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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                          |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div><input checked="" type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report</div> <div><input checked="" type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                               |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                          |

|         |                                                                                                                                                                                                                                                                                                                                                         |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                  |
| 1a      | Name of plan<br>REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.                                                                                                                                                                                                                                                                          |
| 1b      | Three-digit plan number (PN) ▶ 004                                                                                                                                                                                                                                                                                                                      |
| 1c      | Effective date of plan<br>11/01/1952                                                                                                                                                                                                                                                                                                                    |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>VISTRA OPERATIONS COMPANY LLC<br><br>VISTRA CORP<br>6555 SIERRA DRIVE 2S-20K<br>IRVING, TX 75039 |
| 2b      | Employer Identification Number (EIN)<br>36-4833461                                                                                                                                                                                                                                                                                                      |
| 2c      | Plan Sponsor's telephone number<br>214-812-4600                                                                                                                                                                                                                                                                                                         |
| 2d      | Business code (see instructions)<br>221100                                                                                                                                                                                                                                                                                                              |

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. | 10/12/2023 | TONYA SAN ANGELO                                             |
|           | 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 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                               |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>5</b> 232                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 98<br><b>6a(2)</b> 0<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 0<br><b>6e</b> 0<br><b>6f</b> 0<br><b>6g</b> 0<br><b>6h</b> 0                                                                                                                                                                                                                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.</u>                                            | <b>B</b> Three-digit plan number (PN) ▶ <u>004</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>VISTRA OPERATIONS COMPANY LLC</u>                          | <b>D</b> Employer Identification Number (EIN)<br><u>36-4833461</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> <u>39077115</u>                                                     |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>39077115</u>                                                     |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>109</u> <u>26830908</u> <u>26830908</u>                                    |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>25</u> <u>1136499</u> <u>1136499</u>                                       |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>98</u> <u>12841579</u> <u>12841579</u>                                     |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>232</u> <u>40808986</u> <u>40808986</u>                                    |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                     |
| <b>b</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 ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> <u>5.31</u> %                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> <u>88428</u>                                                        |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>313000</u>                                                       |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> <u>401428</u>                                                       |

**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.

|                                                                         |  |                                        |
|-------------------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                                        |  | <u>08/15/2023</u>                      |
| Signature of actuary                                                    |  | Date                                   |
| <u>ALLISON LOGAN</u>                                                    |  | <u>23-07794</u>                        |
| Type or print name of actuary                                           |  | Most recent enrollment number          |
| <u>AON CONSULTING, INC.</u>                                             |  | <u>214-989-2641</u>                    |
| Firm name                                                               |  | Telephone number (including area code) |
| <u>5005 LBJ FREEWAY</u><br><u>SUITE 1400</u><br><u>DALLAS, TX 75244</u> |  |                                        |
| 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) 2022  
v. 220413

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                         |                       |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 1408075                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 595853                 |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 812222                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>10.22</u> % .....                                                                               | 0                     | 83009                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>5.47</u> %..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 895231                 |

| Part III Funding Percentages                                                                                                                                              |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 93.56 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 93.56 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 90.02 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %       |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

|                                                                                                                                                                                             |            |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                                                                                         | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                                                                                          | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....                                                                     | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                               |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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 |
| 0                                                                                                                                                                                           | 0          | 0       |
| (4) 4th                                                                                                                                                                                     |            |         |
| 0                                                                                                                                                                                           |            |         |

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.18 % | 3rd segment:<br>5.92 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |  |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   |  | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years.....                                                             | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           |                   | <b>31a</b>          | 401428        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 2627102             | 324068        |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> 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 ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           |                   | <b>34</b>           | 725496        |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                 | 725496              | 725496        |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                   | <b>36</b>           | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                   | <b>37</b>           | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |                   | <b>38a</b>          | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   |                   | <b>40</b>           | 0             |

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

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                        |     |
|--------------------------------------------------------------------------------------------|----------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                        |     |
| A Name of plan                                                                             | B Three-digit plan number (PN)         | 004 |
| REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.                             |                                        |     |
| C Plan sponsor's name as shown on line 2a of Form 5500                                     | D Employer Identification Number (EIN) |     |
| VISTRA OPERATIONS COMPANY LLC                                                              |                                        |     |
| 36-4833461                                                                                 |                                        |     |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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**(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

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**(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

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**(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

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

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

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

AON INVESTMENT USA INC

36-3109431

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | NONE                                                                                              | 270885                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | NONE                                                                                              | 9243                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                              |                                                                    |            |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>     |                                                                    |            |
| <b>A</b> Name of plan<br><b>REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.</b>               | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>004</b> |
|                                                                                                              |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>VISTRA OPERATIONS COMPANY LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>36-4833461</b> |            |

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

|                                                                                                     |                               |                                                                                                              |  |
|-----------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CF MULTI ASSET CREDIT CLASS-I</b>                 |                               |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>AON TRUST COMPANY, LLC</b>                     |                               |                                                                                                              |  |
| <b>c</b> EIN-PN <b>37-6543784-041</b>                                                               | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFO AGT US INT ACTIVE CREDIT</b>                  |                               |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>AON TRUST COMPANY, LLC</b>                     |                               |                                                                                                              |  |
| <b>c</b> EIN-PN <b>37-6543784-038</b>                                                               | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFO AGT US LONG FIXED ACTIVE CREDI</b>            |                               |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>AON TRUST COMPANY, LLC</b>                     |                               |                                                                                                              |  |
| <b>c</b> EIN-PN <b>37-6543784-040</b>                                                               | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFO AHGT HIGH YIELD PLUS BOND</b>                 |                               |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>AON TRUST COMPANY, LLC</b>                     |                               |                                                                                                              |  |
| <b>c</b> EIN-PN <b>37-6543784-007</b>                                                               | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MFO AON HEWITT COLLECTIVE INVT TR G</b>           |                               |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>AON TRUST COMPANY, LLC</b>                     |                               |                                                                                                              |  |
| <b>c</b> EIN-PN <b>37-6543784-004</b>                                                               | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CF SSGA GLOBAL EQUITY EX USA INX NL</b>           |                               |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b> |                               |                                                                                                              |  |
| <b>c</b> EIN-PN <b>32-6528132-016</b>                                                               | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CF SSGA INTERMEDIATE US GOVT BOND</b>             |                               |                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b> |                               |                                                                                                              |  |
| <b>c</b> EIN-PN <b>90-0337987-209</b>                                                               | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CF SSGA RUSSELL LARGE CAP INX SF

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-224 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CF SSGA RUSSELL SMALL CAP INX SF

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 04-0025081-096 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CF SSGA US LONG GOVT BOND INDX SF

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-182 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NTGI COLTV GOVT STIF REGI STERED

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 45-6138589-068 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFO AON HEWITT COLLECTIVE INVT TR G

**b** Name of sponsor of entity listed in (a): AON TRUST COMPANY, LLC

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 37-6543784-036 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFO AGT GLOBAL REAL ESTATE

**b** Name of sponsor of entity listed in (a): AON TRUST COMPANY, LLC

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 37-6543784-006 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AON CORE REAL ESTATE - CLASS I

**b** Name of sponsor of entity listed in (a): AON TRUST COMPANY, LLC

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 37-6543784-037 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b>                                               | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |                                                                    |            |  |  |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
| <b>A</b> Name of plan<br><u>REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.</u>                                                                                                                                                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <b>B</b> Three-digit plan number (PN) ►             </td> <td style="width: 20%; padding: 5px; text-align: center;"> <b>004</b> </td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> |                                                                                           | <b>B</b> Three-digit plan number (PN) ►                            | <b>004</b> |  |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                  | <b>004</b>                                                                                                                                                                                                                                                                                                                 |                                                                                           |                                                                    |            |  |  |
|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>VISTRA OPERATIONS COMPANY LLC</u>                                                                                                                                                                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <b>D</b> Employer Identification Number (EIN)<br/> <u>36-4833461</u> </td> <td style="width: 20%;"></td> </tr> </table>                                                                                     |                                                                                           | <b>D</b> Employer Identification Number (EIN)<br><u>36-4833461</u> |            |  |  |
| <b>D</b> Employer Identification Number (EIN)<br><u>36-4833461</u>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b>          | 39077115        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 39077115              | 0               |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |   |
|-----------------------------------------------------------|-----------|----------|---|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 39077115 | 0 |
|-----------------------------------------------------------|-----------|----------|---|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 1784027    |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1784027   |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | -8107008  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -6322981  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 16182918   |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  |            |           |
| (3) Other .....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 16182918  |
| 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)  | 207885     |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 2010       |           |
| (4) Other .....                                                                                 | 2i(4)  | 168395     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 378290    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 16561208  |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -22884189 |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            | 16192926  |

**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: MCCONNELL & JONES LLP

(2) EIN: 76-0488832

**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>b</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.) |     | X  |          |
| <b>c</b> 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.)                                                                                                                             |     | X  |          |
| <b>d</b> 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.)                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 20000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |          |
| <b>g</b> 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?                                                                                                                                       |     | X  |          |
| <b>h</b> 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?                                                                                                                             |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   |     | X  |          |
| <b>j</b> 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.)                                                                                     | X   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              | X   |    |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |          |
| <b>n</b> 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.                                                                                                                        |     |    |          |

**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) |
|-----------------------|--------------|-------------|
| DYNEGY PENSION PLAN   | 36-4833461   | 003         |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**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 467709.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) 004                                                              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>VISTRA OPERATIONS COMPANY LLC                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>36-4833461                                            |
| 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):<br>EIN(s): 36-4833461                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 65                                                                                            |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input checked="" type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/>           Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                 |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

**REVISED RETIREMENT PLAN FOR EMPLOYEES OF  
ELECTRIC ENERGY, INC.**

Independent Auditor's Report,  
Financial Statements  
and Supplementary Information

December 31, 2022 and 2021

# **REVISED RETIREMENT PLAN FOR EMPLOYEES OF ELECTRIC ENERGY, INC.**

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*Note: Other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974 have been omitted because they are not applicable.*



## Independent Auditor's Report

To the Participants and the Vistra Retirement Plan Investment Committee for the Revised Retirement Plan for Employees of Electric Energy, Inc.

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

We have performed audits of the financial statements of the Revised Retirement Plan for Employees of Electric Energy, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021, and the related Statement of Changes in Net Assets Available for Benefits for the years then ended and the related notes to the financial statements (Financial Statements).

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

Management has obtained certification from a qualified institution, as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### *Opinion on the Financial Statements*

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

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



## ***Basis for Opinion on the Financial Statements***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## ***Responsibilities of Management for the Financial Statements***

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

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

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

## ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such



procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

### ***Other Matters***

#### ***Supplemental Schedule Required by ERISA***

The supplemental information of reportable transactions for the year ended December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary schedule required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. 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.



## McConnell Jones

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 their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*McConnell & Jones LLP*

Houston, Texas  
October 6, 2023

**REVISED RETIREMENT PLAN FOR EMPLOYEES OF  
ELECTRIC ENERGY, INC.  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2022 AND 2021**

|                                          | <u>2022</u> | <u>2021</u>          |
|------------------------------------------|-------------|----------------------|
| <b>Assets</b>                            |             |                      |
| Investments, at fair value:              |             |                      |
| Common collective trusts                 | \$ -        | \$ 39,077,115        |
| Total investments                        | <u>-</u>    | <u>39,077,115</u>    |
| Receivables                              |             |                      |
| Due from broker for securities sold      | <u>-</u>    | <u>-</u>             |
| Total receivables                        | <u>-</u>    | <u>-</u>             |
| Total assets                             | <u>-</u>    | <u>39,077,115</u>    |
| <b>Liabilities</b>                       |             |                      |
| Unsettled trades                         | <u>-</u>    | <u>-</u>             |
| Total liabilities                        | <u>-</u>    | <u>-</u>             |
| <b>Net assets available for benefits</b> | <u>\$ -</u> | <u>\$ 39,077,115</u> |

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

**REVISED RETIREMENT PLAN FOR EMPLOYEES OF  
ELECTRIC ENERGY, INC.  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2022 AND 2021**

|                                               | <u>2022</u>       | <u>2021</u>          |
|-----------------------------------------------|-------------------|----------------------|
| <b>Additions:</b>                             |                   |                      |
| Employer contributions                        | \$ -              | \$ 460,000           |
| Investment Income                             |                   |                      |
| Net appreciation in fair value of investments | <u>-</u>          | <u>3,864,155</u>     |
| Total additions                               | <u>-</u>          | <u>4,324,155</u>     |
| <b>Deductions:</b>                            |                   |                      |
| Benefits paid to participants                 | 16,182,918        | 3,967,699            |
| Net depreciation in fair value of investments | 6,322,981         | -                    |
| Administrative expenses                       | <u>378,290</u>    | <u>366,953</u>       |
| Total deductions                              | <u>22,884,189</u> | <u>4,334,652</u>     |
| <b>Net decrease before transfers</b>          | (22,884,189)      | (10,497)             |
| <b>Transfers of assets to another plan</b>    | (16,192,926)      | -                    |
| <b>Net assets available for benefits:</b>     |                   |                      |
| Beginning of year                             | <u>39,077,115</u> | <u>39,087,612</u>    |
| End of year                                   | <u>\$ -</u>       | <u>\$ 39,077,115</u> |

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

**REVISED RETIREMENT PLAN FOR EMPLOYEES OF  
ELECTRIC ENERGY, INC.  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2022 AND 2021**

**1. Description of the Plan**

The following brief description of the Revised Retirement Plan For Employees of Electric Energy, Inc. (the “Plan”) provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan’s provisions.

***General***

The Plan, as amended, is a non-contributory defined benefit pension plan sponsored by Electric Energy, Inc. (“EEI”). The Plan covers all employee categories of EEI as described in the Plan document. Effective March 1, 2012 for Union (or represented) employees and April 1, 2012 for Management (or non-represented) employees, the pension plan was converted to a cash balance plan.

Vistra Operations Company LLC, (“Company”), a wholly-owned subsidiary of Vistra Corp., is the owner of eighty percent (80%) of the outstanding equity of EEI. Northern Trust Company (the “Trustee”) is the Plan’s trustee. Aon is the Plan’s administrative service provider. The Plan provisions are included in the Plan document, effective July 2, 2020, and a description of the Plan is included in a summary plan description, which has been made available to all participants in the Plan. Reference should be made to such documents for a more complete understanding of Plan benefits and operations.

Effective as of the end of the day on December 31, 2018, no newly hired or rehired non-represented employees shall be eligible to participate in the Plan, and the benefits of all non-represented participants shall be frozen. Effective as of July 1, 2019, no newly hired or rehired represented employees shall be eligible to participate in the Plan. Active represented employees hired prior to June 30, 2019 continue to accrue benefits.

The Vistra Retirement Plan Investment Committee controls and manages the operations and administration of the Plan. The Northern Trust Company, an Illinois corporation, serves as trustee (“Trustee”) of the Plan. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective as of December 31, 2022 (the “Plan Merger Date”), the Plan was merged into the Dynegy Pension Plan, with the Dynegy Pension Plan continuing as the surviving plan (the “Merger”). Pursuant to the Merger, effective as of the Plan Merger Date, the assets and liabilities of the Plan and its underlying trust were transferred to and merged with the Dynegy Pension Plan, and the Plan and its underlying trust ceased to exist as an ongoing plan and trust. As provided for above, immediately following the Merger, each Member of the Plan was entitled to receive a benefit which was equal to the benefit the Member would have been entitled to receive immediately before the Merger (if the Plan had then terminated). Each Member of the Plan as of the Plan Merger Date shall be subject to the terms and conditions of the Dynegy Pension Plan, as amended to incorporate certain provisions of the Plan relating to eligibility, vesting, benefit accrual and payment of benefits, as provided for under the

**REVISED RETIREMENT PLAN FOR EMPLOYEES OF  
ELECTRIC ENERGY, INC.  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2022 AND 2021**

Dynegy Pension Plan, as amended effective as of the Plan Merger Date.” The related plan assets amounting to \$16,192,926 were transferred.

***Eligibility Requirements***

Employees are eligible to participate the later of the following dates:

- The first day of the month coinciding with or following first day of employment, or
- The first day of the month coinciding with or following attainment of age 21.

***Contributions***

Employer contributions are based upon minimum funding requirements as calculated by the Plan’s actuary.

***Vesting***

Prior to the amendment made in 2015, participants were vested in their accrued retirement benefits after five years of service.

Effective January 1, 2016, new participants are vested in their accrued retirement benefits according to the following schedule:

| <b>Years of Service</b> | <b>Vested Percentage</b> |
|-------------------------|--------------------------|
| Less than one           | 0%                       |
| One                     | 33%                      |
| Two                     | 67%                      |
| Three or more           | 100%                     |

***Normal Retirement Benefits***

The normal retirement date is the first day of the month coinciding with or following the participant’s 65th birthday.

*Final Average Pay Formula:* Frozen effective June 30, 2015 for Union employees who elected to defer coverage under the cash balance formula and frozen effective March 1, 2012 for Union employees who did not elect to defer and April 1, 2012 for Management employees (the conversion dates), the benefit is equal to the greater of (a) or (b) below, plus (c):

- (a) 1/12 of the sum of (1) and (2) below, minus (3) below:
- (1) 2% of final average earnings times first 20 years of credited service;
  - (2) 1-1/4% of final average earnings times next 25 years of credited service;
  - (3) Social Security offset.

The sum of (1) and (2) is limited to a maximum of 70% of final average earnings.

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- (b) \$10 plus 0.15% of participant's contributions, multiplied by first 45 years of credited service.
- (c) \$10 times credited service.

*Cash Balance Benefit Formula:* Frozen effective December 31, 2018 for Management employees, the benefit is equal to (a) plus (b) plus (c) plus (d) below:

- (a) The greater of (1) or (2) below:
  - (1) Frozen Accrued Benefit based on Final Average Pay Formula
  - (2) Opening account balance with applicable interest credits
- (b) Initial credit with applicable interest credits
- (c) Pay credits with applicable interest credits
- (d) Transition credits with applicable interest credits

***Maximum Annual Benefits***

Under the Plan, the maximum annual retirement allowance attributable to employer contributions payable to a Member shall not exceed the lesser of:

1. \$160,000, as adjusted effective as of January 1<sup>st</sup> of each calendar year for increases in the cost-of-living, if any, and
2. One hundred percent (100%) of Member's average annual section 415 compensation for the three (3) consecutive calendar years during which the Member received the greatest aggregate 415 compensation from the employer.

***Other Plan Benefits***

Certain provisions of the Plan also provide for early retirement benefits, spouse benefits, death benefits, termination benefits, and disability benefits. A lump sum option of a participant's accrued benefit is allowed.

**2. Summary of Significant Accounting Policies**

***Basis of Accounting***

The accompanying Plan financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States ("GAAP").

***Use of Estimates***

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for

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benefits, the disclosure of contingent assets and liabilities at the date of the financial statements, and the actuarial present value of accumulated plan benefits as of the valuation date. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value. See Note 4 for additional information on fair value measurements.

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

***Expenses of the Plan***

Expenses incurred by the Plan consist principally of professional fees for actuarial services and administrative fees paid to the Trustee. Certain other expenses of the Plan are paid by the Company.

***Payment of Benefits***

Benefit payments to participants/beneficiaries are recorded upon distribution.

***Contributions***

Contributions to the Plan are recorded in the period that the Plan's actuary determines they relate to except that a contribution receivable is recorded to the extent that amounts due are pursuant to formal commitments as well as legal or contractual requirements in existence at the end of the Plan year.

**3. Funding Policy**

The Company funds the Plan. All contributions to the Plan by the Company are based on estimates provided by actuaries using the projected unit credit cost method. The Company's policy is to fund pension costs at or above actuarially determined minimums. For the years ended December 31, 2022 and 2021, the ERISA minimum funding requirements were met.

**4. Investments (Certified by Trustee) and Fair Value Measurements**

Information related to investments and related investment income and loss as of December 31, 2022 and 2021, and for the years then ended, presented in the financial statements and supplemental schedule, were certified by the Trustee, as permitted by 29 CFR 2520.103-8 of the Department of Labor rules under ERISA.

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Financial Accounting Standards Board (“FASB”) Accounting Standards Codification 820 (“ASC 820”) *Fair Value Measurement* defines fair value as the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between willing market participants at the measurement date. ASC 820 provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described below. At December 31, 2022 and 2021, none of the Plan’s assets were classified as Level 1, 2 or 3.

Level 1 valuations use quoted prices in active prices for identical assets that are accessible at the measurement date. An active market is a market in which transactions for the asset occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 valuations use inputs that, in the absence of actively quoted market prices, are observable for the asset, either directly or indirectly. Level 2 inputs include: (a) quoted prices for similar assets in active markets; (b) quoted prices for similar assets in inactive markets; (c) inputs other than quoted prices that are observable for the asset such as interest rates and yield curves observable at commonly quoted intervals and (d) inputs that are derived principally from or corroborated by observable market data by correlation or other mathematical means.

Level 3 valuations use unobservable inputs for the asset. Unobservable inputs are used to the extent observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset at the measurement date.

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

The fair value measurement of an asset (e.g., an investment) is required to fall in its entirety in one level, based on the lowest level input that is significant to the fair value measurement. Assessing the significance of a particular input to the fair value measurement in its entirety requires judgment, considering factors specific to the asset being measured.

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

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The following table sets forth by level, within the fair value hierarchy, the assets held by the plan at fair value as of December 31, 2021:

| <b>Assets at Fair Value as of December 31, 2021</b> |                |                |                      |
|-----------------------------------------------------|----------------|----------------|----------------------|
| <b>Level 1</b>                                      | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>         |
| Investments measured at NAV per practical expedient |                |                | \$ 39,077,115        |
|                                                     |                |                | <u>\$ 39,077,115</u> |

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of investments within the fair value hierarchy. In instances where a transfer is required from one level to another as a result of re-evaluation of inputs or change in economic conditions, the transfer is reported at the beginning of the reporting period.

**5. NAV per Share**

In accordance with FASB ASU No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, the Plan's fair value disclosure includes the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the NAV per share or its equivalent for which the fair value is not readily determinable as of December 31, 2022 and 2021. For the Plan, such assets include investments in common/collective trust funds.

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The following tables for December 31, 2021, sets forth a summary of the Plan's investments with a reported NAV:

| Fair Value Estimated Using NAV per Share<br>December 31, 2021 |                      |                        |                         |                                     |                                |
|---------------------------------------------------------------|----------------------|------------------------|-------------------------|-------------------------------------|--------------------------------|
|                                                               | Fair<br>Value *      | Unfunded<br>Commitment | Redemption<br>Frequency | Other<br>Redemption<br>Restrictions | Redemption<br>Notice<br>Period |
| State Street Global Advisors ("SSGA")                         |                      |                        |                         |                                     |                                |
| Intermediate U.S. Government Bond Index<br>Strategy Fund      | \$ 1,535,883         | None                   | Daily                   | None                                | 1 day                          |
| SSGA Long U.S. Government Bond Index<br>Strategy Fund         | 412,612              | None                   | Daily                   | None                                | 15 days                        |
| Aon Collective Investment Trust ("Aon")                       |                      |                        |                         |                                     |                                |
| Core Real Estate Fund                                         | 5,172,935            | None                   | Quarterly               | (a)                                 | 105 days                       |
| Aon Multi-Asset Credit Fund                                   | 2,754,707            | None                   | Monthly                 | None                                | 10 days                        |
| SSGA Global Equity ex USA Index Non-<br>Lending Strategy Fund | 4,837,425            | None                   | Daily                   | None                                | 1 day                          |
| SSGA Russell Large Cap Index Strategy Fund                    | 6,329,433            | None                   | Daily                   | None                                | 1 day                          |
| SSGA Russell Small Cap Index Strategy Fund                    | 1,063,449            | None                   | Daily                   | None                                | 1 day                          |
| Aon Intermediate Credit Bond Fund                             | 10,871               | None                   | Daily                   | None                                | 15 days                        |
| Aon Long Credit Bond Fund                                     | 11,419,854           | None                   | Daily                   | None                                | 15 days                        |
| Aon High Yield Plus Bond Fund                                 | 327,965              | None                   | Daily                   | None                                | 15 days                        |
| Aon Global Equity Fund                                        | 3,044,024            | None                   | Daily                   | None                                | 15 days                        |
| Aon 20+ US Treasury STRIPS Index Fund                         | 1,228,279            | None                   | Daily                   | None                                | 15 days                        |
| Northern Trust Global Investors ("NTGI")                      |                      |                        |                         |                                     |                                |
| Collective Government Short-Term<br>Investment Fund           | 904,820              | None                   | Daily                   | None                                | 1 day                          |
| Aon Global Real Estate Fund                                   | 34,858               | None                   | Daily                   | None                                | 15 days                        |
|                                                               | <u>\$ 39,077,115</u> |                        |                         |                                     |                                |

\* The fair value of each investment has been estimated using the NAV of the investment.

(a) 10% Holdback on full redemption

## 6. Agreements with Third Parties – Allocated Insurance Contracts

For participants who retired on or after January 1, 1995, retirement benefit payments are made directly from Plan assets. For participants who retired prior to January 1, 1995, retirement benefits were provided by monthly retirement annuities from The Prudential Insurance Company of America. These annuities were purchased from Plan assets which discharged the Plan's obligations with respect to these benefits. The amounts contained in the monthly retirement annuities are not reflected as assets of the Plan on the statements of net assets available for benefits, nor are they reflected as obligations in the accumulated benefit obligation presented in Note 7.

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**7. Accumulated Plan Benefits**

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

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.

An actuary determined the actuarial present value of accumulated plan benefits as of January 1, 2022, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of January 1, 2022 is as follow:

|                                                            | <u><b>2022</b></u>          |
|------------------------------------------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits:      |                             |
| Vested benefits:                                           |                             |
| Participants currently receiving payments                  | \$ 27,033,719               |
| Other participants                                         | <u>16,862,222</u>           |
| Total vested                                               | 43,895,941                  |
|                                                            |                             |
| Total actuarial present value of accumulated plan benefits | \$ <u><u>43,895,941</u></u> |

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Changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2022, are as follows:

|                                                       | <u>2022</u>          |
|-------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits: |                      |
| Beginning of year                                     | \$ 46,529,344        |
| Increase (decrease) during the year attributable to:  |                      |
| Interest accumulated                                  | 2,103,627            |
| Actual benefits paid                                  | (3,967,700)          |
| Changes in actuarial assumption                       | (750,226)            |
| Other changes                                         | <u>(19,104)</u>      |
| Net decrease                                          | <u>(2,633,403)</u>   |
| Actuarial present value of accumulated plan benefits  |                      |
| End of year                                           | <u>\$ 43,895,941</u> |

The more significant actuarial assumptions used in the actuarial valuations as of January 1, 2022 are as follows:

- A change in the mortality assumption from the amounts-weighted aggregate rates of the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2020 to the amounts-weighted aggregate rates of the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021.
- The retirement rates and termination rates assumptions were adjusted to reflect 100% upon certain plant closure that have been announced by the Company.
- The interest rate assumption changed from 4.72% to 4.92%.

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

## **8. Party-In-Interest**

The Plan invests certain assets in NTGI Collective U.S. Government Short-Term Investment Fund, which is managed by The Northern Trust Company. Aon is the Plan's administrative service provider, and the Plan invests in certain assets managed by Aon Investments USA (see Note 8). These transactions qualify as party-in-interest transactions allowable under ERISA regulations. Fees paid during the year ended December 31, 2022 and 2021 for legal, accounting, actuarial and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services. For Plan years 2022 and 2021,

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total fees paid to parties-in-interest in connection with services rendered to the Plan totaled \$217,128 and \$204,023 , respectively.

The Plan incurs expenses related to general administration and record keeping. Certain costs of administering the Plan are paid by the Company. These costs are immaterial to the Plan.

**9. Income Tax Status**

The Plan obtained its latest determination letter dated July 8, 2013, in which the Internal Revenue Service stated that the Plan, as designed, constitutes a qualified plan under the Internal Revenue Code of 1986, as amended (the “Code”). Accordingly, the Plan is exempt from federal income taxes under Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provisions for income taxes have been included in the Plan’s financial statements.

GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to examinations by taxing jurisdictions; currently, the Plan is not under examination.

**10. Plan Termination**

Although the Company has not expressed any intent to do so, it has reserved the right to terminate the Plan. Whether all participants receive their entire Plan 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. The receipt of full Plan benefits may also depend on the financial condition of the Company and its affiliates, the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (“PBGC”) (a United States government agency) at that time and the priority of those benefits. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by Section 4044 of ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Annuity benefits that former participants or their beneficiaries have been receiving for at least three-year period ending on the Plan's termination date, or that participants eligible to retire before the beginning of that three-year period would have been receiving as of the beginning of that three-year period 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 that three-year period. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five-year period ending on the Plan's termination date.
- c. Other vested benefits insured by the PBGC up to the applicable limitations (discussed below).
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. 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. Generally, 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 those benefits and may also depend on the level of benefits guaranteed by the PBGC.

## **11. Risks and Uncertainties**

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that such changes in these estimates and assumptions in the near term would be material to the financial statements.

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**12. Subsequent Events**

In preparing the accompanying financial statements, Plan management has reviewed all known events that have occurred after December 31, 2022, and through October 6, 2023, the date the financial statements were available to be issued, for inclusion in the financial statements and footnotes.

## **SUPPLEMENTARY INFORMATION**

**REVISED RETIREMENT PLAN FOR EMPLOYEES OF  
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EIN: 36-4833461      PN: 004

Schedule H, Line 4(j) - Schedule of Reportable Transactions  
Year Ended December 31, 2022

# 5500 Supplemental Schedules

1 JAN 22 - 31 DEC 22

Account number 2237230  
Account Name ZZEEI - RETIREMENT PLAN

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## ◆ 5% Report - Part A

### Single Transaction in Excess of 5%

| Security Description / Asset ID                                           | Shares/Par Value | Date      | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost         | Current Value on Transaction Date | Net Gain/Loss |
|---------------------------------------------------------------------------|------------------|-----------|-------------------|-------------------|--------------|-------------------|--------------|-----------------------------------|---------------|
| <b>Value of Interest in Common/Collective Trusts</b>                      |                  |           |                   |                   |              |                   |              |                                   |               |
| <b>United States - USD</b>                                                |                  |           |                   |                   |              |                   |              |                                   |               |
| CF SSGA GLOBAL EQUITY EX USA INDEX NL SF CUSIP: 1099952K5                 | -207,520.550     | 9 Jun 22  |                   | 12.0470           |              | 0.00              | 2,084,890.51 | 2,500,000.00                      | 415,109.49    |
| CF SSGA RUSSELL LARGE CAP INDEX SF CUSIP: 119994A19                       | -41,300.980      | 9 Jun 22  |                   | 48.4250           |              | 0.00              | 1,284,388.27 | 2,000,000.00                      | 715,611.73    |
| MFO AGT US INT ACTIVE CREDIT CUSIP: 00187K548                             | 422,386.480      | 15 Aug 22 | 9.4700            |                   |              | 0.00              | 4,000,000.00 | 4,000,000.00                      | 0.00          |
| MFO AGT US INT ACTIVE CREDIT CUSIP: 00187K548                             | -246,913.580     | 19 Oct 22 |                   | 8.9100            |              | 0.00              | 2,330,284.64 | 2,200,000.00                      | -130,284.64   |
| MFO AGT US LONG FIXED ACTIVE CREDI CUSIP: 00187K530                       | 605,326.880      | 9 Jun 22  | 8.2600            |                   |              | 0.00              | 5,000,000.00 | 5,000,000.00                      | 0.00          |
| MFO AGT US LONG FIXED ACTIVE CREDI CUSIP: 00187K530                       | -362,559.240     | 15 Aug 22 |                   | 8.4400            |              | 0.00              | 3,340,027.55 | 3,060,000.00                      | -280,027.55   |
| MFO AGT US LONG FIXED ACTIVE CREDI CUSIP: 00187K530                       | -895,104.900     | 19 Oct 22 |                   | 7.1500            |              | 0.00              | 8,092,465.08 | 6,400,000.00                      | -1,692,465.08 |
| MFO AGT US LONG FIXED ACTIVE CREDI CUSIP: 00187K530                       | -357,142.860     | 24 Oct 22 |                   | 7.0000            |              | 0.00              | 3,228,857.45 | 2,500,000.00                      | -728,857.45   |
| MFO AON HEWITT COLLECTIVE INVT TR 20+ YR US TREAS STRIPS CUSIP: 00187K555 | 414,746.540      | 9 Jun 22  | 6.5100            |                   |              | 0.00              | 2,700,000.00 | 2,700,000.00                      | 0.00          |
| MFO AON HEWITT COLLECTIVE INVT TR 20+ YR US TREAS STRIPS CUSIP: 00187K555 | 442,307.690      | 19 Oct 22 | 5.2000            |                   |              | 0.00              | 2,300,000.00 | 2,300,000.00                      | 0.00          |
| NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445                    | 8,000,000.000    | 20 Oct 22 | 1.0000            |                   |              | 0.00              | 8,000,000.00 | 8,000,000.00                      | 0.00          |
| NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445                    | -3,263,876.280   | 24 Oct 22 |                   | 1.0000            |              | 0.00              | 3,263,876.28 | 3,263,876.28                      | 0.00          |
| NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445                    | -5,858,514.690   | 28 Oct 22 |                   | 1.0000            |              | 0.00              | 5,858,514.69 | 5,858,514.69                      | 0.00          |

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 39,077,115.29

# 5500 Supplemental Schedules

1 JAN 22 - 31 DEC 22

Account number 2237230  
Account Name ZZEEI - RETIREMENT PLAN

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## ◆ 5% Report - Part B

### *Series of Non-Security Transactions with Same Party in Excess of 5%*

| Security Description / Asset ID | Shares/Par Value | Date | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost | Current Value on Transaction Date | Net Gain/Loss |
|---------------------------------|------------------|------|-------------------|-------------------|--------------|-------------------|------|-----------------------------------|---------------|
|---------------------------------|------------------|------|-------------------|-------------------|--------------|-------------------|------|-----------------------------------|---------------|

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 39,077,115.29

# 5500 Supplemental Schedules

1 JAN 22 - 31 DEC 22

Account number 2237230  
Account Name ZZEEI - RETIREMENT PLAN

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## ◆ 5% Report - Part C Summary

### Series of Transactions by Issue in Excess of 5%

| Security Description / Asset ID                                           |                    | Number of Transactions | Transaction Aggregate<br>Acquisition Price Disposition Price |               | Lease Rental | Expenses Incurred | Cost of Asset | Current Value of Asset on Transaction |
|---------------------------------------------------------------------------|--------------------|------------------------|--------------------------------------------------------------|---------------|--------------|-------------------|---------------|---------------------------------------|
| CF SSGA GLOBAL EQUITY EX USA INDEX NL SF CUSIP: 1099952K5                 | Total acquisitions | 2                      | 700,000.00                                                   |               |              | 0.00              | 700,000.00    | 700,000.00                            |
|                                                                           | Total dispositions | 12                     |                                                              | 4,351,027.77  |              | 0.00              | 3,813,378.95  | 4,351,027.77                          |
| CF SSGA RUSSELL LARGE CAP INDEX SF CUSIP: 119994A19                       | Total dispositions | 15                     |                                                              | 4,650,467.46  |              | 0.00              | 3,032,352.90  | 4,650,467.46                          |
| INTERMEDIATE US GOVT BOND INDX NL SF CL A (CMEW1) CUSIP: 995633724        | Total acquisitions | 2                      | 920,000.00                                                   |               |              | 0.00              | 920,000.00    | 920,000.00                            |
|                                                                           | Total dispositions | 8                      |                                                              | 2,200,315.67  |              | 0.00              | 2,358,954.13  | 2,200,315.67                          |
| MFO AGT US INT ACTIVE CREDIT CUSIP: 00187K548                             | Total acquisitions | 3                      | 5,350,000.00                                                 |               |              | 0.00              | 5,350,000.00  | 5,350,000.00                          |
|                                                                           | Total dispositions | 6                      |                                                              | 5,000,000.00  |              | 0.00              | 5,223,281.95  | 5,000,000.00                          |
| MFO AGT US LONG FIXED ACTIVE CREDI CUSIP: 00187K530                       | Total acquisitions | 6                      | 9,200,000.00                                                 |               |              | 0.00              | 9,200,000.00  | 9,200,000.00                          |
|                                                                           | Total dispositions | 7                      |                                                              | 15,260,000.00 |              | 0.00              | 18,492,271.51 | 15,260,000.00                         |
| MFO AON HEWITT COLLECTIVE INVT TR GLOBAL EQUITY CL I CUSIP: 00185C456     | Total dispositions | 7                      |                                                              | 2,120,000.00  |              | 0.00              | 1,707,708.10  | 2,120,000.00                          |
| MFO AON HEWITT COLLECTIVE INVT TR 20+ YR US TREAS STRIPS CUSIP: 00187K555 | Total acquisitions | 6                      | 7,850,000.00                                                 |               |              | 0.00              | 7,850,000.00  | 7,850,000.00                          |
|                                                                           | Total dispositions | 5                      |                                                              | 3,400,000.00  |              | 0.00              | 3,734,491.69  | 3,400,000.00                          |
| NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445                    | Total acquisitions | 28                     | 18,254,207.55                                                |               |              | 0.00              | 18,254,207.55 | 18,254,207.55                         |
|                                                                           | Total dispositions | 35                     |                                                              | 16,333,309.99 |              | 0.00              | 16,333,309.99 | 16,333,309.99                         |
| NTGI COLTV GOVT STIF REGI STERED CUSIP: 66586U445                         | Total acquisitions | 4                      | 903,101.31                                                   |               |              | 0.00              | 903,101.31    | 903,101.31                            |
|                                                                           | Total dispositions | 15                     |                                                              | 1,807,920.82  |              | 0.00              | 1,807,920.82  | 1,807,920.82                          |

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 39,077,115.29

## ◆ 5% Report - Part D

*Series of Transactions with Same Party in Excess of 5%*

| Security Description / Asset ID | Shares/Par Value | Date | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost | Current Value on Transaction Date | Net Gain/Loss |
|---------------------------------|------------------|------|-------------------|-------------------|--------------|-------------------|------|-----------------------------------|---------------|
|---------------------------------|------------------|------|-------------------|-------------------|--------------|-------------------|------|-----------------------------------|---------------|

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 39,077,115.29

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

| Attained<br>Age | Number of Participants    |     |     |       |       |       |       |       |       |     |
|-----------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|                 | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             |                           |     |     |       |       |       |       |       |       |     |
| 25-29           |                           | 2   |     |       |       |       |       |       |       |     |
| 30-34           |                           | 1   | 1   | 2     |       |       |       |       |       |     |
| 35-39           |                           | 2   | 3   | 6     | 2     |       |       |       |       |     |
| 40-44           |                           |     | 5   | 5     | 2     |       |       |       |       |     |
| 45-49           |                           |     | 1   | 5     | 1     | 1     |       |       |       |     |
| 50-54           |                           |     | 6   | 6     | 7     | 1     |       |       |       |     |
| 55-59           |                           |     | 5   | 5     | 5     |       |       | 4     | 2     |     |
| 60-64           |                           | 1   | 1   | 3     | 3     |       | 2     | 3     | 1     |     |
| 65-69           |                           | 1   |     |       |       |       | 1     | 1     |       |     |
| 70+             |                           |     |     |       | 1     |       |       |       |       |     |

N-98

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

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

|                                             |                                                                                                                                                                                       |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA. |
| 1st Segment Rate                            | 4.75%                                                                                                                                                                                 |
| 2nd Segment Rate                            | 5.18%                                                                                                                                                                                 |
| 3rd Segment Rate                            | 5.92%                                                                                                                                                                                 |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization.                                                              |
| 1st Segment Rate                            | 1.07%                                                                                                                                                                                 |
| 2nd Segment Rate                            | 2.68%                                                                                                                                                                                 |
| 3rd Segment Rate                            | 3.36%                                                                                                                                                                                 |
| Pay Increase Rates                          | See Table A.                                                                                                                                                                          |
| Inflation Rate                              | 2.20%                                                                                                                                                                                 |
| Cash Balance Interest Crediting Rate        | 3.00%, or the minimum defined in applicable plan provisions.                                                                                                                          |
| Lump Sum Conversion Interest Rates          | Underlying segment rates to determine funding target.                                                                                                                                 |
| Mortality Rates                             |                                                                                                                                                                                       |
| Healthy                                     | 2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85.                                                                        |
| Disabled                                    | Revenue Ruling 96-7 mortality table for disability after December 31, 1994.                                                                                                           |
| Lump Sum Conversion Mortality Rates         | IRS prescribed 417(e) mortality table for the current plan year.                                                                                                                      |
| Retirement Rates <sup>1</sup>               | See Table B.                                                                                                                                                                          |
| Withdrawal Rates <sup>2</sup>               |                                                                                                                                                                                       |

<sup>1</sup> Valuation results as of January 1, 2022, reflect 100% retirement and withdrawal rates assumed for certain plant closures that have been announced by Vistra.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Union Employees 3.50%.  
Management Employees See Table C.

Disability Rates See Table D. 1987 Group Long-Term Disability Study with 6-month elimination period.

Payment Form and Timing of Payment

Active Participants

Lump Sum eligible

Lump sum payable according to the following chart:

| <b>Timing of Payment</b> | <b>Early Retirement Eligible at Term</b> | <b>Not Early Retirement Eligible at Term</b> |
|--------------------------|------------------------------------------|----------------------------------------------|
| Immediate                | 50%                                      | 50%                                          |
| Defer 1 Year             | 50%                                      | 0%                                           |
| Age 60                   | 0%                                       | 50%                                          |

Lump Sum Ineligible

Normal Form of annuity under the Plan at age 62.

Terminated Vested Participants

Lump Sum eligible

Lump sum payable according to the following chart:

| <b>Timing of Payment</b> | <b>Under Age 60</b> | <b>Age 60+</b> |
|--------------------------|---------------------|----------------|
| Immediate                | 10%                 | 90%            |
| Defer 1 Year             | 10%                 | 10%            |
| Age 60                   | 80%                 | N/A            |

Lump Sum Ineligible

Normal form of annuity under the Plan at age 62.

Decrement Timing

Middle of year decrements.

Surviving Spouse Benefit

85% of males and 85% of females have an eligible spouse; males are three years older than their spouses.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$245,000 and the IRC section 401(a)(17) compensation limit of \$305,000.

Valuation of Plan Assets

Fair market value.

Trust Expenses Included in Target Normal Cost

\$316,000. Expenses are equal to the actual prior year administrative expenses less prior year PBGC

<sup>2</sup> Valuation results as of January 1, 2022, reflect 100% retirement and withdrawal rates assumed for certain plant closures that have been announced by Vistra.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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premiums, plus current year PBGC premiums.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2022.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Table A

**Pay Increase Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 6.00%       | 40         | 3.75%       |
| 16         | 6.00%       | 41         | 3.75%       |
| 17         | 6.00%       | 42         | 3.75%       |
| 18         | 6.00%       | 43         | 3.75%       |
| 19         | 6.00%       | 44         | 3.75%       |
| 20         | 6.00%       | 45         | 3.75%       |
| 21         | 6.00%       | 46         | 3.25%       |
| 22         | 6.00%       | 47         | 3.25%       |
| 23         | 6.00%       | 48         | 3.25%       |
| 24         | 6.00%       | 49         | 3.25%       |
| 25         | 6.00%       | 50         | 3.25%       |
| 26         | 4.75%       | 51         | 3.25%       |
| 27         | 4.75%       | 52         | 3.25%       |
| 28         | 4.75%       | 53         | 3.25%       |
| 29         | 4.75%       | 54         | 3.25%       |
| 30         | 4.75%       | 55         | 3.25%       |
| 31         | 4.75%       | 56+        | 3.00%       |
| 32         | 4.75%       |            |             |
| 33         | 4.75%       |            |             |
| 34         | 4.75%       |            |             |
| 35         | 4.75%       |            |             |
| 36         | 3.75%       |            |             |
| 37         | 3.75%       |            |             |
| 38         | 3.75%       |            |             |
| 39         | 3.75%       |            |             |

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Table B

**Retirement Rates**

| <b>Age</b> | <b>Union<br/>Employees</b> | <b>Management<br/>Employees</b> |
|------------|----------------------------|---------------------------------|
| 55         | 9.00%                      | 7.00%                           |
| 56         | 5.00%                      | 7.00%                           |
| 57         | 5.00%                      | 7.00%                           |
| 58         | 5.00%                      | 7.00%                           |
| 59         | 15.00%                     | 7.00%                           |
| 60         | 20.00%                     | 15.00%                          |
| 61         | 20.00%                     | 5.00%                           |
| 62         | 25.00%                     | 15.00%                          |
| 63         | 25.00%                     | 5.00%                           |
| 64         | 25.00%                     | 20.00%                          |
| 65         | 25.00%                     | 20.00%                          |
| 66         | 50.00%                     | 20.00%                          |
| 67         | 50.00%                     | 50.00%                          |
| 68         | 50.00%                     | 50.00%                          |
| 69         | 50.00%                     | 50.00%                          |
| 70+        | 100.00%                    | 100.00%                         |

100% retirement assumed in 2022 for all participants to reflect anticipated plant closures

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Table C

**Withdrawal Rates for Management Employees**

| <b>Age</b> | <b>Assumed Increase</b> | <b>Age</b> | <b>Assumed Increase</b> |
|------------|-------------------------|------------|-------------------------|
| 15         | 10.00%                  | 40         | 7.50%                   |
| 16         | 10.00%                  | 41         | 7.50%                   |
| 17         | 10.00%                  | 42         | 7.50%                   |
| 18         | 10.00%                  | 43         | 7.50%                   |
| 19         | 10.00%                  | 44         | 7.50%                   |
| 20         | 10.00%                  | 45         | 6.50%                   |
| 21         | 10.00%                  | 46         | 6.50%                   |
| 22         | 10.00%                  | 47         | 6.50%                   |
| 23         | 10.00%                  | 48         | 6.50%                   |
| 24         | 10.00%                  | 49         | 6.50%                   |
| 25         | 10.00%                  | 50         | 6.00%                   |
| 26         | 10.00%                  | 51         | 6.00%                   |
| 27         | 10.00%                  | 52         | 6.00%                   |
| 28         | 10.00%                  | 53         | 6.00%                   |
| 29         | 10.00%                  | 54         | 6.00%                   |
| 30         | 9.00%                   | 55+        | 6.00%                   |
| 31         | 9.00%                   |            |                         |
| 32         | 9.00%                   |            |                         |
| 33         | 9.00%                   |            |                         |
| 34         | 9.00%                   |            |                         |
| 35         | 8.50%                   |            |                         |
| 36         | 8.50%                   |            |                         |
| 37         | 8.50%                   |            |                         |
| 38         | 8.50%                   |            |                         |
| 39         | 8.50%                   |            |                         |

100% termination rates assumed in 2022 for all participants to reflect anticipated plant closures

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Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Table D

**Disability Rates**

| Age | Male  | Female | Age | Male  | Female |
|-----|-------|--------|-----|-------|--------|
| 25  | 0.05% | 0.02%  | 50  | 0.17% | 0.20%  |
| 26  | 0.04% | 0.03%  | 51  | 0.19% | 0.23%  |
| 27  | 0.04% | 0.03%  | 52  | 0.22% | 0.24%  |
| 28  | 0.04% | 0.03%  | 53  | 0.24% | 0.26%  |
| 29  | 0.04% | 0.04%  | 54  | 0.27% | 0.28%  |
| 30  | 0.04% | 0.04%  | 55  | 0.30% | 0.29%  |
| 31  | 0.04% | 0.04%  | 56  | 0.33% | 0.32%  |
| 32  | 0.04% | 0.05%  | 57  | 0.36% | 0.34%  |
| 33  | 0.04% | 0.05%  | 58  | 0.40% | 0.37%  |
| 34  | 0.04% | 0.06%  | 59  | 0.43% | 0.40%  |
| 35  | 0.04% | 0.06%  | 60  | 0.47% | 0.42%  |
| 36  | 0.04% | 0.07%  | 61  | 0.51% | 0.45%  |
| 37  | 0.04% | 0.08%  | 62  | 0.56% | 0.48%  |
| 38  | 0.04% | 0.08%  | 63  | 0.60% | 0.51%  |
| 39  | 0.05% | 0.09%  | 64  | 0.65% | 0.54%  |
| 40  | 0.05% | 0.10%  | 65  | 0.69% | 0.57%  |
| 41  | 0.06% | 0.11%  | 66+ | 0.00% | 0.00%  |
| 42  | 0.07% | 0.12%  |     |       |        |
| 43  | 0.07% | 0.13%  |     |       |        |
| 44  | 0.08% | 0.14%  |     |       |        |
| 45  | 0.09% | 0.14%  |     |       |        |
| 46  | 0.11% | 0.16%  |     |       |        |
| 47  | 0.12% | 0.17%  |     |       |        |
| 48  | 0.14% | 0.18%  |     |       |        |
| 49  | 0.15% | 0.20%  |     |       |        |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Schedule SB, Part V—Summary of Plan Provisions

Revised Retirement Plan for Employees of Electric Energy, Inc.

|                          |                                                                                                |
|--------------------------|------------------------------------------------------------------------------------------------|
| <b>Effective Date</b>    | November 1, 1952; restated effective July 2, 2020, and most recently amended December 9, 2020. |
| <b>Covered Employees</b> | Electric Energy, Inc. (EEI).                                                                   |
| <b>Plan Year</b>         | Calendar Year.                                                                                 |

Changes in Plan Provisions Since the Prior Year

- There are no changes in the plan provisions from prior year.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Final Average Pay Formula (frozen for all employees)

**Participation**

Formula was frozen for Union Members who elected to defer coverage under the cash balance formula as of June 30, 2015. These participants are defined as Eligible Electing Members.

For other Union Members, the formula was frozen as of February 29, 2012. These participants are defined as Non-Electing Members.

For Management Members, the formula was frozen as of March 31, 2012. These participants are defined as Converted Members.

**Normal Retirement**

Eligibility

Attainment of age 65.

Benefits

The greater of (a) or (b) below, plus (c):

(a) 1/12 of the sum of (1) and (2) below, minus (3) below:

1. 2% of Final Average Earnings times first 20 years of Credited Service;
2. 1-1/4% of Final Average Earnings times next 25 years of Credited Service;
3. Social Security Offset.

The sum of (1) and (2) is limited to a maximum of 70% of Final Average Earnings.

(b) \$10 plus 0.15% of Participant's contributions, multiplied by first 45 years of Credited Service.

(c) \$10 times Credited Service.

Social Security Offset

50% of annual Primary Insurance Amount under the Federal Social Security Act in effect at the earliest of (A) the annuity starting date or (B) age 62, or (C) the applicable freeze date.

Such percentage shall be reduced by 2% for each year of credited service less than 25 years.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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**Early Retirement**

Eligibility

Attainment of age 55.

Benefits

The sum of (a) plus (b) below:

(a) Normal Retirement Benefit, where the greater of (a) and (b) is reduced by 1/5 of 1% for each month by which such Early Retirement Date precedes the Member's 62nd birthday. (c) is not reduced for early retirement.

(b) Social Security Supplement equal to #3 from Normal Retirement Benefit, reduced by 1/5 of 1% for each month by which the Early Retirement Date precedes the Member's 62nd birthday. The Social Security Supplement is paid until age 62.

**Vested Terminations**

Eligibility

A Participant who terminates employment on or after his or her Normal Retirement Age or by reason of death or disability shall be deemed to have a 100% Vested Interest. All other terminations are determined based on the following schedule:

| <b>Years of Vesting<br/>Service</b> | <b>Vested<br/>Interest</b> |
|-------------------------------------|----------------------------|
| Less than 1 year                    | 0%                         |
| 1 year                              | 33%                        |
| 2 years                             | 67%                        |
| 3 years or more                     | 100%                       |

Benefits

Normal retirement benefit, reduced by 1/5 of 1% for each month by which commencement date precedes age 62; and further reduced actuarially for each month by which the commencement date precedes age 55.

**Disability Retirement**

Eligibility

15 years of Credited Service, and qualifies for the Company's long-term disability plan and the Federal Social Security Act.

Benefits

Continued benefit accruals during disability using Earnings at disability.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
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**Death Benefits for Participants in Active Service**

**Eligibility**

Basic Vested non-disabled employee under age 55.

Enhanced Employee over age 55 or disabled.

**Benefit**

Basic 50% of the amount the Participant would have received if separated from service on date of death, survived to age 55, and retired with a benefit in the form of a 50% Joint and Survivor Annuity, without any reduction for early retirement. This benefit is payable at the date the participant would have attained age 55.

Enhanced The greater of (a) and (b) below:

(a) 50% of the normal retirement benefit with the percentage reduced by 1% for each full year by which the spouse is younger than the Participant, or increased by 1% for each full year older than the Participant, without any reduction for early retirement.

(b) 50% of the amount the Participant would have received had such benefit been paid in the form of a 50% Joint and Survivor annuity had such Participant retired on the day preceding death, without any reduction for early retirement.

**Normal Form of Payment**

Single life annuity for single participants. 50% qualified joint and survivor annuity for married participants.

**Optional Forms of Payment**

Actuarially equivalent amounts may be paid in any of the following forms:

- Single Life Annuity
- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- Age 62 Level Income Option
- Lump Sum (only for eligible participants)

**Employee Contributions**

No employee contributions are required or allowed.

**Actuarial Equivalence**

Specified in Appendix A of the plan document.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Cash Balance Benefit Formula

**Participation**

Effective January 1, 2016, each Employee who becomes employed by Electric Energy, Inc. shall automatically become a Participant effective as of the first day of the month coinciding with or next following the date the Employee is first credited with an Hour of Service.

Effective December 31, 2018, participation and benefit accruals were frozen for all Management Employees.

**Opening Balance**

The Frozen Accrued Benefit multiplied by 125 and discounted back from age 65 to the age at conversion at 6%. Conversion dates are as follows:

June 30, 2015, for Union Members who elected to defer conversion.

February 29, 2012, for Union Members who did not elect to defer conversion.

March 31, 2012, for Management Members.

**Initial Credit**

The initial credit is as follows:

\$0 for Union Members who elected to defer conversion.

\$6,500 for Union Members who did not elect to defer conversion.

\$6,500 for Management Members.

**Transition Contribution Accruals**

The transition credits will be paid as follows:

Management Members active on March 31, 2012, will receive transition credits through December 31, 2013, as follows:

| <b>Age at End of<br/>Plan Year</b> | <b>Percent of<br/>Compensation</b> |
|------------------------------------|------------------------------------|
| Less than 35                       | 4%                                 |
| 35 – 44                            | 6%                                 |
| 45 – 49                            | 8%                                 |
| 50 – 54                            | 7%                                 |
| 55 and over                        | 6%                                 |

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All Union Members active on February 29, 2012, will receive transition credits through February 28, 2018. The credits are as follows:

| <b>Age at End of<br/>Plan Year</b> | <b>Percent of<br/>Compensation</b> |
|------------------------------------|------------------------------------|
| Less than 30                       | 3%                                 |
| 30 – 34                            | 4%                                 |
| 35 – 39                            | 5%                                 |
| 40 and over                        | 6%                                 |

**Pay Credits**

Participants will receive annual credits to the cash balance account at the end of each plan year equal to 6% of Base Compensation.

Effective December 31, 2018, no future pay credits are credited to Management Members' cash balance accounts.

**Interest Credit Accruals**

Participants will receive interest credits at the end of each plan year based on the cash balance account as of the beginning of the year. Partial interest shall be credited for the year in which a Participant commences their benefit on the last day of the month prior to commencement.

The interest crediting rate applicable to the Opening Balance and Pay Credits earned prior to January 1, 2014, for Management Members and January 1, 2016, for Union Members is equal to the greater of (1) the average 30-year Treasury bond yield for the month of August preceding the first day of the plan year and (2) 5.00%. Prior to April 1, 2018, (1) was the average 30-year Treasury bond yield for the month of October preceding the first day of the plan year.

The interest crediting rate applicable to Pay Credits earned after December 31, 2013, for Management Members and after December 31, 2015, for Union Members is equal to the average 30-year Treasury bond yield for the month of August preceding the first day of the plan year, not less than 5% for Union Members. Prior to April 1, 2018, The average 30-year Treasury bond yield for the month of October preceding the first day of the plan year was used.

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**Vesting**

A Participant who terminates employment on or after his or her Normal Retirement Age or by reason of death or disability shall be deemed to have a 100% Vested Interest. All other terminations are determined based on the following schedule:

| <b>Years of Vesting Service</b> | <b>Vested Interest</b> |
|---------------------------------|------------------------|
| Less than 1 year                | 0%                     |
| 1 year                          | 33%                    |
| 2 years                         | 67%                    |
| 3 years or more                 | 100%                   |

**Normal Retirement**

Eligibility

Attainment of age 65.

Benefits

The sum of (a) plus (b) plus (c) plus (d) below:

(a) The greater of (1) or (2) below:

1. Frozen Accrued Benefit based on Final Average Pay Formula.
2. Opening account balance with applicable interest credits.

(b) Initial credit with applicable interest credits.

(c) Pay credits with applicable interest credits.

(d) Transition credits with applicable interest credits.

**Early Retirement**

Eligibility

Any participant with Vested Interest.

Benefits

Same as normal retirement benefit, with reductions for early commencement as described in the Final Average Pay Formula section for the Frozen Accrued Benefit.

**Vested Terminations**

Eligibility

Any participant with Vested Interest.

Benefits

Same as normal retirement benefit, with reductions for early commencement as described in the Final Average Pay Formula section for the Frozen Accrued Benefit.

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**Disability Retirement**

Eligibility

Any participant with Vested Interest.

Benefits

Same as normal retirement benefit with continued accruals during disability, using Base Compensation at disability.

**Death Benefits**

Eligibility

Any participant with Vested Interest.

Benefits

Same as normal retirement benefit, with reductions for early commencement as described in the Final Average Pay Formula section for the Frozen Accrued Benefit.

**Normal Form of Payment**

Single life annuity for single participants. 50% qualified joint and survivor annuity for married participants.

**Optional Forms of Payment**

Actuarially equivalent amounts may be paid in any of the following forms:

- Single Life Annuity
- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- Age 62 Level Income Option
- Lump Sum

**Employee Contributions**

No employee contributions are required or allowed.

**Actuarial Equivalence**

Specified in Appendix A of the plan document.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
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Definitions

|                          |                                                                                                                                                                                                                                                                                                                                            |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Choice-Eligible Member   | Choice-Eligible Member means a Union Member who attains age 55 on or before February 29, 2012, who is a Union Employee on February 29, 2012, and who is credited with an Hour of Service on or after March 1, 2012.                                                                                                                        |
| Converted Member         | Converted Member means (1) a Participant on March 31, 2012 who is either a Management Member or a Disabled Member, or (2) a Transferred Electing Member (as this latter term is defined in Section 1.58 of Part II of the EEI Plan).                                                                                                       |
| Credited Service         | One year of Credited Service will be earned for each Plan Year for which the Participant earns at least 1,000 Hours of Service. For each Plan Year during which an employee completes fewer than 1,000 Hours of Service, a fraction of a year of Credited Service shall be credited.                                                       |
| Eligible Electing Member | Eligible Electing Member means a Choice-Eligible Member who elects the Deferred Cash Balance Option.                                                                                                                                                                                                                                       |
| Non-Electing Member      | Non-Electing Member means (1) a Choice-Eligible Member who does not elect the Deferred Cash Balance Option described in Section 5.9 of the EEI Plan, and (2) a member who is not a Choice-Eligible Member and who, on February 29, 2012 is a Union Employee or a Disabled Member.                                                          |
| Pre-Cash Balance Member  | Pre-Cash Balance Member means a member who has a Frozen Accrued Benefit but is not an Employee (or disabled) on the Applicable Freeze Date or the Applicable Cash Balance Date and for whom an Opening Balance Account is not required to be established.                                                                                  |
| Post-Cash Balance Member | Post-Cash Balance Member means (1) a member who first becomes a Participant on or after March 1, 2012 and (2) any other member who is credited with an Hour of Service on or after the Applicable Cash Balance Date, who does not have a Frozen Accrued Benefit, and for whom an Opening Balance Amount is not required to be established. |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

Vesting Service

One year of Vesting Service will be earned for each Plan Year for which the Participant earns at least 1,000 Hours of Service. For each Plan Year during which an employee completes fewer than 1,000 Hours of Service, a fraction of a year of Vesting Service shall be credited.

Final Average Earnings/Earnings

For purposes of the frozen Final Average Pay formula benefit, this is the average of the highest four consecutive 12-month periods out of the last ten consecutive 12-month periods. Pensionable earnings are basic annual or hourly compensation paid to the participant (plus elective contributions not includible in the participant's gross income under Section 125 or Section 402(e)(3) of the Internal Revenue Code). Pensionable earnings are limited by Internal Revenue Code Section 401(a)(17).

Base Compensation

Base Compensation for purposes of determining the amount of a Participant's Pay Credit added to the Cash Balance Account means the basic annual or hourly compensation, as applicable, received from EEI for services during the Plan Year, plus elective contributions (if any) under Section 125 or Section 402(e)(3) of the IRC. Pensionable earnings are limited by Internal Revenue Code Section 401(a)(17). Prior to 2014, pensionable earnings for cash balance accruals for Management Members included premium pay, overtime pay, bonuses and earned vacation pay.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The Revised Retirement Plan for Employees of Electric Energy Inc. was merged into the Dynegy Pension Plan (36-4833461/003) effective December 31, 2022. As a result, this is the final Form 5500 Schedule SB filing for the plan.

# 5500 Supplemental Schedules

1 JAN 22 - 31 DEC 22

Account number 2237230  
Account Name ZZEEI - RETIREMENT PLAN

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## ◆ 5% Report - Part A

### Single Transaction in Excess of 5%

| Security Description / Asset ID                                           | Shares/Par Value | Date      | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost         | Current Value on Transaction Date | Net Gain/Loss |
|---------------------------------------------------------------------------|------------------|-----------|-------------------|-------------------|--------------|-------------------|--------------|-----------------------------------|---------------|
| <b>Value of Interest in Common/Collective Trusts</b>                      |                  |           |                   |                   |              |                   |              |                                   |               |
| <b>United States - USD</b>                                                |                  |           |                   |                   |              |                   |              |                                   |               |
| CF SSGA GLOBAL EQUITY EX USA INDEX NL SF CUSIP: 1099952K5                 | -207,520.550     | 9 Jun 22  |                   | 12.0470           |              | 0.00              | 2,084,890.51 | 2,500,000.00                      | 415,109.49    |
| CF SSGA RUSSELL LARGE CAP INDEX SF CUSIP: 119994A19                       | -41,300.980      | 9 Jun 22  |                   | 48.4250           |              | 0.00              | 1,284,388.27 | 2,000,000.00                      | 715,611.73    |
| MFO AGT US INT ACTIVE CREDIT CUSIP: 00187K548                             | 422,386.480      | 15 Aug 22 | 9.4700            |                   |              | 0.00              | 4,000,000.00 | 4,000,000.00                      | 0.00          |
| MFO AGT US INT ACTIVE CREDIT CUSIP: 00187K548                             | -246,913.580     | 19 Oct 22 |                   | 8.9100            |              | 0.00              | 2,330,284.64 | 2,200,000.00                      | -130,284.64   |
| MFO AGT US LONG FIXED ACTIVE CREDI CUSIP: 00187K530                       | 605,326.880      | 9 Jun 22  | 8.2600            |                   |              | 0.00              | 5,000,000.00 | 5,000,000.00                      | 0.00          |
| MFO AGT US LONG FIXED ACTIVE CREDI CUSIP: 00187K530                       | -362,559.240     | 15 Aug 22 |                   | 8.4400            |              | 0.00              | 3,340,027.55 | 3,060,000.00                      | -280,027.55   |
| MFO AGT US LONG FIXED ACTIVE CREDI CUSIP: 00187K530                       | -895,104.900     | 19 Oct 22 |                   | 7.1500            |              | 0.00              | 8,092,465.08 | 6,400,000.00                      | -1,692,465.08 |
| MFO AGT US LONG FIXED ACTIVE CREDI CUSIP: 00187K530                       | -357,142.860     | 24 Oct 22 |                   | 7.0000            |              | 0.00              | 3,228,857.45 | 2,500,000.00                      | -728,857.45   |
| MFO AON HEWITT COLLECTIVE INVT TR 20+ YR US TREAS STRIPS CUSIP: 00187K555 | 414,746.540      | 9 Jun 22  | 6.5100            |                   |              | 0.00              | 2,700,000.00 | 2,700,000.00                      | 0.00          |
| MFO AON HEWITT COLLECTIVE INVT TR 20+ YR US TREAS STRIPS CUSIP: 00187K555 | 442,307.690      | 19 Oct 22 | 5.2000            |                   |              | 0.00              | 2,300,000.00 | 2,300,000.00                      | 0.00          |
| NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445                    | 8,000,000.000    | 20 Oct 22 | 1.0000            |                   |              | 0.00              | 8,000,000.00 | 8,000,000.00                      | 0.00          |
| NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445                    | -3,263,876.280   | 24 Oct 22 |                   | 1.0000            |              | 0.00              | 3,263,876.28 | 3,263,876.28                      | 0.00          |
| NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445                    | -5,858,514.690   | 28 Oct 22 |                   | 1.0000            |              | 0.00              | 5,858,514.69 | 5,858,514.69                      | 0.00          |

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 39,077,115.29

## ◆ 5% Report - Part B

### *Series of Non-Security Transactions with Same Party in Excess of 5%*

| Security Description / Asset ID | Shares/Par Value | Date | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost | Current Value on Transaction Date | Net Gain/Loss |
|---------------------------------|------------------|------|-------------------|-------------------|--------------|-------------------|------|-----------------------------------|---------------|
|---------------------------------|------------------|------|-------------------|-------------------|--------------|-------------------|------|-----------------------------------|---------------|

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 39,077,115.29

# 5500 Supplemental Schedules

1 JAN 22 - 31 DEC 22

Account number 2237230  
Account Name ZZEEI - RETIREMENT PLAN

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## ◆ 5% Report - Part C Summary

### Series of Transactions by Issue in Excess of 5%

| Security Description / Asset ID                                           |                    | Number of Transactions | Transaction Aggregate |                   | Lease Rental | Expenses Incurred | Cost of Asset | Current Value of Asset on Transaction |
|---------------------------------------------------------------------------|--------------------|------------------------|-----------------------|-------------------|--------------|-------------------|---------------|---------------------------------------|
|                                                                           |                    |                        | Acquisition Price     | Disposition Price |              |                   |               |                                       |
| CF SSGA GLOBAL EQUITY EX USA INDEX NL SF CUSIP: 1099952K5                 | Total acquisitions | 2                      | 700,000.00            |                   |              | 0.00              | 700,000.00    | 700,000.00                            |
|                                                                           | Total dispositions | 12                     |                       | 4,351,027.77      |              | 0.00              | 3,813,378.95  | 4,351,027.77                          |
| CF SSGA RUSSELL LARGE CAP INDEX SF CUSIP: 119994A19                       | Total dispositions | 15                     |                       | 4,650,467.46      |              | 0.00              | 3,032,352.90  | 4,650,467.46                          |
| INTERMEDIATE US GOVT BOND INDX NL SF CL A (CMEW1) CUSIP: 995633724        | Total acquisitions | 2                      | 920,000.00            |                   |              | 0.00              | 920,000.00    | 920,000.00                            |
|                                                                           | Total dispositions | 8                      |                       | 2,200,315.67      |              | 0.00              | 2,358,954.13  | 2,200,315.67                          |
| MFO AGT US INT ACTIVE CREDIT CUSIP: 00187K548                             | Total acquisitions | 3                      | 5,350,000.00          |                   |              | 0.00              | 5,350,000.00  | 5,350,000.00                          |
|                                                                           | Total dispositions | 6                      |                       | 5,000,000.00      |              | 0.00              | 5,223,281.95  | 5,000,000.00                          |
| MFO AGT US LONG FIXED ACTIVE CREDI CUSIP: 00187K530                       | Total acquisitions | 6                      | 9,200,000.00          |                   |              | 0.00              | 9,200,000.00  | 9,200,000.00                          |
|                                                                           | Total dispositions | 7                      |                       | 15,260,000.00     |              | 0.00              | 18,492,271.51 | 15,260,000.00                         |
| MFO AON HEWITT COLLECTIVE INVT TR GLOBAL EQUITY CL I CUSIP: 00185C456     | Total dispositions | 7                      |                       | 2,120,000.00      |              | 0.00              | 1,707,708.10  | 2,120,000.00                          |
| MFO AON HEWITT COLLECTIVE INVT TR 20+ YR US TREAS STRIPS CUSIP: 00187K555 | Total acquisitions | 6                      | 7,850,000.00          |                   |              | 0.00              | 7,850,000.00  | 7,850,000.00                          |
|                                                                           | Total dispositions | 5                      |                       | 3,400,000.00      |              | 0.00              | 3,734,491.69  | 3,400,000.00                          |
| NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445                    | Total acquisitions | 28                     | 18,254,207.55         |                   |              | 0.00              | 18,254,207.55 | 18,254,207.55                         |
|                                                                           | Total dispositions | 35                     |                       | 16,333,309.99     |              | 0.00              | 16,333,309.99 | 16,333,309.99                         |
| NTGI COLTV GOVT STIF REGI STERED CUSIP: 66586U445                         | Total acquisitions | 4                      | 903,101.31            |                   |              | 0.00              | 903,101.31    | 903,101.31                            |
|                                                                           | Total dispositions | 15                     |                       | 1,807,920.82      |              | 0.00              | 1,807,920.82  | 1,807,920.82                          |

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 39,077,115.29

## ◆ 5% Report - Part D

*Series of Transactions with Same Party in Excess of 5%*

| Security Description / Asset ID | Shares/Par Value | Date | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost | Current Value on Transaction Date | Net Gain/Loss |
|---------------------------------|------------------|------|-------------------|-------------------|--------------|-------------------|------|-----------------------------------|---------------|
|---------------------------------|------------------|------|-------------------|-------------------|--------------|-------------------|------|-----------------------------------|---------------|

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 39,077,115.29

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

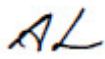
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>Revised Retirement Plan for Employees of Electric Energy, Inc.                                                   | <b>B</b> Three-digit plan number (PN) ▶ <u>004</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Vistra Operations Company Llc                                 | <b>D</b> Employer Identification Number (EIN)<br>36-4833461                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                              |                                                                                                         |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                         |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> 39,077,115                                                                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> 39,077,115                                                                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                         |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants 109 (2) Vested Funding Target 26,830,908 (3) Total Funding Target 26,830,908 |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | 25 1,136,499 1,136,499                                                                                  |
| <b>c</b> For active participants .....                                                                                                                                                                         | 98 12,841,579 12,841,579                                                                                |
| <b>d</b> Total.....                                                                                                                                                                                            | 232 40,808,986 40,808,986                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                         |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                               |
| <b>b</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..... | <b>4b</b>                                                                                               |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> 5.31%                                                                                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                         |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> 88,428                                                                                        |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> 313,000                                                                                       |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> 401,428                                                                                       |

**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.

|                                                   |                                                                                                   |                                        |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                  | Allison Logan  | 08/15/2023                             |
|                                                   | Signature of actuary                                                                              | Date                                   |
| Allison Logan                                     | Type or print name of actuary                                                                     | 2307794                                |
|                                                   |                                                                                                   | Most recent enrollment number          |
| Aon Consulting, Inc.                              | Firm name                                                                                         | 214-989-2641                           |
|                                                   |                                                                                                   | Telephone number (including area code) |
| 5005 LBJ Freeway<br>Suite 1400<br>Dallas TX 75244 | 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) 2022**  
**v. 220413**

| <b>Part II</b> |                                                                                                                                                                      | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                                                                      | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                                                          | 1,408,075              |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                                                          | 595,853                |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                                                          | 812,222                |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>10.22</u> % .....                                                                                          | 0                                                          | 83,009                 |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                                                            |                        |
|                | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                                                            | 0                      |
|                | <b>b(1)</b> 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>5.47</u> % ..... |                                                            | 0                      |
|                | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                            | 0                      |
|                | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                                                            | 0                      |
|                | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                                                            | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                                                          | 895,231                |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding Percentages</b> |         |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 93.56 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 93.56 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 90.02 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %       |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and Liquidity Shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                               | <b>18(b)</b>             | 0                                 | 18(c) 0                         |

|                                                                                                                                                                                             |            |         |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |         |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                                        | <b>19a</b> | 0       |         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                          | <b>19b</b> | 0       |         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                     | <b>19c</b> | 0       |         |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |         |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |         |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |         |         |
| <b>c</b> 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**

|                                                 |                                                |                                                           |                                     |                                                     |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                |                                                           |                                     |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                         | 2nd segment:<br>5.18 %                                    | 3rd segment:<br>5.92 %              | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                |                                                           |                                     | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                |                                                           |                                     | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 401,428            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 2,627,102           | 324,068            |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 725,496            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 725,496            | 725,496       |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

**Weighted Average Retirement Age**

| <b>Group</b>                      | <b>Count</b> | <b>Average</b> |
|-----------------------------------|--------------|----------------|
| Union                             | 74           | 60.99          |
| Management                        | 24           | 62.22          |
|                                   |              | 61.29          |
| <b>Final Weighted Average Age</b> |              | <b>61</b>      |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

**Union Participants**

| <b>Retirement<br/>Age</b>  | <b>Retirement<br/>Percentage</b> | <b>Number of<br/>Employees<br/>Retired<br/>Per 1,000</b> | <b>Weighted Age</b> |
|----------------------------|----------------------------------|----------------------------------------------------------|---------------------|
| 55                         | 9.00%                            | 90                                                       | 4,950.00            |
| 56                         | 5.00%                            | 45.50                                                    | 2,548.00            |
| 57                         | 5.00%                            | 43.23                                                    | 2,463.83            |
| 58                         | 5.00%                            | 41.06                                                    | 2,381.70            |
| 59                         | 15.00%                           | 117.03                                                   | 6,904.87            |
| 60                         | 20.00%                           | 132.64                                                   | 7,958.15            |
| 61                         | 20.00%                           | 106.11                                                   | 6,472.63            |
| 62                         | 25.00%                           | 106.11                                                   | 6,578.74            |
| 63                         | 25.00%                           | 79.58                                                    | 5,013.64            |
| 64                         | 25.00%                           | 59.69                                                    | 3,819.91            |
| 65                         | 25.00%                           | 44.76                                                    | 2,909.70            |
| 66                         | 50.00%                           | 67.15                                                    | 4,431.70            |
| 67                         | 50.00%                           | 33.57                                                    | 2,249.42            |
| 68                         | 50.00%                           | 16.78                                                    | 1,141.50            |
| 69                         | 50.00%                           | 8.39                                                     | 579.14              |
| 70                         | 100.00%                          | 8.39                                                     | <u>587.54</u>       |
| Total                      |                                  | 1,000                                                    | 60,990.47           |
| Average Retirement<br>Age: |                                  | 60.99047                                                 |                     |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

| Management Participants |                       |                                       |                 |
|-------------------------|-----------------------|---------------------------------------|-----------------|
| Retirement Age          | Retirement Percentage | Number of Employees Retired Per 1,000 | Weighted Age    |
| 55                      | 7.00%                 | 70.00                                 | 3,850.00        |
| 56                      | 7.00%                 | 65.10                                 | 3,645.60        |
| 57                      | 7.00%                 | 60.54                                 | 3,450.95        |
| 58                      | 7.00%                 | 56.30                                 | 3,265.69        |
| 59                      | 7.00%                 | 52.36                                 | 3,089.45        |
| 60                      | 15.00%                | 104.35                                | 6,261.20        |
| 61                      | 5.00%                 | 29.57                                 | 1,803.57        |
| 62                      | 15.00%                | 84.27                                 | 5,224.45        |
| 63                      | 5.00%                 | 23.88                                 | 1,504.13        |
| 64                      | 20.00%                | 90.73                                 | 5,806.44        |
| 65                      | 20.00%                | 72.58                                 | 4,717.73        |
| 66                      | 20.00%                | 58.06                                 | 3,832.25        |
| 67                      | 50.00%                | 116.13                                | 7,780.63        |
| 68                      | 50.00%                | 58.06                                 | 3,948.38        |
| 69                      | 50.00%                | 29.03                                 | 2,003.22        |
| 70                      | 100.00%               | 29.03                                 | <u>2,032.25</u> |
| Total                   |                       | 1,000                                 | 62,215.94       |
| Average Retirement Age: |                       | 62.21594                              |                 |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- The lump sum conversion mortality assumption changed from the 2021 plan year IRC section 417(e)(3) mortality table to the 2022 plan year IRC section 417(e)(3) mortality table.
- The inflation rate assumption changed from 2.50% to 2.20%.
- The retirement rates and termination rates assumptions were adjusted to reflect 100% upon certain plant closures that have been announced by Vistra.

The funding assumption changes did not reduce the funding shortfall more than the thresholds stated in the Internal Revenue Code Section 430(h)(5), so the approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

| Attained<br>Age | Number of Participants    |     |     |       |       |       |       |       |       |     |
|-----------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|                 | Years of Credited Service |     |     |       |       |       |       |       |       |     |
|                 | <1                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25             |                           |     |     |       |       |       |       |       |       |     |
| 25-29           |                           | 2   |     |       |       |       |       |       |       |     |
| 30-34           |                           | 1   | 1   | 2     |       |       |       |       |       |     |
| 35-39           |                           | 2   | 3   | 6     | 2     |       |       |       |       |     |
| 40-44           |                           |     | 5   | 5     | 2     |       |       |       |       |     |
| 45-49           |                           |     | 1   | 5     | 1     | 1     |       |       |       |     |
| 50-54           |                           |     | 6   | 6     | 7     | 1     |       |       |       |     |
| 55-59           |                           |     | 5   | 5     | 5     |       |       | 4     | 2     |     |
| 60-64           |                           | 1   | 1   | 3     | 3     |       | 2     | 3     | 1     |     |
| 65-69           |                           | 1   |     |       |       |       | 1     | 1     |       |     |
| 70+             |                           |     |     |       | 1     |       |       |       |       |     |

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Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

Schedule SB, line 32—Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall    | \$ 9,278,466                 | January 1, 2019  | 12              | \$ 1,001,571             |
| Shortfall    | \$ (7,683,985)               | January 1, 2020  | 13              | \$ (783,327)             |
| Shortfall    | \$ 2,356,606                 | January 1, 2021  | 14              | \$ 228,175               |
| Shortfall    | \$ (1,323,985)               | January 1, 2022  | 15              | \$ (122,351)             |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

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

|                                             |                                                                                                                                                                                       |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA. |
| 1st Segment Rate                            | 4.75%                                                                                                                                                                                 |
| 2nd Segment Rate                            | 5.18%                                                                                                                                                                                 |
| 3rd Segment Rate                            | 5.92%                                                                                                                                                                                 |
| Interest Rates for Maximum Tax Purposes     | Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization.                                                              |
| 1st Segment Rate                            | 1.07%                                                                                                                                                                                 |
| 2nd Segment Rate                            | 2.68%                                                                                                                                                                                 |
| 3rd Segment Rate                            | 3.36%                                                                                                                                                                                 |
| Pay Increase Rates                          | See Table A.                                                                                                                                                                          |
| Inflation Rate                              | 2.20%                                                                                                                                                                                 |
| Cash Balance Interest Crediting Rate        | 3.00%, or the minimum defined in applicable plan provisions.                                                                                                                          |
| Lump Sum Conversion Interest Rates          | Underlying segment rates to determine funding target.                                                                                                                                 |
| Mortality Rates                             |                                                                                                                                                                                       |
| Healthy                                     | 2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85.                                                                        |
| Disabled                                    | Revenue Ruling 96-7 mortality table for disability after December 31, 1994.                                                                                                           |
| Lump Sum Conversion Mortality Rates         | IRS prescribed 417(e) mortality table for the current plan year.                                                                                                                      |
| Retirement Rates <sup>1</sup>               | See Table B.                                                                                                                                                                          |
| Withdrawal Rates <sup>2</sup>               |                                                                                                                                                                                       |

<sup>1</sup> Valuation results as of January 1, 2022, reflect 100% retirement and withdrawal rates assumed for certain plant closures that have been announced by Vistra.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Union Employees 3.50%.  
Management Employees See Table C.

Disability Rates See Table D. 1987 Group Long-Term Disability Study with 6-month elimination period.

Payment Form and Timing of Payment

Active Participants

Lump Sum eligible

Lump sum payable according to the following chart:

| <b>Timing of Payment</b> | <b>Early Retirement Eligible at Term</b> | <b>Not Early Retirement Eligible at Term</b> |
|--------------------------|------------------------------------------|----------------------------------------------|
| Immediate                | 50%                                      | 50%                                          |
| Defer 1 Year             | 50%                                      | 0%                                           |
| Age 60                   | 0%                                       | 50%                                          |

Lump Sum Ineligible

Normal Form of annuity under the Plan at age 62.

Terminated Vested Participants

Lump Sum eligible

Lump sum payable according to the following chart:

| <b>Timing of Payment</b> | <b>Under Age 60</b> | <b>Age 60+</b> |
|--------------------------|---------------------|----------------|
| Immediate                | 10%                 | 90%            |
| Defer 1 Year             | 10%                 | 10%            |
| Age 60                   | 80%                 | N/A            |

Lump Sum Ineligible

Normal form of annuity under the Plan at age 62.

Decrement Timing

Middle of year decrements.

Surviving Spouse Benefit

85% of males and 85% of females have an eligible spouse; males are three years older than their spouses.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$245,000 and the IRC section 401(a)(17) compensation limit of \$305,000.

Valuation of Plan Assets

Fair market value.

Trust Expenses Included in Target Normal Cost

\$316,000. Expenses are equal to the actual prior year administrative expenses less prior year PBGC

<sup>2</sup> Valuation results as of January 1, 2022, reflect 100% retirement and withdrawal rates assumed for certain plant closures that have been announced by Vistra.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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premiums, plus current year PBGC premiums.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1, 2022.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Table A

**Pay Increase Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 6.00%       | 40         | 3.75%       |
| 16         | 6.00%       | 41         | 3.75%       |
| 17         | 6.00%       | 42         | 3.75%       |
| 18         | 6.00%       | 43         | 3.75%       |
| 19         | 6.00%       | 44         | 3.75%       |
| 20         | 6.00%       | 45         | 3.75%       |
| 21         | 6.00%       | 46         | 3.25%       |
| 22         | 6.00%       | 47         | 3.25%       |
| 23         | 6.00%       | 48         | 3.25%       |
| 24         | 6.00%       | 49         | 3.25%       |
| 25         | 6.00%       | 50         | 3.25%       |
| 26         | 4.75%       | 51         | 3.25%       |
| 27         | 4.75%       | 52         | 3.25%       |
| 28         | 4.75%       | 53         | 3.25%       |
| 29         | 4.75%       | 54         | 3.25%       |
| 30         | 4.75%       | 55         | 3.25%       |
| 31         | 4.75%       | 56+        | 3.00%       |
| 32         | 4.75%       |            |             |
| 33         | 4.75%       |            |             |
| 34         | 4.75%       |            |             |
| 35         | 4.75%       |            |             |
| 36         | 3.75%       |            |             |
| 37         | 3.75%       |            |             |
| 38         | 3.75%       |            |             |
| 39         | 3.75%       |            |             |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Table B

**Retirement Rates**

| <b>Age</b> | <b>Union<br/>Employees</b> | <b>Management<br/>Employees</b> |
|------------|----------------------------|---------------------------------|
| 55         | 9.00%                      | 7.00%                           |
| 56         | 5.00%                      | 7.00%                           |
| 57         | 5.00%                      | 7.00%                           |
| 58         | 5.00%                      | 7.00%                           |
| 59         | 15.00%                     | 7.00%                           |
| 60         | 20.00%                     | 15.00%                          |
| 61         | 20.00%                     | 5.00%                           |
| 62         | 25.00%                     | 15.00%                          |
| 63         | 25.00%                     | 5.00%                           |
| 64         | 25.00%                     | 20.00%                          |
| 65         | 25.00%                     | 20.00%                          |
| 66         | 50.00%                     | 20.00%                          |
| 67         | 50.00%                     | 50.00%                          |
| 68         | 50.00%                     | 50.00%                          |
| 69         | 50.00%                     | 50.00%                          |
| 70+        | 100.00%                    | 100.00%                         |

100% retirement assumed in 2022 for all participants to reflect anticipated plant closures

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Table C

**Withdrawal Rates for Management Employees**

| <b>Age</b> | <b>Assumed Increase</b> | <b>Age</b> | <b>Assumed Increase</b> |
|------------|-------------------------|------------|-------------------------|
| 15         | 10.00%                  | 40         | 7.50%                   |
| 16         | 10.00%                  | 41         | 7.50%                   |
| 17         | 10.00%                  | 42         | 7.50%                   |
| 18         | 10.00%                  | 43         | 7.50%                   |
| 19         | 10.00%                  | 44         | 7.50%                   |
| 20         | 10.00%                  | 45         | 6.50%                   |
| 21         | 10.00%                  | 46         | 6.50%                   |
| 22         | 10.00%                  | 47         | 6.50%                   |
| 23         | 10.00%                  | 48         | 6.50%                   |
| 24         | 10.00%                  | 49         | 6.50%                   |
| 25         | 10.00%                  | 50         | 6.00%                   |
| 26         | 10.00%                  | 51         | 6.00%                   |
| 27         | 10.00%                  | 52         | 6.00%                   |
| 28         | 10.00%                  | 53         | 6.00%                   |
| 29         | 10.00%                  | 54         | 6.00%                   |
| 30         | 9.00%                   | 55+        | 6.00%                   |
| 31         | 9.00%                   |            |                         |
| 32         | 9.00%                   |            |                         |
| 33         | 9.00%                   |            |                         |
| 34         | 9.00%                   |            |                         |
| 35         | 8.50%                   |            |                         |
| 36         | 8.50%                   |            |                         |
| 37         | 8.50%                   |            |                         |
| 38         | 8.50%                   |            |                         |
| 39         | 8.50%                   |            |                         |

100% termination rates assumed in 2022 for all participants to reflect anticipated plant closures

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Table D

**Disability Rates**

| Age | Male  | Female | Age | Male  | Female |
|-----|-------|--------|-----|-------|--------|
| 25  | 0.05% | 0.02%  | 50  | 0.17% | 0.20%  |
| 26  | 0.04% | 0.03%  | 51  | 0.19% | 0.23%  |
| 27  | 0.04% | 0.03%  | 52  | 0.22% | 0.24%  |
| 28  | 0.04% | 0.03%  | 53  | 0.24% | 0.26%  |
| 29  | 0.04% | 0.04%  | 54  | 0.27% | 0.28%  |
| 30  | 0.04% | 0.04%  | 55  | 0.30% | 0.29%  |
| 31  | 0.04% | 0.04%  | 56  | 0.33% | 0.32%  |
| 32  | 0.04% | 0.05%  | 57  | 0.36% | 0.34%  |
| 33  | 0.04% | 0.05%  | 58  | 0.40% | 0.37%  |
| 34  | 0.04% | 0.06%  | 59  | 0.43% | 0.40%  |
| 35  | 0.04% | 0.06%  | 60  | 0.47% | 0.42%  |
| 36  | 0.04% | 0.07%  | 61  | 0.51% | 0.45%  |
| 37  | 0.04% | 0.08%  | 62  | 0.56% | 0.48%  |
| 38  | 0.04% | 0.08%  | 63  | 0.60% | 0.51%  |
| 39  | 0.05% | 0.09%  | 64  | 0.65% | 0.54%  |
| 40  | 0.05% | 0.10%  | 65  | 0.69% | 0.57%  |
| 41  | 0.06% | 0.11%  | 66+ | 0.00% | 0.00%  |
| 42  | 0.07% | 0.12%  |     |       |        |
| 43  | 0.07% | 0.13%  |     |       |        |
| 44  | 0.08% | 0.14%  |     |       |        |
| 45  | 0.09% | 0.14%  |     |       |        |
| 46  | 0.11% | 0.16%  |     |       |        |
| 47  | 0.12% | 0.17%  |     |       |        |
| 48  | 0.14% | 0.18%  |     |       |        |
| 49  | 0.15% | 0.20%  |     |       |        |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Schedule SB, Part V—Summary of Plan Provisions

Revised Retirement Plan for Employees of Electric Energy, Inc.

|                          |                                                                                                |
|--------------------------|------------------------------------------------------------------------------------------------|
| <b>Effective Date</b>    | November 1, 1952; restated effective July 2, 2020, and most recently amended December 9, 2020. |
| <b>Covered Employees</b> | Electric Energy, Inc. (EEI).                                                                   |
| <b>Plan Year</b>         | Calendar Year.                                                                                 |

Changes in Plan Provisions Since the Prior Year

- There are no changes in the plan provisions from prior year.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Final Average Pay Formula (frozen for all employees)

**Participation**

Formula was frozen for Union Members who elected to defer coverage under the cash balance formula as of June 30, 2015. These participants are defined as Eligible Electing Members.

For other Union Members, the formula was frozen as of February 29, 2012. These participants are defined as Non-Electing Members.

For Management Members, the formula was frozen as of March 31, 2012. These participants are defined as Converted Members.

**Normal Retirement**

Eligibility

Attainment of age 65.

Benefits

The greater of (a) or (b) below, plus (c):

(a) 1/12 of the sum of (1) and (2) below, minus (3) below:

1. 2% of Final Average Earnings times first 20 years of Credited Service;
2. 1-1/4% of Final Average Earnings times next 25 years of Credited Service;
3. Social Security Offset.

The sum of (1) and (2) is limited to a maximum of 70% of Final Average Earnings.

(b) \$10 plus 0.15% of Participant's contributions, multiplied by first 45 years of Credited Service.

(c) \$10 times Credited Service.

Social Security Offset

50% of annual Primary Insurance Amount under the Federal Social Security Act in effect at the earliest of (A) the annuity starting date or (B) age 62, or (C) the applicable freeze date.

Such percentage shall be reduced by 2% for each year of credited service less than 25 years.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
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**Early Retirement**

Eligibility

Attainment of age 55.

Benefits

The sum of (a) plus (b) below:

(a) Normal Retirement Benefit, where the greater of (a) and (b) is reduced by 1/5 of 1% for each month by which such Early Retirement Date precedes the Member's 62nd birthday. (c) is not reduced for early retirement.

(b) Social Security Supplement equal to #3 from Normal Retirement Benefit, reduced by 1/5 of 1% for each month by which the Early Retirement Date precedes the Member's 62nd birthday. The Social Security Supplement is paid until age 62.

**Vested Terminations**

Eligibility

A Participant who terminates employment on or after his or her Normal Retirement Age or by reason of death or disability shall be deemed to have a 100% Vested Interest. All other terminations are determined based on the following schedule:

| <b>Years of Vesting<br/>Service</b> | <b>Vested<br/>Interest</b> |
|-------------------------------------|----------------------------|
| Less than 1 year                    | 0%                         |
| 1 year                              | 33%                        |
| 2 years                             | 67%                        |
| 3 years or more                     | 100%                       |

Benefits

Normal retirement benefit, reduced by 1/5 of 1% for each month by which commencement date precedes age 62; and further reduced actuarially for each month by which the commencement date precedes age 55.

**Disability Retirement**

Eligibility

15 years of Credited Service, and qualifies for the Company's long-term disability plan and the Federal Social Security Act.

Benefits

Continued benefit accruals during disability using Earnings at disability.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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**Death Benefits for Participants in Active Service**

**Eligibility**

Basic Vested non-disabled employee under age 55.

Enhanced Employee over age 55 or disabled.

**Benefit**

Basic 50% of the amount the Participant would have received if separated from service on date of death, survived to age 55, and retired with a benefit in the form of a 50% Joint and Survivor Annuity, without any reduction for early retirement. This benefit is payable at the date the participant would have attained age 55.

Enhanced The greater of (a) and (b) below:

(a) 50% of the normal retirement benefit with the percentage reduced by 1% for each full year by which the spouse is younger than the Participant, or increased by 1% for each full year older than the Participant, without any reduction for early retirement.

(b) 50% of the amount the Participant would have received had such benefit been paid in the form of a 50% Joint and Survivor annuity had such Participant retired on the day preceding death, without any reduction for early retirement.

**Normal Form of Payment**

Single life annuity for single participants. 50% qualified joint and survivor annuity for married participants.

**Optional Forms of Payment**

Actuarially equivalent amounts may be paid in any of the following forms:

- Single Life Annuity
- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- Age 62 Level Income Option
- Lump Sum (only for eligible participants)

**Employee Contributions**

No employee contributions are required or allowed.

**Actuarial Equivalence**

Specified in Appendix A of the plan document.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Cash Balance Benefit Formula

**Participation**

Effective January 1, 2016, each Employee who becomes employed by Electric Energy, Inc. shall automatically become a Participant effective as of the first day of the month coinciding with or next following the date the Employee is first credited with an Hour of Service.

Effective December 31, 2018, participation and benefit accruals were frozen for all Management Employees.

**Opening Balance**

The Frozen Accrued Benefit multiplied by 125 and discounted back from age 65 to the age at conversion at 6%. Conversion dates are as follows:

June 30, 2015, for Union Members who elected to defer conversion.

February 29, 2012, for Union Members who did not elect to defer conversion.

March 31, 2012, for Management Members.

**Initial Credit**

The initial credit is as follows:

\$0 for Union Members who elected to defer conversion.

\$6,500 for Union Members who did not elect to defer conversion.

\$6,500 for Management Members.

**Transition Contribution Accruals**

The transition credits will be paid as follows:

Management Members active on March 31, 2012, will receive transition credits through December 31, 2013, as follows:

| <b>Age at End of<br/>Plan Year</b> | <b>Percent of<br/>Compensation</b> |
|------------------------------------|------------------------------------|
| Less than 35                       | 4%                                 |
| 35 – 44                            | 6%                                 |
| 45 – 49                            | 8%                                 |
| 50 – 54                            | 7%                                 |
| 55 and over                        | 6%                                 |

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All Union Members active on February 29, 2012, will receive transition credits through February 28, 2018. The credits are as follows:

| <b>Age at End of<br/>Plan Year</b> | <b>Percent of<br/>Compensation</b> |
|------------------------------------|------------------------------------|
| Less than 30                       | 3%                                 |
| 30 – 34                            | 4%                                 |
| 35 – 39                            | 5%                                 |
| 40 and over                        | 6%                                 |

**Pay Credits**

Participants will receive annual credits to the cash balance account at the end of each plan year equal to 6% of Base Compensation.

Effective December 31, 2018, no future pay credits are credited to Management Members' cash balance accounts.

**Interest Credit Accruals**

Participants will receive interest credits at the end of each plan year based on the cash balance account as of the beginning of the year. Partial interest shall be credited for the year in which a Participant commences their benefit on the last day of the month prior to commencement.

The interest crediting rate applicable to the Opening Balance and Pay Credits earned prior to January 1, 2014, for Management Members and January 1, 2016, for Union Members is equal to the greater of (1) the average 30-year Treasury bond yield for the month of August preceding the first day of the plan year and (2) 5.00%. Prior to April 1, 2018, (1) was the average 30-year Treasury bond yield for the month of October preceding the first day of the plan year.

The interest crediting rate applicable to Pay Credits earned after December 31, 2013, for Management Members and after December 31, 2015, for Union Members is equal to the average 30-year Treasury bond yield for the month of August preceding the first day of the plan year, not less than 5% for Union Members. Prior to April 1, 2018, The average 30-year Treasury bond yield for the month of October preceding the first day of the plan year was used.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
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**Vesting**

A Participant who terminates employment on or after his or her Normal Retirement Age or by reason of death or disability shall be deemed to have a 100% Vested Interest. All other terminations are determined based on the following schedule:

| <b>Years of Vesting Service</b> | <b>Vested Interest</b> |
|---------------------------------|------------------------|
| Less than 1 year                | 0%                     |
| 1 year                          | 33%                    |
| 2 years                         | 67%                    |
| 3 years or more                 | 100%                   |

**Normal Retirement**

Eligibility

Attainment of age 65.

Benefits

The sum of (a) plus (b) plus (c) plus (d) below:

(a) The greater of (1) or (2) below:

1. Frozen Accrued Benefit based on Final Average Pay Formula.
2. Opening account balance with applicable interest credits.

(b) Initial credit with applicable interest credits.

(c) Pay credits with applicable interest credits.

(d) Transition credits with applicable interest credits.

**Early Retirement**

Eligibility

Any participant with Vested Interest.

Benefits

Same as normal retirement benefit, with reductions for early commencement as described in the Final Average Pay Formula section for the Frozen Accrued Benefit.

**Vested Terminations**

Eligibility

Any participant with Vested Interest.

Benefits

Same as normal retirement benefit, with reductions for early commencement as described in the Final Average Pay Formula section for the Frozen Accrued Benefit.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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**Disability Retirement**

Eligibility

Any participant with Vested Interest.

Benefits

Same as normal retirement benefit with continued accruals during disability, using Base Compensation at disability.

**Death Benefits**

Eligibility

Any participant with Vested Interest.

Benefits

Same as normal retirement benefit, with reductions for early commencement as described in the Final Average Pay Formula section for the Frozen Accrued Benefit.

**Normal Form of Payment**

Single life annuity for single participants. 50% qualified joint and survivor annuity for married participants.

**Optional Forms of Payment**

Actuarially equivalent amounts may be paid in any of the following forms:

- Single Life Annuity
- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- Age 62 Level Income Option
- Lump Sum

**Employee Contributions**

No employee contributions are required or allowed.

**Actuarial Equivalence**

Specified in Appendix A of the plan document.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Definitions

|                          |                                                                                                                                                                                                                                                                                                                                            |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Choice-Eligible Member   | Choice-Eligible Member means a Union Member who attains age 55 on or before February 29, 2012, who is a Union Employee on February 29, 2012, and who is credited with an Hour of Service on or after March 1, 2012.                                                                                                                        |
| Converted Member         | Converted Member means (1) a Participant on March 31, 2012 who is either a Management Member or a Disabled Member, or (2) a Transferred Electing Member (as this latter term is defined in Section 1.58 of Part II of the EEI Plan).                                                                                                       |
| Credited Service         | One year of Credited Service will be earned for each Plan Year for which the Participant earns at least 1,000 Hours of Service. For each Plan Year during which an employee completes fewer than 1,000 Hours of Service, a fraction of a year of Credited Service shall be credited.                                                       |
| Eligible Electing Member | Eligible Electing Member means a Choice-Eligible Member who elects the Deferred Cash Balance Option.                                                                                                                                                                                                                                       |
| Non-Electing Member      | Non-Electing Member means (1) a Choice-Eligible Member who does not elect the Deferred Cash Balance Option described in Section 5.9 of the EEI Plan, and (2) a member who is not a Choice-Eligible Member and who, on February 29, 2012 is a Union Employee or a Disabled Member.                                                          |
| Pre-Cash Balance Member  | Pre-Cash Balance Member means a member who has a Frozen Accrued Benefit but is not an Employee (or disabled) on the Applicable Freeze Date or the Applicable Cash Balance Date and for whom an Opening Balance Account is not required to be established.                                                                                  |
| Post-Cash Balance Member | Post-Cash Balance Member means (1) a member who first becomes a Participant on or after March 1, 2012 and (2) any other member who is credited with an Hour of Service on or after the Applicable Cash Balance Date, who does not have a Frozen Accrued Benefit, and for whom an Opening Balance Amount is not required to be established. |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Vesting Service

One year of Vesting Service will be earned for each Plan Year for which the Participant earns at least 1,000 Hours of Service. For each Plan Year during which an employee completes fewer than 1,000 Hours of Service, a fraction of a year of Vesting Service shall be credited.

Final Average Earnings/Earnings

For purposes of the frozen Final Average Pay formula benefit, this is the average of the highest four consecutive 12-month periods out of the last ten consecutive 12-month periods. Pensionable earnings are basic annual or hourly compensation paid to the participant (plus elective contributions not includible in the participant's gross income under Section 125 or Section 402(e)(3) of the Internal Revenue Code). Pensionable earnings are limited by Internal Revenue Code Section 401(a)(17).

Base Compensation

Base Compensation for purposes of determining the amount of a Participant's Pay Credit added to the Cash Balance Account means the basic annual or hourly compensation, as applicable, received from EEI for services during the Plan Year, plus elective contributions (if any) under Section 125 or Section 402(e)(3) of the IRC. Pensionable earnings are limited by Internal Revenue Code Section 401(a)(17). Prior to 2014, pensionable earnings for cash balance accruals for Management Members included premium pay, overtime pay, bonuses and earned vacation pay.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The Revised Retirement Plan for Employees of Electric Energy Inc. was merged into the Dynegy Pension Plan (36-4833461/003) effective December 31, 2022. As a result, this is the final Form 5500 Schedule SB filing for the plan.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

**Weighted Average Retirement Age**

| <b>Group</b>                      | <b>Count</b> | <b>Average</b> |
|-----------------------------------|--------------|----------------|
| Union                             | 74           | 60.99          |
| Management                        | 24           | 62.22          |
|                                   |              | 61.29          |
| <b>Final Weighted Average Age</b> |              | <b>61</b>      |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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**Union Participants**

| <b>Retirement<br/>Age</b>  | <b>Retirement<br/>Percentage</b> | <b>Number of<br/>Employees<br/>Retired<br/>Per 1,000</b> | <b>Weighted Age</b> |
|----------------------------|----------------------------------|----------------------------------------------------------|---------------------|
| 55                         | 9.00%                            | 90                                                       | 4,950.00            |
| 56                         | 5.00%                            | 45.50                                                    | 2,548.00            |
| 57                         | 5.00%                            | 43.23                                                    | 2,463.83            |
| 58                         | 5.00%                            | 41.06                                                    | 2,381.70            |
| 59                         | 15.00%                           | 117.03                                                   | 6,904.87            |
| 60                         | 20.00%                           | 132.64                                                   | 7,958.15            |
| 61                         | 20.00%                           | 106.11                                                   | 6,472.63            |
| 62                         | 25.00%                           | 106.11                                                   | 6,578.74            |
| 63                         | 25.00%                           | 79.58                                                    | 5,013.64            |
| 64                         | 25.00%                           | 59.69                                                    | 3,819.91            |
| 65                         | 25.00%                           | 44.76                                                    | 2,909.70            |
| 66                         | 50.00%                           | 67.15                                                    | 4,431.70            |
| 67                         | 50.00%                           | 33.57                                                    | 2,249.42            |
| 68                         | 50.00%                           | 16.78                                                    | 1,141.50            |
| 69                         | 50.00%                           | 8.39                                                     | 579.14              |
| 70                         | 100.00%                          | 8.39                                                     | <u>587.54</u>       |
| Total                      |                                  | 1,000                                                    | 60,990.47           |
| Average Retirement<br>Age: |                                  | 60.99047                                                 |                     |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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| Management Participants |                       |                                       |                 |
|-------------------------|-----------------------|---------------------------------------|-----------------|
| Retirement Age          | Retirement Percentage | Number of Employees Retired Per 1,000 | Weighted Age    |
| 55                      | 7.00%                 | 70.00                                 | 3,850.00        |
| 56                      | 7.00%                 | 65.10                                 | 3,645.60        |
| 57                      | 7.00%                 | 60.54                                 | 3,450.95        |
| 58                      | 7.00%                 | 56.30                                 | 3,265.69        |
| 59                      | 7.00%                 | 52.36                                 | 3,089.45        |
| 60                      | 15.00%                | 104.35                                | 6,261.20        |
| 61                      | 5.00%                 | 29.57                                 | 1,803.57        |
| 62                      | 15.00%                | 84.27                                 | 5,224.45        |
| 63                      | 5.00%                 | 23.88                                 | 1,504.13        |
| 64                      | 20.00%                | 90.73                                 | 5,806.44        |
| 65                      | 20.00%                | 72.58                                 | 4,717.73        |
| 66                      | 20.00%                | 58.06                                 | 3,832.25        |
| 67                      | 50.00%                | 116.13                                | 7,780.63        |
| 68                      | 50.00%                | 58.06                                 | 3,948.38        |
| 69                      | 50.00%                | 29.03                                 | 2,003.22        |
| 70                      | 100.00%               | 29.03                                 | <u>2,032.25</u> |
| Total                   |                       | 1,000                                 | 62,215.94       |
| Average Retirement Age: |                       | 62.21594                              |                 |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Schedule SB, Part V—Summary of Plan Provisions

Revised Retirement Plan for Employees of Electric Energy, Inc.

**Effective Date** November 1, 1952; restated effective July 2, 2020, and most recently amended December 9, 2020.

**Covered Employees** Electric Energy, Inc. (EEI).

**Plan Year** Calendar Year.

Changes in Plan Provisions Since the Prior Year

- There are no changes in the plan provisions from prior year.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

Final Average Pay Formula (frozen for all employees)

**Participation**

Formula was frozen for Union Members who elected to defer coverage under the cash balance formula as of June 30, 2015. These participants are defined as Eligible Electing Members.

For other Union Members, the formula was frozen as of February 29, 2012. These participants are defined as Non-Electing Members.

For Management Members, the formula was frozen as of March 31, 2012. These participants are defined as Converted Members.

**Normal Retirement**

Eligibility

Attainment of age 65.

Benefits

The greater of (a) or (b) below, plus (c):

(a) 1/12 of the sum of (1) and (2) below, minus (3) below:

1. 2% of Final Average Earnings times first 20 years of Credited Service;
2. 1-1/4% of Final Average Earnings times next 25 years of Credited Service;
3. Social Security Offset.

The sum of (1) and (2) is limited to a maximum of 70% of Final Average Earnings.

(b) \$10 plus 0.15% of Participant's contributions, multiplied by first 45 years of Credited Service.

(c) \$10 times Credited Service.

Social Security Offset

50% of annual Primary Insurance Amount under the Federal Social Security Act in effect at the earliest of (A) the annuity starting date or (B) age 62, or (C) the applicable freeze date.

Such percentage shall be reduced by 2% for each year of credited service less than 25 years.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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**Early Retirement**

Eligibility

Attainment of age 55.

Benefits

The sum of (a) plus (b) below:

(a) Normal Retirement Benefit, where the greater of (a) and (b) is reduced by 1/5 of 1% for each month by which such Early Retirement Date precedes the Member's 62nd birthday. (c) is not reduced for early retirement.

(b) Social Security Supplement equal to #3 from Normal Retirement Benefit, reduced by 1/5 of 1% for each month by which the Early Retirement Date precedes the Member's 62nd birthday. The Social Security Supplement is paid until age 62.

**Vested Terminations**

Eligibility

A Participant who terminates employment on or after his or her Normal Retirement Age or by reason of death or disability shall be deemed to have a 100% Vested Interest. All other terminations are determined based on the following schedule:

| <b>Years of Vesting<br/>Service</b> | <b>Vested<br/>Interest</b> |
|-------------------------------------|----------------------------|
| Less than 1 year                    | 0%                         |
| 1 year                              | 33%                        |
| 2 years                             | 67%                        |
| 3 years or more                     | 100%                       |

Benefits

Normal retirement benefit, reduced by 1/5 of 1% for each month by which commencement date precedes age 62; and further reduced actuarially for each month by which the commencement date precedes age 55.

**Disability Retirement**

Eligibility

15 years of Credited Service, and qualifies for the Company's long-term disability plan and the Federal Social Security Act.

Benefits

Continued benefit accruals during disability using Earnings at disability.

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Revised Retirement Plan for Employees of Electric Energy, Inc.  
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**Death Benefits for Participants in Active Service**

**Eligibility**

Basic Vested non-disabled employee under age 55.

Enhanced Employee over age 55 or disabled.

**Benefit**

Basic 50% of the amount the Participant would have received if separated from service on date of death, survived to age 55, and retired with a benefit in the form of a 50% Joint and Survivor Annuity, without any reduction for early retirement. This benefit is payable at the date the participant would have attained age 55.

Enhanced The greater of (a) and (b) below:

(a) 50% of the normal retirement benefit with the percentage reduced by 1% for each full year by which the spouse is younger than the Participant, or increased by 1% for each full year older than the Participant, without any reduction for early retirement.

(b) 50% of the amount the Participant would have received had such benefit been paid in the form of a 50% Joint and Survivor annuity had such Participant retired on the day preceding death, without any reduction for early retirement.

**Normal Form of Payment**

Single life annuity for single participants. 50% qualified joint and survivor annuity for married participants.

**Optional Forms of Payment**

Actuarially equivalent amounts may be paid in any of the following forms:

- Single Life Annuity
- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- Age 62 Level Income Option
- Lump Sum (only for eligible participants)

**Employee Contributions**

No employee contributions are required or allowed.

**Actuarial Equivalence**

Specified in Appendix A of the plan document.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

Cash Balance Benefit Formula

**Participation**

Effective January 1, 2016, each Employee who becomes employed by Electric Energy, Inc. shall automatically become a Participant effective as of the first day of the month coinciding with or next following the date the Employee is first credited with an Hour of Service.

Effective December 31, 2018, participation and benefit accruals were frozen for all Management Employees.

**Opening Balance**

The Frozen Accrued Benefit multiplied by 125 and discounted back from age 65 to the age at conversion at 6%. Conversion dates are as follows:

June 30, 2015, for Union Members who elected to defer conversion.

February 29, 2012, for Union Members who did not elect to defer conversion.

March 31, 2012, for Management Members.

**Initial Credit**

The initial credit is as follows:

\$0 for Union Members who elected to defer conversion.

\$6,500 for Union Members who did not elect to defer conversion.

\$6,500 for Management Members.

**Transition Contribution Accruals**

The transition credits will be paid as follows:

Management Members active on March 31, 2012, will receive transition credits through December 31, 2013, as follows:

| <b>Age at End of<br/>Plan Year</b> | <b>Percent of<br/>Compensation</b> |
|------------------------------------|------------------------------------|
| Less than 35                       | 4%                                 |
| 35 – 44                            | 6%                                 |
| 45 – 49                            | 8%                                 |
| 50 – 54                            | 7%                                 |
| 55 and over                        | 6%                                 |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

All Union Members active on February 29, 2012, will receive transition credits through February 28, 2018. The credits are as follows:

| <b>Age at End of<br/>Plan Year</b> | <b>Percent of<br/>Compensation</b> |
|------------------------------------|------------------------------------|
| Less than 30                       | 3%                                 |
| 30 – 34                            | 4%                                 |
| 35 – 39                            | 5%                                 |
| 40 and over                        | 6%                                 |

**Pay Credits**

Participants will receive annual credits to the cash balance account at the end of each plan year equal to 6% of Base Compensation.

Effective December 31, 2018, no future pay credits are credited to Management Members' cash balance accounts.

**Interest Credit Accruals**

Participants will receive interest credits at the end of each plan year based on the cash balance account as of the beginning of the year. Partial interest shall be credited for the year in which a Participant commences their benefit on the last day of the month prior to commencement.

The interest crediting rate applicable to the Opening Balance and Pay Credits earned prior to January 1, 2014, for Management Members and January 1, 2016, for Union Members is equal to the greater of (1) the average 30-year Treasury bond yield for the month of August preceding the first day of the plan year and (2) 5.00%. Prior to April 1, 2018, (1) was the average 30-year Treasury bond yield for the month of October preceding the first day of the plan year.

The interest crediting rate applicable to Pay Credits earned after December 31, 2013, for Management Members and after December 31, 2015, for Union Members is equal to the average 30-year Treasury bond yield for the month of August preceding the first day of the plan year, not less than 5% for Union Members. Prior to April 1, 2018, The average 30-year Treasury bond yield for the month of October preceding the first day of the plan year was used.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
EIN: 36-4833461 PN: 004

**Vesting**

A Participant who terminates employment on or after his or her Normal Retirement Age or by reason of death or disability shall be deemed to have a 100% Vested Interest. All other terminations are determined based on the following schedule:

| <b>Years of Vesting Service</b> | <b>Vested Interest</b> |
|---------------------------------|------------------------|
| Less than 1 year                | 0%                     |
| 1 year                          | 33%                    |
| 2 years                         | 67%                    |
| 3 years or more                 | 100%                   |

**Normal Retirement**

Eligibility

Attainment of age 65.

Benefits

The sum of (a) plus (b) plus (c) plus (d) below:

(a) The greater of (1) or (2) below:

1. Frozen Accrued Benefit based on Final Average Pay Formula.
2. Opening account balance with applicable interest credits.

(b) Initial credit with applicable interest credits.

(c) Pay credits with applicable interest credits.

(d) Transition credits with applicable interest credits.

**Early Retirement**

Eligibility

Any participant with Vested Interest.

Benefits

Same as normal retirement benefit, with reductions for early commencement as described in the Final Average Pay Formula section for the Frozen Accrued Benefit.

**Vested Terminations**

Eligibility

Any participant with Vested Interest.

Benefits

Same as normal retirement benefit, with reductions for early commencement as described in the Final Average Pay Formula section for the Frozen Accrued Benefit.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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**Disability Retirement**

Eligibility

Any participant with Vested Interest.

Benefits

Same as normal retirement benefit with continued accruals during disability, using Base Compensation at disability.

**Death Benefits**

Eligibility

Any participant with Vested Interest.

Benefits

Same as normal retirement benefit, with reductions for early commencement as described in the Final Average Pay Formula section for the Frozen Accrued Benefit.

**Normal Form of Payment**

Single life annuity for single participants. 50% qualified joint and survivor annuity for married participants.

**Optional Forms of Payment**

Actuarially equivalent amounts may be paid in any of the following forms:

- Single Life Annuity
- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- Age 62 Level Income Option
- Lump Sum

**Employee Contributions**

No employee contributions are required or allowed.

**Actuarial Equivalence**

Specified in Appendix A of the plan document.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Definitions

|                          |                                                                                                                                                                                                                                                                                                                                            |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Choice-Eligible Member   | Choice-Eligible Member means a Union Member who attains age 55 on or before February 29, 2012, who is a Union Employee on February 29, 2012, and who is credited with an Hour of Service on or after March 1, 2012.                                                                                                                        |
| Converted Member         | Converted Member means (1) a Participant on March 31, 2012 who is either a Management Member or a Disabled Member, or (2) a Transferred Electing Member (as this latter term is defined in Section 1.58 of Part II of the EEI Plan).                                                                                                       |
| Credited Service         | One year of Credited Service will be earned for each Plan Year for which the Participant earns at least 1,000 Hours of Service. For each Plan Year during which an employee completes fewer than 1,000 Hours of Service, a fraction of a year of Credited Service shall be credited.                                                       |
| Eligible Electing Member | Eligible Electing Member means a Choice-Eligible Member who elects the Deferred Cash Balance Option.                                                                                                                                                                                                                                       |
| Non-Electing Member      | Non-Electing Member means (1) a Choice-Eligible Member who does not elect the Deferred Cash Balance Option described in Section 5.9 of the EEI Plan, and (2) a member who is not a Choice-Eligible Member and who, on February 29, 2012 is a Union Employee or a Disabled Member.                                                          |
| Pre-Cash Balance Member  | Pre-Cash Balance Member means a member who has a Frozen Accrued Benefit but is not an Employee (or disabled) on the Applicable Freeze Date or the Applicable Cash Balance Date and for whom an Opening Balance Account is not required to be established.                                                                                  |
| Post-Cash Balance Member | Post-Cash Balance Member means (1) a member who first becomes a Participant on or after March 1, 2012 and (2) any other member who is credited with an Hour of Service on or after the Applicable Cash Balance Date, who does not have a Frozen Accrued Benefit, and for whom an Opening Balance Amount is not required to be established. |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Vesting Service

One year of Vesting Service will be earned for each Plan Year for which the Participant earns at least 1,000 Hours of Service. For each Plan Year during which an employee completes fewer than 1,000 Hours of Service, a fraction of a year of Vesting Service shall be credited.

Final Average Earnings/Earnings

For purposes of the frozen Final Average Pay formula benefit, this is the average of the highest four consecutive 12-month periods out of the last ten consecutive 12-month periods. Pensionable earnings are basic annual or hourly compensation paid to the participant (plus elective contributions not includible in the participant's gross income under Section 125 or Section 402(e)(3) of the Internal Revenue Code). Pensionable earnings are limited by Internal Revenue Code Section 401(a)(17).

Base Compensation

Base Compensation for purposes of determining the amount of a Participant's Pay Credit added to the Cash Balance Account means the basic annual or hourly compensation, as applicable, received from EEI for services during the Plan Year, plus elective contributions (if any) under Section 125 or Section 402(e)(3) of the IRC. Pensionable earnings are limited by Internal Revenue Code Section 401(a)(17). Prior to 2014, pensionable earnings for cash balance accruals for Management Members included premium pay, overtime pay, bonuses and earned vacation pay.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The Revised Retirement Plan for Employees of Electric Energy Inc. was merged into the Dynegy Pension Plan (36-4833461/003) effective December 31, 2022. As a result, this is the final Form 5500 Schedule SB filing for the plan.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Schedule SB, line 32—Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall    | \$ 9,278,466                 | January 1, 2019  | 12              | \$ 1,001,571             |
| Shortfall    | \$ (7,683,985)               | January 1, 2020  | 13              | \$ (783,327)             |
| Shortfall    | \$ 2,356,606                 | January 1, 2021  | 14              | \$ 228,175               |
| Shortfall    | \$ (1,323,985)               | January 1, 2022  | 15              | \$ (122,351)             |

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Revised Retirement Plan for Employees of Electric Energy, Inc.  
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- The lump sum conversion mortality assumption changed from the 2021 plan year IRC section 417(e)(3) mortality table to the 2022 plan year IRC section 417(e)(3) mortality table.
- The inflation rate assumption changed from 2.50% to 2.20%.
- The retirement rates and termination rates assumptions were adjusted to reflect 100% upon certain plant closures that have been announced by Vistra.

The funding assumption changes did not reduce the funding shortfall more than the thresholds stated in the Internal Revenue Code Section 430(h)(5), so the approval of the Commissioner is not required.