916
Net transfers	10,826,467
Administrative expenses	(1,708,026)
Net increase in net assets of Master Trust	29,161,357
Master Trust net assets, beginning of year	122,882,384
Master Trust net assets, end of year	<u>\$ 152,043,741</u>

General Cable Master Pension Plan

Notes to the Financial Statements

December 31, 2021 and 2020

Note 6. Master Trust, Continued

Refer to Note 5 for a description of the valuation methodologies used.

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements:

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ -	\$ 1,791,199	\$ -	\$ 1,791,199
Investments at fair value	\$ -	\$ 1,791,199	\$ -	1,791,199
Investments measured at NAV (a)				<u>150,252,542</u>
Master Trust Investments at fair value				<u>\$ 152,043,741</u>

- (a) Certain investments that were measured at NAV per share of its equivalent have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth a summary of the Master Trust's investments reported at NAV as a practical expedient to estimate fair value at December 31, 2021:

Investment	Fair value	Unfunded commitment	Redemption frequency	Redemption notice periods
Collective trust funds	<u>\$ 150,252,542</u>	None	Daily	None

Note 7. AXA Equitable Contract

The Plan has an immediate participation guarantee contract with AXA Equitable Life Insurance Company dated January 1, 1982. Under the terms of the contract, contributions are deposited in separate funds of AXA Equitable Life Insurance Company and investments in stocks, bonds or short-term accounts are made by AXA Equitable Life Insurance Company. All earnings on deposited funds, reported as interest income, are credited to the funds as earned. The investment in this immediate participation guarantee contract is carried at fair value using NAV as a practical expedient.

General Cable Master Pension Plan

Notes to the Financial Statements

December 31, 2021 and 2020

Note 8. Related-Party and Party in Interest Transactions

Certain Plan investments are managed by Fidelity Management Trust Company, and Equitable. Fidelity Management Trust Company, and Equitable are the trustees or custodians as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made direct payments to the third party administrator totaling \$1,326,697, and \$1,409,705 in 2021 and 2020, respectively, which were not covered by revenue sharing. The Company pays directly any other fees related to the Plan's operations.

Note 9. Plan Termination

The Plan has been established with the expectation that it will continue indefinitely. However, since future conditions cannot be foreseen, PCS reserves the right to amend, modify, or terminate the Plan at any time. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. 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.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested 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. 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 for accumulated benefit obligations and may also depend on the financial condition of PCS and the level of benefits guaranteed by the PBGC.

General Cable Master Pension Plan

Notes to the Financial Statements

December 31, 2021 and 2020

Note 10. Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor in a letter dated November 22, 2016, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRC. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 11. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the 2021 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.

General Cable Master Pension Plan

Notes to the Financial Statements

December 31, 2021 and 2020

Note 12. Reconciliation of Financial Statements to Form 5500

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

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 125,097,523	\$ 121,990,149
Coal lease estimated fair value adjustment not recorded on Form 5500	-	1,556,595
Equitable Contract estimated fair value adjustment not recorded on Form 5500	-	154,275
Employer contributions receivable not recorded on Form 5500	-	(793,446)
Net assets available for benefits per Form 5500	<u>\$ 125,097,523</u>	<u>\$ 122,907,572</u>

The following is a reconciliation of net increase per the financial statements to net income per Form 5500:

	<u>2021</u>	<u>2020</u>
Net increase per the financial statements	\$ 3,107,374	\$ 2,679,713
Employer contributions receivable as of December 31, 2020	793,446	(793,446)
Coal lease estimated fair value adjustment not recorded on Form 5500 as of December 31, 2020	(1,556,595)	1,556,595
Equitable Contract estimated fair value adjustment not recorded on Form 5500 as of December 31, 2020	(154,275)	154,275
Rounding	1	(1)
Net income per Form 5500	<u>\$ 2,189,951</u>	<u>\$ 3,597,136</u>

Note 13. COVID-19

On March 11, 2020 the World Health Organization characterized coronavirus (COVID-19) as a pandemic. As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits. Because of the uncertainty of the markets during this time, plan management is unable to estimate the total impact of the pandemic could have on the Plan.

General Cable Master Pension Plan*Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 13-3064555, Plan No. 002**As of December 31, 2021*

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Investments at fair value:				
*	Plan Interest in the Prysmian Group			
	U.S. Pension Plan Master Trust	Master Trust	\$ 115,531,517	\$ 124,211,030
*	AXA	Equitable Contract	481,582	481,582
*	Fidelity	Government Money Market K6	404,911	404,911
				<u>\$ 125,097,523</u>

* Indicates a party-in-interest to the Plan

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2021

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	2	3	0	0	0	0	0	5
40-44	0	0	1	6	2	14	3	0	0	0	26
45-49	0	0	3	3	9	21	12	0	0	0	48
50-54	0	0	0	5	6	10	13	1	0	0	35
55-59	0	0	1	3	7	14	12	2	4	0	43
60-64	0	0	1	4	9	8	8	3	5	17	55
65-69	0	0	0	0	1	3	3	0	1	6	14
70 & over	0	0	0	0	0	2	2	0	0	0	4
Total	0	0	6	23	37	72	53	6	10	23	230

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

Plan Name: General Cable Master Pension Plan
 EIN / PN: 13-3064555 / 002
 Plan Sponsor: GK Technologies, Incorporated
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- | | |
|-----------------------|--|
| ■ Applicable month | September |
| ■ Interest rate basis | Segment Rates from Fourth Month Preceding Valuation Date |

Interest rates

- | | Reflecting Stabilization | Not Reflecting Stabilization |
|---------------------------|--------------------------|------------------------------|
| ■ First segment rate | 4.75% | 2.22% |
| ■ Second segment rate | 5.36% | 3.38% |
| ■ Third segment rate | 6.11% | 3.92% |
| ■ Effective interest rate | 5.50% | 3.47% |

Annual rates of increase

- | | |
|--|----------------|
| ■ Compensation | Not applicable |
| ■ Future Social Security wage bases | None |
| ■ Statutory limits on compensation | None |
| ■ Assumed cost of living adjustments | None |
| ■ Return on participant directed offset accounts | 6.75% |

- | | |
|-------------------------|--|
| ■ Plan-related expenses | \$977,064 for 2021. This assumption is equal to the expected PBGC premium amount plus \$400,000. |
|-------------------------|--|

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).

Termination rates (not due to disability, retirement, or mortality) The rates at which participants withdraw by age and gender are given below:

Attained Age	Males (%)	Females (%)
20	29.85	29.85
25	22.29	22.29
30	15.24	15.24
35	12.22	12.22
40	7.50	7.50
45	6.20	6.20
50	4.40	4.40
55	0.00	0.00

Disability Rates varying by age representation rates are shown below:

Attained Age	Rates (%)
20	0.07
25	0.08
30	0.10
35	0.13
40	0.17
45	0.25
50	0.42
55	0.76
60	1.50

Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Retirement

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

Age	Males (%)	Females (%)
55	5	5
56	5	5
57	4	4
58	4	4
59	4	4
60	5	5
61	25	25
62	35	35
63	10	10
64	10	10
65	35	35
66-69	65	65
70	100	100

All deferred vested participants are assumed to retire at age 62.

Percent married

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

Spouse age

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

Covered pay

Plan Compensation is actual earnings provided by the employer for the prior year adjusted by the compensation increase rate.

Benefit commencement dates

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit The later of age 62 or current age
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Form of payment

It is assumed that future retirees and terminations will elect the following forms of payment:

Payment Form	All locations except Carol Cable	Carol Cable
Life Annuity	8.75%	8.75%
10 Year Certain and Life Annuity	3.75%	1.25%
50% Joint and Survivor Annuity	3.75%	5.00%
75% Joint and Survivor Annuity	0.00%	10.00%
100% Joint and Survivor Annuity	8.75%	0.00%
Lump Sum	75.00%	75.00%

Calculation of lump sum

Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality. The PPA 2021 unisex optional combined mortality and September segment rates are used to determine lump sums.

Participant data

Participant data was supplied by Fidelity as of the valuation date.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2021 is used to determine the maximum deductible contribution for the tax year ending December 31, 2021.

Timing of benefit payments

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

Methods

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with General Cable regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with General Cable and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor, through its third party administrator Fidelity, furnished participant data as of January 1, 2021. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- For terminated vested participants with missing period certain, prior year information was used.
- For continuing actives, missing hire dates were estimated based upon vesting service.
- Missing beneficiary information was assumed to be opposite gender and/or follow the "Spouse age" assumption detailed in this appendix if no current or prior year information was provided.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Rates of increase in:

- Compensation Assumed compensation increases are based on plan sponsor expectations, including general pay practices and targets, for near-term years and the effect that the assumed long-term CPI and NAW will have on compensation increases over the longer term.
- Assumed return for asset smoothing The assumed return of 6.11% used for asset smoothing is the third segment rate. Although we have not explicitly determined an expected return on assets, based on an analysis of the plan sponsor's investment policy we believe the rate to be above the third segment rate.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on plan sponsor expectations. Assumed termination rates differ by age because of expected differences in termination rates.
Disability	Disability rates are based on plan sponsor expectations. Assumed disability rates differ by age because of expected differences in disability rates.
Retirement	Retirement rates are based on plan sponsor expectations. Assumed retirement rates vary by age, because of expected differences in retirement rates as participants age.
Benefit commencement date for deferred vested benefits	Deferred vested participants are assumed to begin benefits at age 62 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at various ages is not expected to be significant.

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Form of payment

The form of payment assumption is based on recent experience of the plan sponsor.

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2018 to Scale MP-2019 as required by IRC §430.
- The applicable lump sum mortality was updated from 2020 to 2021 PPA Optional Combined Unisex Mortality.
- The amount assumed for plan-related expenses changed from \$1,107,694 for the 2020 plan year to \$977,064 for the 2021 plan year. The basis for the assumption remains unchanged.

Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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 GENERAL CABLE MASTER 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 GK TECHNOLOGIES, INCORPORATED	D Employer Identification Number (EIN) 13-3064555	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>		
2	Assets:		
	a Market value	2a	123,682,599
	b Actuarial value.....	2b	112,988,032
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	2,327	81,088,853
	b For terminated vested participants.....	399	11,200,336
	c For active participants	230	15,823,731
	d Total.....	2,956	108,112,920
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	5.50%
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	68,580
	b Expected plan-related expenses	6b	977,064
	c Total (line 6a + line 6b)	6c	1,045,644

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	Mark Anderson Signature of actuary	<u>9/22/2022</u> Date 2008129 Most recent enrollment number 952-842-6454 Telephone number (including area code)
Mark Anderson Type or print name of actuary Willis Towers Watson US, LLC Firm name 8400 Normandale Lake Boulevard Suite 1700 Minneapolis MN 55437 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 V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			
Part VI	Miscellaneous Items		
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)			30 0
Part VIII	Minimum Required Contribution For Current Year		
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 1,045,644
b Excess assets, if applicable, but not greater than line 31a			31b 1,045,644
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
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 0
	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 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
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 Pension Relief Act of 2010 (See Instructions)		
41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	GK Technologies, Incorporated
EIN/PN	13-3064555 / 002
Plan Name	General Cable Master Pension Plan
Valuation Date	January 1, 2021
Enrolled Actuary	Mark Anderson

Enrollment Number 20-08129

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2021

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

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.04	903	0.902500	0.036100	2.057700
58	0.04	866	0.866400	0.034656	2.010048
59	0.04	832	0.831744	0.033270	1.962916
60	0.05	798	0.798474	0.039924	2.395423
61	0.25	759	0.758551	0.189638	11.567896
62	0.35	569	0.568913	0.199120	12.345410
63	0.10	370	0.369793	0.036979	2.329698
64	0.10	333	0.332814	0.033281	2.130010
65	0.35	300	0.299533	0.104836	6.814368
66	0.65	195	0.194696	0.126553	8.352468
67	0.65	68	0.068144	0.044293	2.967657
68	0.65	24	0.023850	0.015503	1.054183
69	0.65	8	0.008348	0.005426	0.374390
70	1.00	3	0.002922	0.002922	0.204516
Average age at retirement					61.976681
Rounded for Schedule SB item 22					62

Plan Name: General Cable Master Pension Plan
 EIN / PN: 13-3064555 / 002
 Plan Sponsor: GK Technologies, Incorporated
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- | | |
|-----------------------|--|
| ■ Applicable month | September |
| ■ Interest rate basis | Segment Rates from Fourth Month Preceding Valuation Date |

Interest rates

- | | Reflecting Stabilization | Not Reflecting Stabilization |
|---------------------------|--------------------------|------------------------------|
| ■ First segment rate | 4.75% | 2.22% |
| ■ Second segment rate | 5.36% | 3.38% |
| ■ Third segment rate | 6.11% | 3.92% |
| ■ Effective interest rate | 5.50% | 3.47% |

Annual rates of increase

- | | |
|--|----------------|
| ■ Compensation | Not applicable |
| ■ Future Social Security wage bases | None |
| ■ Statutory limits on compensation | None |
| ■ Assumed cost of living adjustments | None |
| ■ Return on participant directed offset accounts | 6.75% |

- | | |
|-------------------------|--|
| ■ Plan-related expenses | \$977,064 for 2021. This assumption is equal to the expected PBGC premium amount plus \$400,000. |
|-------------------------|--|

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
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Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

Mortality Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).

Termination rates (not due to disability, retirement, or mortality) The rates at which participants withdraw by age and gender are given below:

Attained Age	Males (%)	Females (%)
20	29.85	29.85
25	22.29	22.29
30	15.24	15.24
35	12.22	12.22
40	7.50	7.50
45	6.20	6.20
50	4.40	4.40
55	0.00	0.00

Disability Rates varying by age representation rates are shown below:

Attained Age	Rates (%)
20	0.07
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35	0.13
40	0.17
45	0.25
50	0.42
55	0.76
60	1.50

Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Retirement

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

Age	Males (%)	Females (%)
55	5	5
56	5	5
57	4	4
58	4	4
59	4	4
60	5	5
61	25	25
62	35	35
63	10	10
64	10	10
65	35	35
66-69	65	65
70	100	100

All deferred vested participants are assumed to retire at age 62.

Percent married

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

Spouse age

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

Covered pay

Plan Compensation is actual earnings provided by the employer for the prior year adjusted by the compensation increase rate.

Benefit commencement dates

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- Deferred vested benefit The later of age 62 or current age
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- Retirement benefit Upon termination of employment

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SCHEDULE SB ATTACHMENTS

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It is assumed that future retirees and terminations will elect the following forms of payment:

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Calculation of lump sum

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Tax policy

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Timing of benefit payments

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

Methods

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

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

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Plan Name:	General Cable Master Pension Plan
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Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

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Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on plan sponsor expectations. Assumed termination rates differ by age because of expected differences in termination rates.
Disability	Disability rates are based on plan sponsor expectations. Assumed disability rates differ by age because of expected differences in disability rates.
Retirement	Retirement rates are based on plan sponsor expectations. Assumed retirement rates vary by age, because of expected differences in retirement rates as participants age.
Benefit commencement date for deferred vested benefits	Deferred vested participants are assumed to begin benefits at age 62 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at various ages is not expected to be significant.

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Form of payment

The form of payment assumption is based on recent experience of the plan sponsor.

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2018 to Scale MP-2019 as required by IRC §430.
- The applicable lump sum mortality was updated from 2020 to 2021 PPA Optional Combined Unisex Mortality.
- The amount assumed for plan-related expenses changed from \$1,107,694 for the 2020 plan year to \$977,064 for the 2021 plan year. The basis for the assumption remains unchanged.

Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

General Plan Provisions – Location specific provisions may supersede in some cases

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted in 2020.

Covered employees

Hourly-rated employees and certain salaried employees who are in a participating unit. Also any participant who participated in the Retirement Income Guarantee Plan (RIGP) prior to its freeze and merger into this plan on December 31, 1994. At the Manchester, NH location no new participants enter the plan effective April 1, 2008 and benefits were frozen on December 31, 2008 for some participants based on their elections. At the Lincoln, RI location no new participants enter the plan effective April 1, 2009. At the Lawrenceburg, KY location no new participants enter the plan effective September 1, 2009. At the Chino, CA and Lebanon, IN locations no new participants enter the plan effective August 1, 2009. At the Altoona location no new participants enter the plan effective March 27, 2011.

Benefit accruals for all remaining accruing locations, except Manchester and Lincoln, were frozen in July, 2016. However all active participants at the impacted locations earned a full year of service for 2016. Benefit accruals for the Lincoln location were frozen on December 31, 2020 and benefit accruals for the Manchester location will be frozen on March 1, 2024.

Participation date

In general, the plan is closed to new entrants. All full-time employees participated on their hire date until each location was frozen.

Definitions

Vesting service

One year for each 1,000-hour calendar year of employment.

Pension service

Years and months of service as a covered employee, however, after 1,000 hours is earned in a given year, a full year of service is earned except the year of hire and termination. Pension service froze during 2016 for all locations except Lincoln and Manchester. Pension service froze effective December 31, 2020 for the Lincoln location and will freeze March 1, 2024 for the Manchester location.

Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Normal retirement date (NRD)	The first of the month coinciding with or next following the later of the attainment of age 65 or the fifth anniversary of participation.
Monthly pension benefit	Each location is based on a dollars per month per year of service formula.
Monthly preretirement death benefit	50% of the participant's monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Permanent and total disability after the completion of 10 years of service, and participant is receiving a Social Security disability benefit.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	The monthly pension benefit determined as of the early retirement date, reduced 6.0% for each year of payment before age 65.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date.

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Deferred vested termination	The monthly pension benefit determined as of the termination date, reduced 6.0% for each year of payment before age 65.
Disablement	The monthly pension benefit determined as of the date of the disablement, payable immediately without reduction for early commencement.
Preretirement death	The monthly preretirement death benefit payable on behalf of an active employee is reduced by 6.0% for each year that payment precedes the date the participant would have been 65 years old.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% or 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity.

Lump sums are available for participants who were actively employed on or after January 1, 2015.

Actuarial equivalence is based on 417(e) for lump sums. Actuarial equivalence for annuity forms of payment is based on the RP-2000 mortality table blended 50/50 males/females and 6.50% interest and the following chart:

(1)	10-Year C&L	Interest and mortality mentioned above plus 3.00%
(2)	50% J&S	Interest and mortality mentioned above plus 6.00%
(3)	66 2/3% J&S	Interest and mortality mentioned above plus 5.50%
(4)	75% J&S	Interest and mortality mentioned above plus 5.50%
(5)	100% J&S	Interest and mortality mentioned above plus 5.00%

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Pension Increases None

Plan participants' contributions None

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Future Plan Changes

Willis Towers Watson is not aware of any future plan changes that are required to be reflected other than scheduled pension increases contained in the Collective Bargaining Agreement.

Changes in Benefits Valued Since Prior Year

As a result of negotiations in November 2020 between the Plan Sponsor and the USW Local 4543, benefit accruals for the Lincoln location will be frozen effective December 31, 2020.

Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Carol Cable Locations

Plan Provisions

Covered employees	Each employee who is represented by USW Local 4543 is eligible to join the plan. No new participants enter the plan effective April 1, 2009. Benefit accruals are frozen effective December 31, 2020.
Participation date	Age 21 with one year of service.

Definitions

Pensionable pay	Straight time pay up to 40 hours per week. Does not include bonuses, overtime pay, shift differential, vacation, or holiday pay.
Average earnings	1/36 th of the Participant's highest aggregate Monthly Earning received for the three consecutive years preceding Normal Retirement Date.
Monthly pension benefit	The monthly pension payable to a Participant commencing on his Normal Retirement Date will be the sum of the following amounts: (i) 25% of the Participant's Average Monthly Earnings less any amount provided by any other Pension Plan as listed in Appendix A of the plan document, (ii) \$2.00 times each full year of the Participant's Benefit Service after January 1, 1975, (iii) \$17.00 times each full and partial year of Benefit Service completed by the Participant

Benefit accruals are frozen effective December 31, 2020.

Eligibility for Benefits

Disability	Permanent and total disability after the completion of 15 years of service, and participant is receiving a Social Security disability benefit.
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Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Early retirement	The monthly pension benefit determined as of the early retirement date, reduced according to Appendix C of the old Carol Cable Plan Document, or 3% for each year after the attainment of age 60 with 15 years of service.
Disablement	The greater of \$150 per month less social security entitlement, or the regular monthly pension benefit determined as of the date of the disablement.

Other Plan Provisions

Actuarial equivalence	RP2000 mortality table blended 50% male / 50% female with a 6.50% interest rate.
Normal form of payment	The normal form of payment for unmarried participants is a 10 year certain and life annuity.
Postretirement death benefit	Up to \$10,750 lump sum (depending on date of retirement) if participant dies more than one month after retirement.
Optional form of payment	Social Security level income option to age 62.

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Lawrenceburg

Definitions

Monthly pension benefit \$30.00 per month per year of service.

Eligibility for Benefits

Early retirement Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.

Deferred vested termination Termination for reasons other than death or retirement with graded vesting from three to seven years of service.

Benefits Paid Upon the Following Events

Early retirement The monthly pension benefit determined as of the early retirement date, reduced 3.0% for each year of payment before age 65.

Altoona

Definitions

Monthly pension benefit \$24.50 per month per year of service.

Chino and Lebanon

Definitions

Monthly pension benefit \$21.00 per month per year of service.

Eligibility for Benefits

Disability None

Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Manchester

Definitions

Monthly pension benefit	\$25.50 per month per year of service. This benefit will increase to \$26.00 per month per year of service on March 1, 2024 and benefit accruals will also freeze on the same date.
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Eligibility for Benefits

Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
-------------------------	--

Benefits Paid Upon the Following Events

Early retirement	The monthly pension benefit determined as of the early retirement date, reduced actuarially for payment before age 65.
Deferred vested termination	The monthly pension benefit determined as of the termination date, reduced actuarially for payment before age 65.

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2021

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	2	3	0	0	0	0	0	5
40-44	0	0	1	6	2	14	3	0	0	0	26
45-49	0	0	3	3	9	21	12	0	0	0	48
50-54	0	0	0	5	6	10	13	1	0	0	35
55-59	0	0	1	3	7	14	12	2	4	0	43
60-64	0	0	1	4	9	8	8	3	5	17	55
65-69	0	0	0	0	1	3	3	0	1	6	14
70 & over	0	0	0	0	0	2	2	0	0	0	4
Total	0	0	6	23	37	72	53	6	10	23	230

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

Plan Name: General Cable Master Pension Plan
 EIN / PN: 13-3064555 / 002
 Plan Sponsor: GK Technologies, Incorporated
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2021

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

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.04	903	0.902500	0.036100	2.057700
58	0.04	866	0.866400	0.034656	2.010048
59	0.04	832	0.831744	0.033270	1.962916
60	0.05	798	0.798474	0.039924	2.395423
61	0.25	759	0.758551	0.189638	11.567896
62	0.35	569	0.568913	0.199120	12.345410
63	0.10	370	0.369793	0.036979	2.329698
64	0.10	333	0.332814	0.033281	2.130010
65	0.35	300	0.299533	0.104836	6.814368
66	0.65	195	0.194696	0.126553	8.352468
67	0.65	68	0.068144	0.044293	2.967657
68	0.65	24	0.023850	0.015503	1.054183
69	0.65	8	0.008348	0.005426	0.374390
70	1.00	3	0.002922	0.002922	0.204516
Average age at retirement					61.976681
Rounded for Schedule SB item 22					62

Plan Name: General Cable Master Pension Plan
 EIN / PN: 13-3064555 / 002
 Plan Sponsor: GK Technologies, Incorporated
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	GK Technologies, Incorporated
EIN/PN	13-3064555 / 002
Plan Name	General Cable Master Pension Plan
Valuation Date	January 1, 2021
Enrolled Actuary	Mark Anderson
Enrollment Number	20-08129

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

General Plan Provisions – Location specific provisions may supersede in some cases

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted in 2020.

Covered employees

Hourly-rated employees and certain salaried employees who are in a participating unit. Also any participant who participated in the Retirement Income Guarantee Plan (RIGP) prior to its freeze and merger into this plan on December 31, 1994. At the Manchester, NH location no new participants enter the plan effective April 1, 2008 and benefits were frozen on December 31, 2008 for some participants based on their elections. At the Lincoln, RI location no new participants enter the plan effective April 1, 2009. At the Lawrenceburg, KY location no new participants enter the plan effective September 1, 2009. At the Chino, CA and Lebanon, IN locations no new participants enter the plan effective August 1, 2009. At the Altoona location no new participants enter the plan effective March 27, 2011.

Benefit accruals for all remaining accruing locations, except Manchester and Lincoln, were frozen in July, 2016. However all active participants at the impacted locations earned a full year of service for 2016. Benefit accruals for the Lincoln location were frozen on December 31, 2020 and benefit accruals for the Manchester location will be frozen on March 1, 2024.

Participation date

In general, the plan is closed to new entrants. All full-time employees participated on their hire date until each location was frozen.

Definitions

Vesting service

One year for each 1,000-hour calendar year of employment.

Pension service

Years and months of service as a covered employee, however, after 1,000 hours is earned in a given year, a full year of service is earned except the year of hire and termination. Pension service froze during 2016 for all locations except Lincoln and Manchester. Pension service froze effective December 31, 2020 for the Lincoln location and will freeze March 1, 2024 for the Manchester location.

Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Normal retirement date (NRD)	The first of the month coinciding with or next following the later of the attainment of age 65 or the fifth anniversary of participation.
Monthly pension benefit	Each location is based on a dollars per month per year of service formula.
Monthly preretirement death benefit	50% of the participant's monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Permanent and total disability after the completion of 10 years of service, and participant is receiving a Social Security disability benefit.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Early retirement	The monthly pension benefit determined as of the early retirement date, reduced 6.0% for each year of payment before age 65.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date.

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Deferred vested termination	The monthly pension benefit determined as of the termination date, reduced 6.0% for each year of payment before age 65.
Disablement	The monthly pension benefit determined as of the date of the disablement, payable immediately without reduction for early commencement.
Preretirement death	The monthly preretirement death benefit payable on behalf of an active employee is reduced by 6.0% for each year that payment precedes the date the participant would have been 65 years old.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% or 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity.

Lump sums are available for participants who were actively employed on or after January 1, 2015.

Actuarial equivalence is based on 417(e) for lump sums. Actuarial equivalence for annuity forms of payment is based on the RP-2000 mortality table blended 50/50 males/females and 6.50% interest and the following chart:

(1)	10-Year C&L	Interest and mortality mentioned above plus 3.00%
(2)	50% J&S	Interest and mortality mentioned above plus 6.00%
(3)	66 2/3% J&S	Interest and mortality mentioned above plus 5.50%
(4)	75% J&S	Interest and mortality mentioned above plus 5.50%
(5)	100% J&S	Interest and mortality mentioned above plus 5.00%

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Pension Increases None

Plan participants' contributions None

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Future Plan Changes

Willis Towers Watson is not aware of any future plan changes that are required to be reflected other than scheduled pension increases contained in the Collective Bargaining Agreement.

Changes in Benefits Valued Since Prior Year

As a result of negotiations in November 2020 between the Plan Sponsor and the USW Local 4543, benefit accruals for the Lincoln location will be frozen effective December 31, 2020.

Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Carol Cable Locations

Plan Provisions

Covered employees	Each employee who is represented by USW Local 4543 is eligible to join the plan. No new participants enter the plan effective April 1, 2009. Benefit accruals are frozen effective December 31, 2020.
Participation date	Age 21 with one year of service.

Definitions

Pensionable pay	Straight time pay up to 40 hours per week. Does not include bonuses, overtime pay, shift differential, vacation, or holiday pay.
Average earnings	1/36 th of the Participant's highest aggregate Monthly Earning received for the three consecutive years preceding Normal Retirement Date.
Monthly pension benefit	The monthly pension payable to a Participant commencing on his Normal Retirement Date will be the sum of the following amounts: (i) 25% of the Participant's Average Monthly Earnings less any amount provided by any other Pension Plan as listed in Appendix A of the plan document, (ii) \$2.00 times each full year of the Participant's Benefit Service after January 1, 1975, (iii) \$17.00 times each full and partial year of Benefit Service completed by the Participant

Benefit accruals are frozen effective December 31, 2020.

Eligibility for Benefits

Disability	Permanent and total disability after the completion of 15 years of service, and participant is receiving a Social Security disability benefit.
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Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Early retirement	The monthly pension benefit determined as of the early retirement date, reduced according to Appendix C of the old Carol Cable Plan Document, or 3% for each year after the attainment of age 60 with 15 years of service.
Disablement	The greater of \$150 per month less social security entitlement, or the regular monthly pension benefit determined as of the date of the disablement.

Other Plan Provisions

Actuarial equivalence	RP2000 mortality table blended 50% male / 50% female with a 6.50% interest rate.
Normal form of payment	The normal form of payment for unmarried participants is a 10 year certain and life annuity.
Postretirement death benefit	Up to \$10,750 lump sum (depending on date of retirement) if participant dies more than one month after retirement.
Optional form of payment	Social Security level income option to age 62.

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Lawrenceburg

Definitions

Monthly pension benefit \$30.00 per month per year of service.

Eligibility for Benefits

Early retirement Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.

Deferred vested termination Termination for reasons other than death or retirement with graded vesting from three to seven years of service.

Benefits Paid Upon the Following Events

Early retirement The monthly pension benefit determined as of the early retirement date, reduced 3.0% for each year of payment before age 65.

Altoona

Definitions

Monthly pension benefit \$24.50 per month per year of service.

Chino and Lebanon

Definitions

Monthly pension benefit \$21.00 per month per year of service.

Eligibility for Benefits

Disability None

Plan Name: General Cable Master Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: GK Technologies, Incorporated
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Manchester

Definitions

Monthly pension benefit	\$25.50 per month per year of service. This benefit will increase to \$26.00 per month per year of service on March 1, 2024 and benefit accruals will also freeze on the same date.
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Eligibility for Benefits

Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
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Benefits Paid Upon the Following Events

Early retirement	The monthly pension benefit determined as of the early retirement date, reduced actuarially for payment before age 65.
Deferred vested termination	The monthly pension benefit determined as of the termination date, reduced actuarially for payment before age 65.

Plan Name:	General Cable Master Pension Plan
EIN / PN:	13-3064555 / 002
Plan Sponsor:	GK Technologies, Incorporated
Valuation Date:	January 1, 2021

General Cable Master Pension Plan*Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 13-3064555, Plan No. 002**As of December 31, 2021*

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
Investments at fair value:				
*	Plan Interest in the Prysmian Group			
	U.S. Pension Plan Master Trust	Master Trust	\$ 115,531,517	\$ 124,211,030
*	AXA	Equitable Contract	481,582	481,582
*	Fidelity	Government Money Market K6	404,911	404,911
				<u>\$ 125,097,523</u>
*	Indicates a party-in-interest to the Plan			