Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

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:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES

1b Three-digit plan number (PN) ▶ 011

1c Effective date of plan 01/01/1979

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SEMCO ENERGY, INC.

1411 THIRD STREET, SUITE A
PORT HURON, MI 48060

2b Employer Identification Number (EIN)
38-2144267

2c Plan Sponsor's telephone number
810-987-2200

2d Business code (see instructions)
221210

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.	10/13/2023	MARK A MOSES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	254
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	88
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	65
b	Retired or separated participants receiving benefits	**6b**	93
c	Other retired or separated participants entitled to future benefits	**6c**	75
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	233
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	15
f	Total. Add lines **6d** and **6e**.	**6f**	248
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 011

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

D Employer Identification Number (EIN)
38-2144267

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	**2a**	50737185
b Actuarial value	**2b**	47745269

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	93	17374066	17374066
b For terminated vested participants	82	4627201	4627201
c For active participants	76	14532801	15251139
d Total	251	36534068	37252406

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.50 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	651760
b Expected plan-related expenses	**6b**	112194
c Total (line 6a + line 6b)	**6c**	763954

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/06/2023
Date

CHRISTOPHER RICHMOND
Type or print name of actuary

23-08687
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

248-936-7700
Telephone number (including area code)

26555 EVERGREEN ROAD, SUITE 1600
SOUTHFIELD, MI 48076
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4125188	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	4125188	0
10	Interest on line 9 using prior year's actual return of 11.11 %	458308	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.67 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	4583496	0

Part III Funding Percentages

14	Funding target attainment percentage	14	115.86 %
15	Adjusted funding target attainment percentage	15	128.16 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	118.41 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)		18(c)

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	763954
b Excess assets, if applicable, but not greater than line 31a	**31b**	763954

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
SEMCO ENERGY, INC.

D Employer Identification Number (EIN)
38-2144267

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FUNDAMENTAL INVESTORS INC.
ONE MARKET, STEUART TOWER
P.O. BOX 7650
SAN FRANCISCO, CA 94120-7650

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

THE GROWTH FUND OF AMERICA, INC.
ONE MARKET, STEUART TOWER
SUITE 1800
SAN FRANCISCO, CA 94105-1409

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

EUROPACIFIC GROWTH FUND
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

THE GOLDMAN SACHS TRUST COMPANY, NA
ONE NEW YORK PLAZA
NEW YORK, NY 10004

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

T ROWE PRICE MID-CAP GROWTH FD, INC

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD INDEX FUNDS

P.O. BOX 2600
VALLEY FORGE, PA 19482

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

PIMCO INVESTMENTS LLC

1633 BROADWAY
NEW YORK, NY 10019

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

LORD ABBETT INVESTMENT TRUST

90 HUDSON STREET
JERSEY CITY, NJ 07302

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

JP MORGAN TRUST II

245 PARK AVENUE
NEW YORK, NY 10167

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

LOOMIS SAYLES FUNDS II (NATIXIS)

P.O. BOX 219579
KANSAS CITY, MO 64121-9579

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

TOUCHSTONE STRATEGIC TRUST

303 BROADWAY, SUITE 1100
CINCINNATI, OH 45202

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

VANGUARD FIXED INCOME SECURITIES

P.O. BOX 2600 V26
VALLEY FORGE, PA 19482

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

VANGUARD TRUSTEES EQUITY

P.O. BOX 2600
VALLEY FORGE, PA 19482

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

AIM INVESTMENT FUNDS

11 GREENWAY PLAZA
SUITE 100
HOUSTON, TX 77046

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

VANGUARD FENWAY

PO BOX 2600 V26
VALLEY FORGE, PA 19482

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

NEW WORLD FUND INC

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1447

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

T. ROWE PRICE INTERNATIONAL FD, INC

100 EAST PRATT STREET
BALTIMORE, MD 21202

(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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	20838	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

COMERICA BANK

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 28 49 59 62 72 99	DIRECTED TRUSTEE	12030	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

SCHWARTZ & CO.

38-2117812

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	17314	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	PLAN AUDITOR	18501	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: MELISSA MAYEA
b EIN: 53-0181291
c Position: ACTUARY
d Address: 26555 EVERGREEN RD, SUITE 1600
SOUTHFIELD, MI 48076
e Telephone: 248-936-7700

Explanation: CHANGE IN ACTUARY USED

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
SEMCO ENERGY, INC.

D Employer Identification Number (EIN)
38-2144267

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	127011	155704
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	59051	35073
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	50597020	40875231
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	50783082	41066008
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	110842	101043
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	110842	101043
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	50672240	40964965

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-7974422
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-7974422
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1625742	
(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)		1625742
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)	39339	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	17314	
(4) Other	2i(4)	50458	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		107111
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1732853
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-9707275
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BDO USA, P.C. **(2)** EIN: 13-5381590

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 477607.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
SEMCO ENERGY, INC.

D Employer Identification Number (EIN)
38-2144267

Part I Distributions

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

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

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

EIN(s): 42-1741646

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

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

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

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

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

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

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

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	0
b	Enter the amount contributed by the employer to the plan for this plan year	6b	0
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2022
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	38-2144267	PN	011

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES						
Plan Year Begin Date	01/01/2022	**Plan Year End Date**	12/31/2022	**EIN**	38-2144267	**PN**	011

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES						
Plan Year Begin Date	01/01/2022	**Plan Year End Date**	12/31/2022	**EIN**	38-2144267	**PN**	011

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Tel: 248-362-2100
Fax: 248-362-4459
www.bdo.com

2600 West Big Beaver, Suite 600
Troy, MI 48084

Independent Auditor's Report

To the Plan Administrator
SEMCO Energy, Inc. ENSTAR Natural Gas Company Retirement Plan for
Operating Unit Employees and Clerical Unit Employees
Port Huron, Michigan

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

We have performed audits of the financial statements of ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees (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). 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 year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Opinion

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

- 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 (GAAP).
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year) as of December 31, 2022, and Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2022 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such

information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or are derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BDO USA, P.C.

October 13, 2023

Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0073

Notice	CP216F
Notice date	June 5, 2023
Employer ID number	38-2144267
Tax period	December 31, 2022
Form	5500/8955-SSA
Plan number	011
To contact us	Phone 877-829-5500

002893.322446.216333.25008 1 MB 0.531 371

SEMCO ENERGY INC
%MARK A MOSES
1411 3RD ST STE A
PORT HURON MI 48060-5480

002893

We approved your request for an extension of time to file your return

File your return by OCT. 16, 2023

paid

We approved your Form 5558, Application For Extension of Time To File Certain Employee Plan Returns, for a Form 5500 series return and/or Form 8955-SSA for plan number 011.

Your return is now due OCT. 16, 2023.

What you need to do

- You must file your return by OCT. 16, 2023.
- Keep a copy of this notice for your records.
- If you already filed your return for plan number 011 for the tax period ending December 31, 2022, you can disregard this notice.
- If a tax practitioner or someone else will prepare your return, you should give him or her a copy of this notice.
- Do not attach a copy of this notice to your return.

Additional information

- Visit www.irs.gov/cp216f.
- You can find more information about requesting extensions of time to file on our website at www.irs.gov, search term "retirement plan extension of time."
- For tax forms, instructions, and publications, visit www.irs.gov or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0073

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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

SEMCO Energy, Inc.

EIN/PN

38-2144267/011

Interest rate basis:

Applicable month:	September
Interest Rate Basis:	3-Segment Rates

Interest Rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
First segment rate	4.75%	1.07%
Second segment rate	5.18%	2.68%
Third segment rate	5.92%	3.36%
Effective interest rate	5.50%	3.02%

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

Inclusion Date	The valuation date coincident with or next following the date on which the employee becomes a participant.
Plan-related expenses	The amount included this year for plan related expenses is $112,194.

SCHEDULE SB ATTACHMENTS

Mortality

For non-disabled participants: Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with generational projection using Scale MP-2020) and annuitants (based on RP 2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with generational projection using Scale MP-2020.

For disabled participants: Same assumption as healthy participants.

Retirement

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

Percentage retiring during the year		
Age	**Terminated Vested Participants**	**Active Participants**
55 – 61	2%	2%
62	25%	30%
63 – 64	10%	15%
65	75%	40%
66 - 69	100%	40%
70	100%	100%

Disability rates

None.

Compensation increases

Not Applicable.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. No provision is made for future increases in the maximum annual benefit.

SCHEDULE SB ATTACHMENTS

Termination

Representative termination rates (per 100 employees) not due to disability, retirement or mortality

Attained Age	Percentage leaving during the year
20	8.2%
25	7.9%
30	7.6%
35	7.0%
40	6.3%
45	5.3%
50	3.7%
55	1.4%
60 & over	0.1%

Form of payment

Participants are assumed to elect the normal form (life annuity if single and 50% joint and survivor if married).

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 65% of eligible male participants and 55% of eligible female participants are assumed to be married, and male spouses are assumed to be 2 years older than female spouses.

Employees

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

Plan compensation

Not applicable.

Methods

Valuation date

First day of plan year

Funding target

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

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Asset method	Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.11%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.00%, and the applicable limitation for the plan year, equal to 6.11%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 5.94%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.05%, and the applicable limitation for the plan year, equal to 5.94%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.3. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of the year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For

	retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Participant data	Participant data was supplied by the employer as of the census date.
Tax policy	The actuarial valuation performed for the plan year ending December 31, 2022 is used to determine the maximum deductible contribution for the tax year ending December 31, 2022.
Benefits not included in valuation	None.

Sources of Data and Other information

The plan sponsor furnished participant data as of 1/1/2022. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Form of Payment	The percentage of retiring participants assumed to take joint and survivor annuities is based on observed and expected experience, including the 2021 experience study. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Percent married	The assumed percentage married is based on observed and anticipated future experience, including the 2021 experience study. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Spouse age	The assumed age difference for spouses is based on observed and anticipated future experience including the 2021 experience study. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Termination	Termination rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Retirement	Retirement rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2019 to Scale MP-2020, as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from $89,326 for the prior valuation to $112,194 for the current valuation to account for higher expected expenses to be paid from the trust.
- Certain assumptions were updated based on the 2021 Experience Study to reflect more recent plan experience and expectations for future experience, including retirement rates for active and terminated vested participants, the percentage of participants assumed to be married, and the assumed age difference between retirees and spouses.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions	
Plan Sponsor	SEMCO Energy, Inc.
Plan	ENSTAR Natural Gas Company Retirement Plan for Operating and Clerical Unit Employees.
Effective Date and Most Recent Amendment	January 1, 1979, the plan was restated in its entirety on May 17, 2012 and was last amended on November 13, 2014.
Coverage and Participation	All employees of the ENSTAR Natural Gas Company, who have completed 1 year of Participation Service, are covered by the Operating Unit collective bargaining agreement and were first hired prior to September 1, 2014. A year of Participation Service is a period of twelve consecutive months commencing on the date the employee first completes an hour of service (and each anniversary thereof) during which period he completes at least 1,000 hours of service. Effective January 1, 1996, employees in the clerical bargaining unit are also covered.
Definitions	
Plan Year	The twelve-month period ending December 31.
Credited Service	One year of Benefit Service is credited for each Plan Year in which an employee completes 2,000 Hours of Service with fractional credit given for each year in which at least 1,000 hours are worked. No service prior to January 1, 1996 is credited for clerical union employees.
Vesting Service	One year of Vesting Service is credited for each Plan Year in which an employee completes 1,000 Hours of Service.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal Retirement Benefit

1. Normal Retirement Date: The first of the month coincident with or next following age 65 and 4 years of participation.

2. Monthly Benefit: For operating unit employees, $50 per month times service earned prior to December 31, 2003, $65 per month times service earned in 2004, $80 per month times service earned in 2005, $95 per month times service earned in 2006, $110 per month times service earned in 2007, $125 per month times service earned from 2008-2012, and $135 per month times service earned after January 1, 2013.

   For clerical unit employees, $50 per month times service earned prior to December 31, 2001, $65 per month times service earned in 2002 and 2003, $85 per month times service earned in 2004, $95 per month times service earned in 2005, $105 per month times service earned in 2006, $115 per month times service earned in 2007, $125 per month times service earned from 2008-2012, and $135 per month times service earned after January 1, 2013.

3. Normal Form of Retirement Income: Life Only.

Early Retirement

1. Eligibility: Age 55 and 5 years of vesting service.

2. Monthly Benefit: Accrued Benefit as of early retirement date reduced 6% per year for commencement prior to age 65

   Payable unreduced at age 62 for a participant who terminates with 20 or more Years of Credited Service (age at termination must have been age 62 or later if terminated prior to April 1, 2011).

   Reduced 6% a year from age 62 for commencement on or after age 58 for a participant who terminates with 25 or more years of Credited Service (age at termination must have been age 58 or later if terminated prior to April 1, 2011).

SCHEDULE SB ATTACHMENTS

Late Retirement

A Participant whose Annuity Starting Date is after his Normal Retirement Date (because of a delay in beginning an annuity and/or because terminating employment after Normal Retirement Date) shall be eligible to receive a monthly Late Retirement Benefit equal to the greater of (A) or (B) below:

(A) The benefit determined in accordance with the formula in the Normal Retirement Benefit section above as of this date of termination of employment; and

(B) A benefit which is the Actuarial Equivalent of the benefit to which the Participant would have been entitled as of his Normal Retirement Date.

Accrued Benefit

The participant's accrued benefit at any given date is determined under the normal retirement formula shown above, but is based on current credited service.

Vested Benefits Upon Termination of Service

A participant is 100% vested upon completion of 5 years of vesting service. However, all participants become 100% vested upon reaching Normal Retirement Date. The benefit is equal to the Accrued Benefit and is payable at Normal Retirement Date or as early as age 55, reduced as described under the Early Retirement section above.

Death Benefits for Participants in Active Service

Eligibility: Married and vested participants.

Benefit: Upon the death of a married vested participant (active or terminated) before benefit payments begin, his surviving spouse shall be entitled to the benefit which the spouse would have received if the participant had terminated employment on his date of death (if not already terminated), survived until the earliest age at which benefits could commence, elected early retirement with benefits payable under the Joint & 50% Survivor Annuity Option with the spouse as his beneficiary and then died immediately thereafter.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Optional Forms of Retirement Income in Lieu of Normal Form	Life annuity: Benefits payable for the life of the employee only. Normal form for single participants. Joint and 50% Survivor annuity: A reduced benefit payable for the life of the employee with 50% continuation upon his death to his spouse for the remainder of her life. Normal form for married participants. In addition, 75% and 100% Joint and Survivor Annuities may be chosen. Lump Sum: If the present value of a Participant's benefit is between $1,000 and $10,000, the Participant may elect to receive a lump sum payment based on the required basis under PPA and the November interest rate in effect prior to the calendar year the lump sum is paid.
Actuarial Equivalence	Determined based on the Rev. Ruling 2001-62 Mortality Table and a 7% interest rate.
Plan Participants' Contributions	They are not required or permitted.

Changes in Plan Provisions since Last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2022

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	ENSTAR Natural Gas Company Retirement Plan for Operating and Clerical Unit Employees
EIN / PN:	38-2144267 / 011
Plan Sponsor:	SEMCO Energy, Inc.
Valuation Date:	January 1, 2022

ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN
FOR OPERATING UNIT EMPLOYEES AND CLERICAL UNIT EMPLOYEES (PLAN 011)
(38-2144267)

STATEMENT ATTACHED TO AND MADE PART OF
FORM 5500, ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN,
FOR THE PLAN YEAR ENDED DECEMBER 31, 2022

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, etc.	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds			
	Vanguard	Equity Income Admiral	$ 4,642,970	$ 4,337,242
	Vanguard	Intermediate Term Treasury	4,999,735	4,149,315
	JP Morgan	Core Bond CL R6	4,853,653	4,143,750
	PIMCO	Total Return Fund Institutional CL	5,072,854	4,117,659
	Touchstone	Large Cap Focused Y	3,060,727	3,568,928
	JP Morgan	Large Cap Growth R6	3,167,939	3,048,711
	Vanguard	Mid-Cap Value Index Admiral	1,577,342	2,846,338
	Vanguard	Small Cap Value Index Admiral	1,653,377	2,822,220
	Lord Abbett	Short Duration Income Cl I	2,869,735	2,616,683
	T. Rowe Price	Mid-Cap Growth	1,633,793	1,937,777
	American Funds	Growth Fund of America CL R6	1,374,682	1,518,944
	Vanguard	Small Cap Growth Index Admiral	626,611	1,500,319
	Vanguard	International Value	1,275,211	1,323,707
	American Funds	EuroPacific Growth Fund CL R6	1,196,176	1,274,433
	T. Rowe Price	International Discovery	1,094,358	1,039,332
	American Funds	New World R6	632,624	629,873
			$ 39,731,787	**$ 40,875,231**

* A party-in-Interest as defined by ERISA

ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN
FOR OPERATING UNIT EMPLOYEES AND CLERICAL UNIT EMPLOYEES (PLAN 011)
(38-2144267)

STATEMENT ATTACHED TO AND MADE PART OF
FORM 5500, ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN,
FOR THE PLAN YEAR ENDED DECEMBER 31, 2022

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Natixis Funds	Loomis Sayles Ltd Term Gov't. & Agency Y	7,040	6,951
American Funds	Fundamental Investors R6	136,003	144,530
Invesco	Developing Markets R6	7,341	7,300
Vanguard	Vanguard Equity Income	85,667	81,563

ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN
FOR OPERATING UNIT EMPLOYEES AND CLERICAL UNIT EMPLOYEES (PLAN 011)
(38-2144267)

STATEMENT ATTACHED TO AND MADE PART OF
FORM 5500, ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN,
FOR THE PLAN YEAR ENDED DECEMBER 31, 2022

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value on Transaction Date	(j) Net Gain or Loss
Category (i) - A Single Transaction in Excess of 5% of the Value of Plan Assets, at the beginning of the year								
American Funds	Fundamental Investors R6 - 1 Sale		$ 4,854,322			$ 3,809,299	$ 4,854,322	$ 1,045,023
Vanguard	Equity Income - 1 Purchase	$ 4,426,969				$ 4,426,969	$ 4,426,969	
Goldman Sachs	FS Government Fund - 1 Purchase	$ 5,790,221				$ 5,790,221	$ 5,790,221	
	FS Government Fund - 1 Sale		$ 5,790,221			$ 5,790,221	$ 5,790,221	$ -
Category (iii) - A Series of Transactions in Excess of 5% of the Value of Plan Assets, at the beginning of the year								
American Funds	Fundamental Investors R6							
	4 Purchases	$ 136,003				$ 136,003	$ 136,003	
	9 Sales		$ 4,966,357			$ 3,896,329	$ 4,966,357	$ 1,070,028
Vanguard	Equity Income							
	5 Purchases	$ 4,728,637				$ 4,728,637	$ 4,728,637	
	6 Sales		$ 81,564			$ 85,667	$ 81,564	$ (4,103)
Goldman Sachs	FS Government Fund							
	22 Purchases	$ 6,539,274				$ 6,539,274	$ 6,539,274	
	11 Sales		$ 6,536,303			$ 6,536,303	$ 6,536,303	$ -

There were no category (ii) or (iv) reportable transactions.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	1	1	0	0	0	0	0	0	2
30-34	0	2	4	3	0	0	0	0	0	0	9
35-39	0	0	3	4	1	0	0	0	0	0	8
40-44	0	0	3	3	3	0	0	0	0	0	9
45-49	0	0	4	2	1	0	0	0	0	0	7
50-54	0	0	2	2	1	1	2	0	0	0	8
55-59	0	0	0	1	1	1	3	2	4	0	12
60-64	0	0	0	1	2	2	0	0	6	4	15
65-69	0	0	0	0	2	0	1	0	1	2	6
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	17	17	11	4	6	2	11	6	76

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

Plan Name: ENSTAR Natural Gas Company Retirement Plan for Operating and Clerical Unit Employees
EIN / PN: 38-2144267 / 011
Plan Sponsor: SEMCO Energy, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	SEMCO Energy, Inc.
EIN/PN	38-2144267 / 011
Plan Name	ENSTAR Natural Gas Company Retirement Plan for Operating and Clerical Unit Employees
Valuation Date	January 1, 2022
Enrolled Actuary	Christopher Richmond
Enrollment Number	23 - 08687

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

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

Values of "None" displayed on the Schedule SB are meant to indicate that none exists, or a $0 value as applicable.

SCHEDULE SB
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 011

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

D Employer Identification Number (EIN)
38-2144267

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B **F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	2a	50737185
b Actuarial value	2b	47745269

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	93	17374066	17374066
b For terminated vested participants	82	4627201	4627201
c For active participants	76	14532801	15251139
d Total	251	36534068	37252406

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

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.50 %
6 Target normal cost		
a Present value of current plan year accruals	6a	651760
b Expected plan-related expenses	6b	112194
c Total (line 6a + line 6b)	6c	763954

Statement by Enrolled Actuary

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

SIGN HERE

CR
Signature of actuary

10/06/2023
Date

CHRISTOPHER RICHMOND
Type or print name of actuary

2308687
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

248-936-7700
Telephone number (including area code)

26555 EVERGREEN ROAD, SUITE 1600
SOUTHFIELD MI 48076
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4125188	NONE
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	NONE	NONE
9	Amount remaining (line 7 minus line 8)	4125188	NONE
10	Interest on line 9 using prior year's actual return of 11.11%	458308	NONE
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		NONE
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.67 %		NONE
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		NONE
	c Total available at beginning of current plan year to add to prefunding balance		NONE
	d Portion of (c) to be added to prefunding balance		NONE
12	Other reductions in balances due to elections or deemed elections	NONE	NONE
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	4583496	NONE

Part III Funding Percentages

14	Funding target attainment percentage	14	115.86%
15	Adjusted funding target attainment percentage	15	128.16%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	118.41%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)		18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	NONE
b Contributions made to avoid restrictions adjusted to valuation date	19b	NONE
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	NONE

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?		Yes	X	No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		Yes		No

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21	Discount rate: a Segment rates:	1st segment: 4.75%	2nd segment: 5.18%	3rd segment: 5.92%	☐ N/A, full yield curve used
	b Applicable month (enter code)			21b	4
22	Weighted average retirement age			22	65
23	Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26	Demographic and benefit information		
	a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
	b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28	Unpaid minimum required contributions for all prior years	28	NONE
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	NONE
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	NONE

Part VIII Minimum Required Contribution For Current Year

31	Target normal cost and excess assets (see instructions):			
	a Target normal cost (line 6c)	31a		763954
	b Excess assets, if applicable, but not greater than line 31a	31b		763954
32	Amortization installments:		Outstanding Balance	Installment
	a Net shortfall amortization installment		NONE	NONE
	b Waiver amortization installment		NONE	NONE
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34		NONE

		Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	NONE	NONE	NONE
36	Additional cash requirement (line 34 minus line 35)	36		NONE
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		NONE
38	Present value of excess contributions for current year (see instructions)			
	a Total (excess, if any, of line 37 over line 36)	38a		NONE
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		NONE
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		NONE
40	Unpaid minimum required contributions for all years	40		NONE

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

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

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

Financial Statements
and ERISA-Required Supplemental Schedules
As of December 31, 2022 and 2021
and for the Year Ended December 31, 2022

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

SEMCO Energy, Inc.
ENSTAR Natural Gas Company
Retirement Plan for Operating Unit Employees and Clerical Unit Employees

Financial Statements and ERISA-Required Supplemental Schedules
As of December 31, 2022 and 2021 and for the Year Ended December 31, 2022

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

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Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2022 22

Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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2600 West Big Beaver, Suite 600
Troy, MI 48084

Independent Auditor's Report

To the Plan Administrator
SEMCO Energy, Inc. ENSTAR Natural Gas Company Retirement Plan for
Operating Unit Employees and Clerical Unit Employees
Port Huron, Michigan

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

We have performed audits of the financial statements of ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees (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). 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 year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Opinion

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

- 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 (GAAP).
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year) as of December 31, 2022, and Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2022 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such

information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or are derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BDO USA, P.C.

October 13, 2023

Financial Statements

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

Statements of Net Assets Available for Benefits

December 31,	**2022**	2021
Assets		
Investments, at fair value:		
Mutual funds	**$ 40,875,231**	$ 50,597,020
Cash and cash equivalents	**155,704**	127,011
Receivables:		
Interest and dividend receivable	**35,708**	58,577
Receivable - other	**-**	474
Total Receivables	**35,708**	59,051
Total Assets	**41,066,643**	50,783,082
Liabilities		
Accrued plan expense	**101,043**	102,456
Payments due to participants	**635**	-
Due to broker for securities purchased	**-**	8,386
Total Liabilities	**101,678**	110,842
Net Assets Available for Benefits	**$ 40,964,965**	$ 50,672,240

See accompanying notes to financial statements.

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2022

Additions		
Investment income (loss):		
Net depreciation in fair value of investments	$	(9,366,837)
Interest and dividend income		791,728
Capital gain distributions		600,687
Total Net Investment Loss		(7,974,422)
Deductions		
Benefits paid to participants and beneficiaries		1,625,742
Administrative expenses:		
Professional fees		39,339
Administrative expenses		29,076
PBGC premiums		38,696
Total Administrative Expenses		107,111
Total Deductions		1,732,853
Net Decrease in Net Assets Available for Benefits		(9,707,275)
Net Assets Available for Benefits, beginning of year		50,672,240
Net Assets Available for Benefits, end of year	$	40,964,965

See accompanying notes to financial statements.

1. Plan Description

The following brief description of the ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement or direct inquiries to the Plan administrator for more complete information. ENSTAR Natural Gas Company (ENSTAR) was acquired by, and made a division of, SEMCO Energy, Inc. (Company) on November 1, 1999.

General

The Plan is a defined benefit plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was established effective January 1, 1979. The Plan was amended and restated effective January 1, 2012. All contributions are paid by the Company, as computed in accordance with established actuarial principles. Currently, the Company acts as the Plan's administrator. The Board of Directors of the Company has appointed a Benefit Plan Committee to be responsible for the administration of the Plan. Effective December 29, 2008, Comerica Bank was designated as the Trustee for all assets held by the Plan.

Participation

The Plan limits participation to ENSTAR employees who are members of, or are represented by, recognized collective bargaining units (operating unit and clerical unit) hired prior to September 1, 2014, and have met eligibility requirements. Effective September 1, 2014, the Plan was amended to provide that ENSTAR union employees first hired after August 31, 2014, are not eligible to participate in the Plan. In lieu of participation in the Plan, the Company will make a retirement contribution equivalent to 5% of 401(k) eligible wages to the AltaGas Services (U.S.) Inc. 401(k) Plan, another qualified plan sponsored by the Company. Temporary employees first hired after August 31, 2014, are not eligible to receive the 5% contribution until they have obtained three years of service with 1,000 or more hours per year in a consecutive five calendar year period.

Vesting

Participants are fully vested after five years of credited service.

From June 1985 to March 30, 1999, ENSTAR was a division of Seagull Energy Corporation (Seagull). Effective March 30, 1999, Ocean Energy, Inc. (Ocean) was merged with and into Seagull with the resulting company assuming the name of Ocean Energy, Inc. At the time of the merger between Seagull and Ocean, all participants enrolled in the Plan became 100% vested in their account balances at March 30, 1999, plus all future contributions. All newly hired individuals after March 30, 1999, follow the normal vesting schedule of five years. Effective November 1, 1999, the ENSTAR Natural Gas Company Division of Ocean (ENSTAR) was acquired by, and became a division of, the Company.

Forfeitures

Any forfeitures, by reason of termination of employment or otherwise, shall be applied by the Company to reduce the cost of the Plan in succeeding years.

Benefits to Participants

The Plan provides monthly retirement income or a lump-sum payment to the eligible participant, or to a joint annuitant in the event of a participant's death. If an employee dies after completing five years of credited service, the surviving spouse is entitled to a death benefit equal to the amount the spouse would have received under the joint and survivor annuity form of payment deferred to the earliest retirement date, or immediately if the employee is age 55 or older.

Operating unit employees with five or more years of credited service are entitled to monthly pension benefits beginning at the normal retirement age of 65 equal to the sum of the monthly benefit for each year of credited service as summarized in the table below.

Year of Credited Service	Monthly Benefit
Each year prior to January 1, 2004	$ 50
2004	65
2005	80
2006	95
2007	110
2008-2012	125
2013-2022	135

Clerical unit employees with five or more years of credited service are entitled to monthly pension benefits beginning at the normal retirement age of 65 equal to the sum of the monthly benefit for each year of credited service as summarized in the table below.

Year of Credited Service	Monthly Benefit
Each year January 1, 1996 to January 1, 2002	$ 50
2002-2003	65
2004	85
2005	95
2006	105
2007	115
2008-2012	125
2013-2022	135

The Plan permits early retirement from age 55 through 64. However, the monthly benefit may be reduced based on date of retirement, age at retirement and years of credited service as specified in the contract provisions. If employees terminate before rendering five years of credited service, they are not entitled to receive any benefits under the Plan. Employees may elect to receive the value of their accumulated benefits in the form of a life annuity, payable monthly from retirement, or a joint and survivor annuity, which shall be the actuarial equivalent of the annuity described above.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Transactions and Income Recognition

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

Investment Valuation

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 3 for discussion of fair value measurements.

Cash and Cash Equivalents

The Plan considers all highly liquid investments purchased with original maturities of three months or less to be cash and cash equivalents.

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

Payment of Benefits

Benefits are recorded when paid.

3. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value:

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

The methods described above may provide a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. While the Plan believes its valuation methods are appropriate and consistent with other market participants, it is possible that different fair value measurements may arise due to the use of different methodologies or assumptions in determining the fair value measurement at the reporting date.

There have been no changes in the methodologies used at December 31, 2022 and 2021.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets and liabilities measured at fair value on a recurring basis:

December 31, 2022

	Level 1	Level 2	Level 3	Total
Mutual funds, at fair value	$ 40,875,231	$ -	$ -	$ 40,875,231

December 31, 2021

	Level 1	Level 2	Level 3	Total
Mutual funds, at fair value	$ 50,597,020	$ -	$ -	$ 50,597,020

December 31, 2022

	Level 1	Level 2	Level 3	Total
Due to broker for securities purchased	$ -	$ -	$ -	$ -

December 31, 2021

	Level 1	Level 2	Level 3	Total
Due to broker for securities purchased	$ 8,386	$ -	$ -	$ 8,386

4. Certified Investment Information

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Comerica Bank, a qualified institution, has certified that all investments and related investment income data contained in the statements of net assets available for benefits, statement of changes in net assets available for benefits, the related notes, and ERISA-required supplemental schedules as of December 2022 and 2021, and for the year ended December 31, 2022 are complete and accurate.

December 31,	**2022**	2021
Total investments	**$ 40,875,231**	$ 50,597,020
Interest and dividends receivable	**18,934**	21,540

Year ended December 31, 2022

Net depreciation in fair value of investments	$ (9,366,837)
Interest and dividend income	811,990
Capital gain distributions	600,687

The following is a reconciliation of the interest and dividends receivable and interest and dividend income certified by Comerica Bank to amounts reported in the financial statements:

December 31,	**2022**	2021
Interest and dividends receivable:		
Amount certified by Comerica Bank	**$ 18,934**	$ 21,540
Cash basis to accrual basis adjustment	**16,774**	37,037
Interest and Dividends Receivable, per financial statements	**$ 35,708**	$ 58,577

December 31, 2022

Interest and dividends income:	
Amount certified by Comerica Bank	$ 811,990
Cash basis to accrual basis adjustment	(20,262)
Interest and Dividend Income, per financial statements	$ 791,728

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

5. Actuarial Assumptions

Accumulated plan benefits are those future periodic payments to be made from the Plan's assets that are attributable, under the Plan's provisions, to the service ENSTAR 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 first hired prior to September 1, 2014, and have met eligibility requirements, or their beneficiaries. 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 prior to the valuation date.

The actuarial present value of accumulated plan benefits is determined by independent actuaries employed by the Company for this purpose. It represents the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment as affected by death, disability, withdrawal, or retirement between the valuation date and the expected date of payment.

The following assumptions were used to determine the actuarial present value of accumulated plan benefits for 2022 and 2021.

Actuarial cost method	Unit Credit Actuarial Cost Method
Discount rate	5.60% in 2022 and 3.00% in 2021
Mortality basis	2022: Pri-2012 Blue Collar Mortality Tables for males and females Generational Table. The table was projected with the MP projection scales. 2021: Pri-2012 Blue Collar Mortality Tables for males and females Generational Table. The table was projected with the MP projection scales.
Normal retirement	Between 55 and 65

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

6. Actuarial Present Value of Accumulated Plan Benefits

The dates of ENSTAR's most recent actuarial valuations, the actuarial present values of accumulated plan benefits as determined by the Plan actuary were as follows:

December 31,	2022	2021
Vested Benefits		
Participants currently receiving payments	$ 19,641,021	$ 20,669,237
Other participants	16,636,500	28,860,238
Total Vested Benefits	36,277,521	49,529,475
Non-Vested Benefits	640,927	1,516,763
Total Actuarial Present Value of Accumulated Plan Benefits	$ 36,918,448	$ 51,046,238

The changes in the actuarial present value of accumulated plan benefits were as follows:

Year ended December 31, 2022	
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$ 51,046,238
Increase (decrease) attributed to:	
Change in benefits accumulated	1,104,571
Actuarial (gains) losses	123,637
Change in actuarial assumptions	(15,270,394)
Increase for interest due to the decrease in the discount period	1,540,138
Benefits paid	(1,625,742)
Net Decrease	(14,127,790)
Actuarial Present Value of Accumulated Plan Benefits, end of year	$ 36,918,448

7. Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated March 7, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC) and are, therefore, not subject to tax under present income tax laws. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there currently are no IRS examinations for any tax periods in progress.

8. Contributions

The Company's funding policy is to make contributions to the Plan such as are necessary to maintain the Plan on a sound actuarial basis and to fund the benefits provided under the Plan based on annual

actuarial valuations. The Company did not make any contributions for 2022, which met the minimum funding requirements of ERISA. No contributions are required of, or permitted by, any participants under the Plan.

Although the Company has not expressed any intent to discontinue its contributions, it may do so at any time, subject to the provisions set forth in ERISA.

9. Related Parties and Party-in-Interest Transactions

Trustee fees in the amount of $12,030 were paid to Comerica Bank for 2022. Comerica Bank is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest, which are exempt from prohibited transaction rules. Also, as disclosed in Note 10, transactions with the Company qualify as related party.

10. Administrative Expenses

Administrative expenses paid out of the assets of the Plan consist of Trustee fees and expenses, actuarial and auditing fees, investment advisory fees and Pension Benefit Guaranty Corporation (PBGC) premiums. All other administrative expenses are currently being paid by the Company.

At December 31, 2022 and 2021, the Plan recorded a payable to the Company in the amount of $95,079 and $99,315, respectively, for reimbursement of Plan related actuarial fees, audit fees, investment advisory fees, and PBGC premiums paid by the Company to third parties on behalf of the Plan during 2022 and 2021. As sponsor of the Plan, the Company is considered a related party. The payable to the Company is included in Accrued plan expenses in the statements of net assets available for benefits.

11. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Additional risks for funds invested in securities of foreign companies could include: devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, possible adverse political or economic developments, decreased liquidity, and increased price volatility.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and statement of changes in net assets available for benefits.

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

12. Plan Termination

Although the Company has not expressed any intent to discontinue its contributions, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA and negotiations with a recognized collective bargaining unit. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Equally for:
  - Benefits in pay status for three years prior to the Plan termination date.
  - Benefits which would have been in pay status if the member had retired three years before the Plan termination date.
- Guaranteed benefits.
- All other vested benefits.
- All non-vested benefits.

Certain benefits are insured by the PBGC if the Plan terminates and generally guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. The amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the net assets of the Plan to provide those benefits, the priority of those benefits to be paid and the level of benefits guaranteed by the PBGC at the time.

The Company currently has no intention of terminating the Plan.

13. Subsequent Events

AltaGas, Ltd., parent company of SEMCO Energy, Inc., announced in May 2022, that it had entered into an agreement to sell ENSTAR Natural Gas Company and all Alaska utility assets. ENSTAR Natural Gas Company is a division of SEMCO Energy, Inc. The sale was approved by the Alaska Regulatory Commission in December of 2022 and was effective on March 1, 2023.

Subsequent events were evaluated through October 13, 2023, which is the date the financial statements were available to be issued. There were no other subsequent events impacting the Plan which require recognition or disclosure in the financial statements.

ERISA-Required Supplemental Schedules

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

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

EIN: 38-2144267 **Plan Number: 011**

December 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
	Vanguard	Equity Income Admiral	$ 4,642,970	$ 4,337,242
	Vanguard	Intermediate Term Treasury	4,999,735	4,149,315
	JP Morgan	Core Bond CL R6	4,853,653	4,143,750
	PIMCO	Total Return Fund Institutional CL	5,072,854	4,117,659
	Touchstone	Large Cap Focused Y	3,060,727	3,568,928
	JP Morgan	Large Cap Growth R6	3,167,939	3,048,711
	Vanguard	Mid-Cap Value Index Admiral	1,577,342	2,846,338
	Vanguard	Small Cap Value Index Admiral	1,653,377	2,822,220
	Lord Abbett	Short Duration Income Cl I	2,869,735	2,616,683
	T. Rowe Price	Mid-Cap Growth	1,633,793	1,937,777
	American Funds	Growth Fund of America CL R6	1,374,682	1,518,944
	Vanguard	Small Cap Growth Index Admiral	626,611	1,500,319
	Vanguard	International Value	1,275,211	1,323,707
	American Funds	EuroPacific Growth Fund CL R6	1,196,176	1,274,433
	T. Rowe Price	International Discovery	1,094,358	1,039,332
	American Funds	New World R6	632,624	629,873
Total			$ 39,731,787	$ 40,875,231

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

EIN: 38-2144267 **Plan Number: 011**

December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Natixis Funds	Loomis Sayles Ltd Term Govt. & Agency Y	$ 7,040	$ 6,951
	American Funds	Fundamental Investors R6	136,003	144,530
	Invesco	Developing Markets R6	7,341	7,300
	Vanguard	Vanguard Equity Income	85,667	81,563

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 38-2144267 **Plan Number: 011**

Year ended December 31, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single Transaction in Excess of the Current Value of 5% of Plan Assets								
American Funds	Fundamental Investors R6 - 1 Sale	$ -	$ 4,854,322	$ -	$ -	$ 3,809,299	$ 4,854,322	$ 1,045,023
Vanguard	Equity Income - 1 Purchase	4,426,969	-	-	-	4,426,969	4,426,969	-
Goldman Sachs	FS Government Fund - 1 Purchase	5,790,221	-	-	-	5,790,221	5,790,221	-
Goldman Sachs	FS Government Fund - 1 Sale	-	5,790,221	-	-	5,790,221	5,790,221	-
Category (iii) - a Series of Transactions								
American Funds	Fundamental Investors R6	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	4 Purchases	136,003	-	-	-	136,003	136,003	-
	9 Sales	-	4,966,357	-	-	3,896,329	4,966,357	1,070,028
Vanguard	Equity Income	-	-	-	-	-	-	-
	5 Purchases	4,728,637	-	-	-	4,728,637	4,728,637	-
	6 Sales	-	81,564	-	-	85,667	81,564	(4,103)
Goldman Sachs	FS Government Fund	-	-	-	-	-	-	-
	22 Purchases	6,539,274	-	-	-	6,539,274	6,539,274	-
	11 Sales	-	6,536,303	-	-	6,536,303	6,536,303	-

There were no category (ii) or (iv) reportable transactions.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

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:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here . . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here . . . . . ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN
FOR OPERATING AND CLERICAL UNIT EMPLOYEES

1b Three-digit plan number (PN) ▶ 011

1c Effective date of plan 01/01/1979

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

SEMCO ENERGY, INC.

1411 THIRD STREET, SUITE A
PORT HURON, MI 48060

2b Employer Identification Number (EIN) 38-2144267

2c Plan Sponsor's telephone number 810-987-2200

2d Business code (see instructions) 221210

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	Mark A. Moses	10/13/2023	MARK A MOSES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Mark A. Moses	10/13/2023	MARK A MOSES
	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

2A6704 1.000

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN: 38-2144267

3c Administrator's telephone number: 810-987-2200

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

4b EIN

a Sponsor's name

4d PN

c Plan Name

5	Total number of participants at the beginning of the plan year	**5**	254
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	88
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	65
b	Retired or separated participants receiving benefits	**6b**	93
c	Other retired or separated participants entitled to future benefits	**6c**	75
d	Subtotal. Add lines **6a(2), 6b,** and **6c**.	**6d**	233
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	15
f	Total. Add lines **6d** and **6e**.	**6f**	248
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H

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

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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
ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
SEMCO ENERGY, INC.

D Employer Identification Number (EIN)
38-2144267

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

FUNDAMENTAL INVESTORS INC.
ONE MARKET, STEUART TOWER P.O. BOX 7650
SAN FRANCISCO, CA 94120-7650

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

THE GROWTH FUND OF AMERICA, INC.
ONE MARKET, STEUART TOWER SUITE 1800
SAN FRANCISCO, CA 94105-1409

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

EUROPACIFIC GROWTH FUND
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

THE GOLDMAN SACHS TRUST COMPANY, NA
ONE NEW YORK PLAZA
NEW YORK, NY 10004

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

T ROWE PRICE MID-CAP GROWTH FD, INC
100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD INDEX FUNDS
P.O. BOX 2600
VALLEY FORGE, PA 19482

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

PIMCO INVESTMENTS LLC
1633 BROADWAY
NEW YORK, NY 10019

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

LORD ABBETT INVESTMENT TRUST
90 HUDSON STREET
JERSEY CITY, NJ 07302

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

JP MORGAN TRUST II
245 PARK AVENUE
NEW YORK, NY 10167

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

LOOMIS SAYLES FUNDS II (NATIXIS)
P.O. BOX 219579
KANSAS CITY, MO 64121-9579

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

TOUCHSTONE STRATEGIC TRUST
303 BROADWAY, SUITE 1100
CINCINNATI, OH 45202

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

VANGUARD FIXED INCOME SECURITIES
P.O. BOX 2600 V26
VALLEY FORGE, PA 19482

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

VANGUARD TRUSTEES EQUITY
P.O. BOX 2600
VALLEY FORGE, PA 19482

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

AIM INVESTMENT FUNDS
11 GREENWAY PLAZA SUITE 100
HOUSTON, TX 77046

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

VANGUARD FENWAY
PO BOX 2600 V26
VALLEY FORGE, PA 19482

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

NEW WORLD FUND INC
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1447

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

T. ROWE PRICE INTERNATIONAL FD, INC
100 EAST PRATT STREET
BALTIMORE, MD 21202

(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

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

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

WILLIS TOWERS WATSON US LLC 53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	20838	Yes ☐ No ☒	Yes ☐ No ☐	NONE	Yes ☐ No ☐

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

COMERICA BANK 42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
72 99 59 62 19 21 28 49	DIRECTED TRU STEE	12030	Yes ☒ No ☐	Yes ☒ No ☐	NONE	Yes ☒ No ☐

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

SCHWARTZ & CO. 38-2117812

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT A DVISOR	17314	Yes ☒ No ☐	Yes ☒ No ☐	NONE	Yes ☒ No ☐

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

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

BDO USA, P.C. 13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	PLAN AUDITOR	18501	Yes [X] No [ ]	Yes [X] No [ ]	NONE	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: MELISSA MAYEA	**b** EIN: 53-0181291
c Position: ACTUARY	
d Address: 26555 EVERGREEN RD, SUITE 1600 SOUTHFIELD, MI 48076	**e** Telephone: 248-936-7700

Explanation: CHANGE IN ACTUARY USED

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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) ▶
ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES	011
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
SEMCO ENERGY, INC.	38-2144267

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	127011	155704
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	59051	35073
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	50597020	40875231
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	50783082	41066008
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	110842	101043
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	110842	101043
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	50672240	40964965

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-7974422
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-7974422
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1625742	
(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)		1625742
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)	39339	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	17314	
(4) Other	2i(4)	50458	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		107111
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1732853
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-9707275
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
(1) [X] Unmodified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.
(1) [X] DOL Regulation 2520.103-8 (2) [ ] DOL Regulation 2520.103-12(d) (3) [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:
(1) Name: BDO USA, P.C. (2) EIN: 13-5381590

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 477607.

ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN
FOR OPERATING UNIT EMPLOYEES AND CLERICAL UNIT EMPLOYEES (PLAN 011)
(38-2144267)

STATEMENT ATTACHED TO AND MADE PART OF
FORM 5500, ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN,
FOR THE PLAN YEAR ENDED DECEMBER 31, 2022

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, etc.	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds			
	Vanguard	Equity Income Admiral	$ 4,642,970	$ 4,337,242
	Vanguard	Intermediate Term Treasury	4,999,735	4,149,315
	JP Morgan	Core Bond CL R6	4,853,653	4,143,750
	PIMCO	Total Return Fund Institutional CL	5,072,854	4,117,659
	Touchstone	Large Cap Focused Y	3,060,727	3,568,928
	JP Morgan	Large Cap Growth R6	3,167,939	3,048,711
	Vanguard	Mid-Cap Value Index Admiral	1,577,342	2,846,338
	Vanguard	Small Cap Value Index Admiral	1,653,377	2,822,220
	Lord Abbett	Short Duration Income Cl I	2,869,735	2,616,683
	T. Rowe Price	Mid-Cap Growth	1,633,793	1,937,777
	American Funds	Growth Fund of America CL R6	1,374,682	1,518,944
	Vanguard	Small Cap Growth Index Admiral	626,611	1,500,319
	Vanguard	International Value	1,275,211	1,323,707
	American Funds	EuroPacific Growth Fund CL R6	1,196,176	1,274,433
	T. Rowe Price	International Discovery	1,094,358	1,039,332
	American Funds	New World R6	632,624	629,873
			$ 39,731,787	**$ 40,875,231**

* A party-in-Interest as defined by ERISA

ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN
FOR OPERATING UNIT EMPLOYEES AND CLERICAL UNIT EMPLOYEES (PLAN 011)
(38-2144267)

STATEMENT ATTACHED TO AND MADE PART OF
FORM 5500, ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN,
FOR THE PLAN YEAR ENDED DECEMBER 31, 2022

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Natixis Funds	Loomis Sayles Ltd Term Gov't. & Agency Y	7,040	6,951
American Funds	Fundamental Investors R6	136,003	144,530
Invesco	Developing Markets R6	7,341	7,300
Vanguard	Vanguard Equity Income	85,667	81,563

ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN
FOR OPERATING UNIT EMPLOYEES AND CLERICAL UNIT EMPLOYEES (PLAN 011)
(38-2144267)

STATEMENT ATTACHED TO AND MADE PART OF
FORM 5500, ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN,
FOR THE PLAN YEAR ENDED DECEMBER 31, 2022

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value on Transaction Date	(j) Net Gain or Loss
Category (i) - A Single Transaction in Excess of 5% of the Value of Plan Assets, at the beginning of the year								
American Funds	Fundamental Investors R6 - 1 Sale		$ 4,854,322			$ 3,809,299	$ 4,854,322	$ 1,045,023
Vanguard	Equity Income - 1 Purchase	$ 4,426,969				$ 4,426,969	$ 4,426,969	
Goldman Sachs	FS Government Fund - 1 Purchase	$ 5,790,221				$ 5,790,221	$ 5,790,221	
	FS Government Fund - 1 Sale		$ 5,790,221			$ 5,790,221	$ 5,790,221	$ -
Category (iii) - A Series of Transactions in Excess of 5% of the Value of Plan Assets, at the beginning of the year								
American Funds	Fundamental Investors R6							
	4 Purchases	$ 136,003				$ 136,003	$ 136,003	
	9 Sales		$ 4,966,357			$ 3,896,329	$ 4,966,357	$ 1,070,028
Vanguard	Equity Income							
	5 Purchases	$ 4,728,637				$ 4,728,637	$ 4,728,637	
	6 Sales		$ 81,564			$ 85,667	$ 81,564	$ (4,103)
Goldman Sachs	FS Government Fund							
	22 Purchases	$ 6,539,274				$ 6,539,274	$ 6,539,274	
	11 Sales		$ 6,536,303			$ 6,536,303	$ 6,536,303	$ -

There were no category (ii) or (iv) reportable transactions.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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
ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
SEMCO ENERGY, INC.

D Employer Identification Number (EIN)
38-2144267

Part I Distributions

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-1741646

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 NONE

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

---

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

---

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

---

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

---

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

---

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	NONE

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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

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

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

A Name of plan
ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 011

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

D Employer Identification Number (EIN)
38-2144267

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	2a	50737185
b Actuarial value	2b	47745269

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	93	17374066	17374066
b For terminated vested participants	82	4627201	4627201
c For active participants	76	14532801	15251139
d Total	251	36534068	37252406

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

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.50 %
6 Target normal cost		
a Present value of current plan year accruals	6a	651760
b Expected plan-related expenses	6b	112194
c Total (line 6a + line 6b)	6c	763954

Statement by Enrolled Actuary

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

SIGN HERE

CR
Signature of actuary

10/06/2023
Date

CHRISTOPHER RICHMOND
Type or print name of actuary

2308687
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

248-936-7700
Telephone number (including area code)

26555 EVERGREEN ROAD, SUITE 1600
SOUTHFIELD MI 48076
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4125188	NONE
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	NONE	NONE
9	Amount remaining (line 7 minus line 8)	4125188	NONE
10	Interest on line 9 using prior year's actual return of 11.11%	458308	NONE
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		NONE
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.67 %		NONE
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		NONE
	c Total available at beginning of current plan year to add to prefunding balance		NONE
	d Portion of (c) to be added to prefunding balance		NONE
12	Other reductions in balances due to elections or deemed elections	NONE	NONE
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	4583496	NONE

Part III Funding Percentages

14	Funding target attainment percentage	14	115.86%
15	Adjusted funding target attainment percentage	15	128.16%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	118.41%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)		18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	NONE
b Contributions made to avoid restrictions adjusted to valuation date	19b	NONE
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	NONE

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?		Yes	X	No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		Yes		No

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75%	5.18%	5.92%	

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	NONE
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	NONE
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	NONE

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	**31a**		763954
b Excess assets, if applicable, but not greater than line 31a	**31b**		763954
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		NONE	NONE
b Waiver amortization installment		NONE	NONE
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**		NONE

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	NONE	NONE	NONE

36 Additional cash requirement (line 34 minus line 35)	**36**	NONE
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	NONE
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	NONE
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances . .	**38b**	NONE
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	NONE
40 Unpaid minimum required contributions for all years	**40**	NONE

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

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

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2022
Department of the Treasury Internal Revenue Service		
Department of Labor Employee Benefits Security Administration		This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation		

Name of Plan	ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	382144267	PN	011

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	382144267	PN	011

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average Compensation	Average Cash Balance	No.	Average Compensation	Average Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average Compensation	Average Cash Balance	No.	Average Compensation	Average Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	ENSTAR NATURAL GAS COMPANY RETIREMENT PLAN FOR OPERATING AND CLERICAL UNIT EMPLOYEES						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	382144267	PN	011

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	SEMCO Energy, Inc.
EIN/PN	38-2144267 / 011
Plan Name	ENSTAR Natural Gas Company Retirement Plan for Operating and Clerical Unit Employees
Valuation Date	January 1, 2022
Enrolled Actuary	Christopher Richmond
Enrollment Number	23 - 08687

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

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

Values of "None" displayed on the Schedule SB are meant to indicate that none exists, or a $0 value as applicable.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2022

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	ENSTAR Natural Gas Company Retirement Plan for Operating and Clerical Unit Employees
EIN / PN:	38-2144267 / 011
Plan Sponsor:	SEMCO Energy, Inc.
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

SEMCO Energy, Inc.

EIN/PN

38-2144267/011

Interest rate basis:

Applicable month:	September
Interest Rate Basis:	3-Segment Rates

Interest Rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
First segment rate	4.75%	1.07%
Second segment rate	5.18%	2.68%
Third segment rate	5.92%	3.36%
Effective interest rate	5.50%	3.02%

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

Inclusion Date	The valuation date coincident with or next following the date on which the employee becomes a participant.
Plan-related expenses	The amount included this year for plan related expenses is $112,194.

SCHEDULE SB ATTACHMENTS

Mortality

For non-disabled participants: Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with generational projection using Scale MP-2020) and annuitants (based on RP 2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with generational projection using Scale MP-2020.

For disabled participants: Same assumption as healthy participants.

Retirement

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

	Percentage retiring during the year	
Age	**Terminated Vested Participants**	**Active Participants**
55 – 61	2%	2%
62	25%	30%
63 – 64	10%	15%
65	75%	40%
66 - 69	100%	40%
70	100%	100%

Disability rates

None.

Compensation increases

Not Applicable.

Future increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. No provision is made for future increases in the maximum annual benefit.

SCHEDULE SB ATTACHMENTS

Termination

Representative termination rates (per 100 employees) not due to disability, retirement or mortality

Attained Age	Percentage leaving during the year
20	8.2%
25	7.9%
30	7.6%
35	7.0%
40	6.3%
45	5.3%
50	3.7%
55	1.4%
60 & over	0.1%

Form of payment

Participants are assumed to elect the normal form (life annuity if single and 50% joint and survivor if married).

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 65% of eligible male participants and 55% of eligible female participants are assumed to be married, and male spouses are assumed to be 2 years older than female spouses.

Employees

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

Plan compensation

Not applicable.

Methods

Valuation date

First day of plan year

Funding target

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

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Asset method

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.11%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.00%, and the applicable limitation for the plan year, equal to 6.11%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 5.94%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.05%, and the applicable limitation for the plan year, equal to 5.94%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.3. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of the year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For

SCHEDULE SB ATTACHMENTS

	retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Participant data	Participant data was supplied by the employer as of the census date.
Tax policy	The actuarial valuation performed for the plan year ending December 31, 2022 is used to determine the maximum deductible contribution for the tax year ending December 31, 2022.
Benefits not included in valuation	None.

Sources of Data and Other information

The plan sponsor furnished participant data as of 1/1/2022. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Form of Payment	The percentage of retiring participants assumed to take joint and survivor annuities is based on observed and expected experience, including the 2021 experience study. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Percent married	The assumed percentage married is based on observed and anticipated future experience, including the 2021 experience study. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Spouse age	The assumed age difference for spouses is based on observed and anticipated future experience including the 2021 experience study. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Termination	Termination rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Retirement	Retirement rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2019 to Scale MP-2020, as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from $89,326 for the prior valuation to $112,194 for the current valuation to account for higher expected expenses to be paid from the trust.
- Certain assumptions were updated based on the 2021 Experience Study to reflect more recent plan experience and expectations for future experience, including retirement rates for active and terminated vested participants, the percentage of participants assumed to be married, and the assumed age difference between retirees and spouses.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions	
Plan Sponsor	SEMCO Energy, Inc.
Plan	ENSTAR Natural Gas Company Retirement Plan for Operating and Clerical Unit Employees.
Effective Date and Most Recent Amendment	January 1, 1979, the plan was restated in its entirety on May 17, 2012 and was last amended on November 13, 2014.
Coverage and Participation	All employees of the ENSTAR Natural Gas Company, who have completed 1 year of Participation Service, are covered by the Operating Unit collective bargaining agreement and were first hired prior to September 1, 2014. A year of Participation Service is a period of twelve consecutive months commencing on the date the employee first completes an hour of service (and each anniversary thereof) during which period he completes at least 1,000 hours of service. Effective January 1, 1996, employees in the clerical bargaining unit are also covered.
Definitions	
Plan Year	The twelve-month period ending December 31.
Credited Service	One year of Benefit Service is credited for each Plan Year in which an employee completes 2,000 Hours of Service with fractional credit given for each year in which at least 1,000 hours are worked. No service prior to January 1, 1996 is credited for clerical union employees.
Vesting Service	One year of Vesting Service is credited for each Plan Year in which an employee completes 1,000 Hours of Service.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal Retirement Benefit

1. Normal Retirement Date: The first of the month coincident with or next following age 65 and 4 years of participation.

2. Monthly Benefit: For operating unit employees, $50 per month times service earned prior to December 31, 2003, $65 per month times service earned in 2004, $80 per month times service earned in 2005, $95 per month times service earned in 2006, $110 per month times service earned in 2007, $125 per month times service earned from 2008-2012, and $135 per month times service earned after January 1, 2013.

   For clerical unit employees, $50 per month times service earned prior to December 31, 2001, $65 per month times service earned in 2002 and 2003, $85 per month times service earned in 2004, $95 per month times service earned in 2005, $105 per month times service earned in 2006, $115 per month times service earned in 2007, $125 per month times service earned from 2008-2012, and $135 per month times service earned after January 1, 2013.

3. Normal Form of Retirement Income: Life Only.

Early Retirement

1. Eligibility: Age 55 and 5 years of vesting service.

2. Monthly Benefit: Accrued Benefit as of early retirement date reduced 6% per year for commencement prior to age 65

   Payable unreduced at age 62 for a participant who terminates with 20 or more Years of Credited Service (age at termination must have been age 62 or later if terminated prior to April 1, 2011).

   Reduced 6% a year from age 62 for commencement on or after age 58 for a participant who terminates with 25 or more years of Credited Service (age at termination must have been age 58 or later if terminated prior to April 1, 2011).

SCHEDULE SB ATTACHMENTS

Late Retirement

A Participant whose Annuity Starting Date is after his Normal Retirement Date (because of a delay in beginning an annuity and/or because terminating employment after Normal Retirement Date) shall be eligible to receive a monthly Late Retirement Benefit equal to the greater of (A) or (B) below:

(A) The benefit determined in accordance with the formula in the Normal Retirement Benefit section above as of this date of termination of employment; and

(B) A benefit which is the Actuarial Equivalent of the benefit to which the Participant would have been entitled as of his Normal Retirement Date.

Accrued Benefit

The participant's accrued benefit at any given date is determined under the normal retirement formula shown above, but is based on current credited service.

Vested Benefits Upon Termination of Service

A participant is 100% vested upon completion of 5 years of vesting service. However, all participants become 100% vested upon reaching Normal Retirement Date. The benefit is equal to the Accrued Benefit and is payable at Normal Retirement Date or as early as age 55, reduced as described under the Early Retirement section above.

Death Benefits for Participants in Active Service

Eligibility: Married and vested participants.

Benefit: Upon the death of a married vested participant (active or terminated) before benefit payments begin, his surviving spouse shall be entitled to the benefit which the spouse would have received if the participant had terminated employment on his date of death (if not already terminated), survived until the earliest age at which benefits could commence, elected early retirement with benefits payable under the Joint & 50% Survivor Annuity Option with the spouse as his beneficiary and then died immediately thereafter.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Optional Forms of Retirement Income in Lieu of Normal Form	Life annuity: Benefits payable for the life of the employee only. Normal form for single participants. Joint and 50% Survivor annuity: A reduced benefit payable for the life of the employee with 50% continuation upon his death to his spouse for the remainder of her life. Normal form for married participants. In addition, 75% and 100% Joint and Survivor Annuities may be chosen. Lump Sum: If the present value of a Participant's benefit is between $1,000 and $10,000, the Participant may elect to receive a lump sum payment based on the required basis under PPA and the November interest rate in effect prior to the calendar year the lump sum is paid.
Actuarial Equivalence	Determined based on the Rev. Ruling 2001-62 Mortality Table and a 7% interest rate.
Plan Participants' Contributions	They are not required or permitted.

Changes in Plan Provisions since Last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	1	1	0	0	0	0	0	0	2
30-34	0	2	4	3	0	0	0	0	0	0	9
35-39	0	0	3	4	1	0	0	0	0	0	8
40-44	0	0	3	3	3	0	0	0	0	0	9
45-49	0	0	4	2	1	0	0	0	0	0	7
50-54	0	0	2	2	1	1	2	0	0	0	8
55-59	0	0	0	1	1	1	3	2	4	0	12
60-64	0	0	0	1	2	2	0	0	6	4	15
65-69	0	0	0	0	2	0	1	0	1	2	6
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	17	17	11	4	6	2	11	6	76

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

Plan Name: ENSTAR Natural Gas Company Retirement Plan for Operating and Clerical Unit Employees
EIN / PN: 38-2144267 / 011
Plan Sponsor: SEMCO Energy, Inc.
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

Certain assumptions were updated based on the 2021 Experience Study to reflect more recent plan experience and expectations for future experience, including retirement rates for active and terminated vested participants, the percentage of participants assumed to be married, and the assumed age difference between retirees and spouses. Details of these updated demographic assumptions can be found in the attachment titled 'Schedule SB, Part V – Statement of Actuarial Assumptions/Methods,' including the rationale for the assumptions used in the valuation.

Plan Name:	ENSTAR Natural Gas Company Retirement Plan for Operating and Clerical Unit Employees
EIN / PN:	38-2144267 / 011
Plan Sponsor:	SEMCO Energy, Inc.
Valuation Date:	January 1, 2022

Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0073

Notice	CP216F
Notice date	June 5, 2023
Employer ID number	38-2144267
Tax period	December 31, 2022
Form	5500/8955-SSA
Plan number	011
To contact us	Phone 877-829-5500

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SEMCO ENERGY INC
%MARK A MOSES
1411 3RD ST STE A
PORT HURON MI 48060-5480

002893

We approved your request for an extension of time to file your return

File your return by OCT. 16, 2023

We approved your Form 5558, Application For Extension of Time To File Certain Employee Plan Returns, for a Form 5500 series return and/or Form 8955-SSA for plan number 011.

Your return is now due OCT. 16, 2023.

What you need to do

- You must file your return by OCT. 16, 2023.
- Keep a copy of this notice for your records.
- If you already filed your return for plan number 011 for the tax period ending December 31, 2022, you can disregard this notice.
- If a tax practitioner or someone else will prepare your return, you should give him or her a copy of this notice.
- Do not attach a copy of this notice to your return.

Additional information

- Visit www.irs.gov/cp216f.
- You can find more information about requesting extensions of time to file on our website at www.irs.gov, search term "retirement plan extension of time."
- For tax forms, instructions, and publications, visit www.irs.gov or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Print Form

Form **5558**
(Rev. September 2018)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Go to *www.irs.gov/Form5558* for the latest information.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A	Name of filer, plan administrator, or plan sponsor (see instructions) SEMCO ENERGY, INC. Number, street, and room or suite no. (If a P.O. box, see instructions) 1411 THIRD STREET, SUITE A City or town, state, and ZIP code PORT HURON, MI 48060	**B** Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 38-2144267 Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
ENSTAR NAT GAS CO RET PLAN FOR OPER & CLER UNIT EMPLOYEES	011	12	31	2022

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

2 I request an extension of time until 10/15/2023 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until 10/15/2023 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

4 I request an extension of time until ____/____/____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date ▶**

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

Financial Statements
and ERISA-Required Supplemental Schedules
As of December 31, 2022 and 2021
and for the Year Ended December 31, 2022

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

SEMCO Energy, Inc.
ENSTAR Natural Gas Company
Retirement Plan for Operating Unit Employees and Clerical Unit Employees

Financial Statements and ERISA-Required Supplemental Schedules
As of December 31, 2022 and 2021 and for the Year Ended December 31, 2022

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

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Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2022 22

Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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www.bdo.com

2600 West Big Beaver, Suite 600
Troy, MI 48084

Independent Auditor's Report

To the Plan Administrator
SEMCO Energy, Inc. ENSTAR Natural Gas Company Retirement Plan for
Operating Unit Employees and Clerical Unit Employees
Port Huron, Michigan

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

We have performed audits of the financial statements of ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees (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). 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 year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Opinion

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

- 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 (GAAP).
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year) as of December 31, 2022, and Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2022 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such

information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or are derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BDO USA, P.C.

October 13, 2023

Financial Statements

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

Statements of Net Assets Available for Benefits

December 31,	**2022**	2021
Assets		
Investments, at fair value:		
Mutual funds	**$ 40,875,231**	$ 50,597,020
Cash and cash equivalents	**155,704**	127,011
Receivables:		
Interest and dividend receivable	**35,708**	58,577
Receivable - other	**-**	474
Total Receivables	**35,708**	59,051
Total Assets	**41,066,643**	50,783,082
Liabilities		
Accrued plan expense	**101,043**	102,456
Payments due to participants	**635**	-
Due to broker for securities purchased	**-**	8,386
Total Liabilities	**101,678**	110,842
Net Assets Available for Benefits	**$ 40,964,965**	$ 50,672,240

See accompanying notes to financial statements.

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2022

Additions		
Investment income (loss):		
Net depreciation in fair value of investments	$	(9,366,837)
Interest and dividend income		791,728
Capital gain distributions		600,687
Total Net Investment Loss		(7,974,422)
Deductions		
Benefits paid to participants and beneficiaries		1,625,742
Administrative expenses:		
Professional fees		39,339
Administrative expenses		29,076
PBGC premiums		38,696
Total Administrative Expenses		107,111
Total Deductions		1,732,853
Net Decrease in Net Assets Available for Benefits		(9,707,275)
Net Assets Available for Benefits, beginning of year		50,672,240
Net Assets Available for Benefits, end of year	$	40,964,965

See accompanying notes to financial statements.

1. Plan Description

The following brief description of the ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement or direct inquiries to the Plan administrator for more complete information. ENSTAR Natural Gas Company (ENSTAR) was acquired by, and made a division of, SEMCO Energy, Inc. (Company) on November 1, 1999.

General

The Plan is a defined benefit plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was established effective January 1, 1979. The Plan was amended and restated effective January 1, 2012. All contributions are paid by the Company, as computed in accordance with established actuarial principles. Currently, the Company acts as the Plan's administrator. The Board of Directors of the Company has appointed a Benefit Plan Committee to be responsible for the administration of the Plan. Effective December 29, 2008, Comerica Bank was designated as the Trustee for all assets held by the Plan.

Participation

The Plan limits participation to ENSTAR employees who are members of, or are represented by, recognized collective bargaining units (operating unit and clerical unit) hired prior to September 1, 2014, and have met eligibility requirements. Effective September 1, 2014, the Plan was amended to provide that ENSTAR union employees first hired after August 31, 2014, are not eligible to participate in the Plan. In lieu of participation in the Plan, the Company will make a retirement contribution equivalent to 5% of 401(k) eligible wages to the AltaGas Services (U.S.) Inc. 401(k) Plan, another qualified plan sponsored by the Company. Temporary employees first hired after August 31, 2014, are not eligible to receive the 5% contribution until they have obtained three years of service with 1,000 or more hours per year in a consecutive five calendar year period.

Vesting

Participants are fully vested after five years of credited service.

From June 1985 to March 30, 1999, ENSTAR was a division of Seagull Energy Corporation (Seagull). Effective March 30, 1999, Ocean Energy, Inc. (Ocean) was merged with and into Seagull with the resulting company assuming the name of Ocean Energy, Inc. At the time of the merger between Seagull and Ocean, all participants enrolled in the Plan became 100% vested in their account balances at March 30, 1999, plus all future contributions. All newly hired individuals after March 30, 1999, follow the normal vesting schedule of five years. Effective November 1, 1999, the ENSTAR Natural Gas Company Division of Ocean (ENSTAR) was acquired by, and became a division of, the Company.

Forfeitures

Any forfeitures, by reason of termination of employment or otherwise, shall be applied by the Company to reduce the cost of the Plan in succeeding years.

Benefits to Participants

The Plan provides monthly retirement income or a lump-sum payment to the eligible participant, or to a joint annuitant in the event of a participant's death. If an employee dies after completing five years of credited service, the surviving spouse is entitled to a death benefit equal to the amount the spouse would have received under the joint and survivor annuity form of payment deferred to the earliest retirement date, or immediately if the employee is age 55 or older.

Operating unit employees with five or more years of credited service are entitled to monthly pension benefits beginning at the normal retirement age of 65 equal to the sum of the monthly benefit for each year of credited service as summarized in the table below.

Year of Credited Service	Monthly Benefit
Each year prior to January 1, 2004	$ 50
2004	65
2005	80
2006	95
2007	110
2008-2012	125
2013-2022	135

Clerical unit employees with five or more years of credited service are entitled to monthly pension benefits beginning at the normal retirement age of 65 equal to the sum of the monthly benefit for each year of credited service as summarized in the table below.

Year of Credited Service	Monthly Benefit
Each year January 1, 1996 to January 1, 2002	$ 50
2002-2003	65
2004	85
2005	95
2006	105
2007	115
2008-2012	125
2013-2022	135

The Plan permits early retirement from age 55 through 64. However, the monthly benefit may be reduced based on date of retirement, age at retirement and years of credited service as specified in the contract provisions. If employees terminate before rendering five years of credited service, they are not entitled to receive any benefits under the Plan. Employees may elect to receive the value of their accumulated benefits in the form of a life annuity, payable monthly from retirement, or a joint and survivor annuity, which shall be the actuarial equivalent of the annuity described above.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Transactions and Income Recognition

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

Investment Valuation

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 3 for discussion of fair value measurements.

Cash and Cash Equivalents

The Plan considers all highly liquid investments purchased with original maturities of three months or less to be cash and cash equivalents.

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

Payment of Benefits

Benefits are recorded when paid.

3. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurement,* provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value:

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

The methods described above may provide a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. While the Plan believes its valuation methods are appropriate and consistent with other market participants, it is possible that different fair value measurements may arise due to the use of different methodologies or assumptions in determining the fair value measurement at the reporting date.

There have been no changes in the methodologies used at December 31, 2022 and 2021.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets and liabilities measured at fair value on a recurring basis:

December 31, 2022

	Level 1	Level 2	Level 3	Total
Mutual funds, at fair value	$ 40,875,231	$ -	$ -	$ 40,875,231

December 31, 2021

	Level 1	Level 2	Level 3	Total
Mutual funds, at fair value	$ 50,597,020	$ -	$ -	$ 50,597,020

December 31, 2022

	Level 1	Level 2	Level 3	Total
Due to broker for securities purchased	$ -	$ -	$ -	$ -

December 31, 2021

	Level 1	Level 2	Level 3	Total
Due to broker for securities purchased	$ 8,386	$ -	$ -	$ 8,386

4. Certified Investment Information

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Comerica Bank, a qualified institution, has certified that all investments and related investment income data contained in the statements of net assets available for benefits, statement of changes in net assets available for benefits, the related notes, and ERISA-required supplemental schedules as of December 2022 and 2021, and for the year ended December 31, 2022 are complete and accurate.

December 31,	**2022**	2021
Total investments	**$ 40,875,231**	$ 50,597,020
Interest and dividends receivable	**18,934**	21,540

Year ended December 31, 2022

Net depreciation in fair value of investments	$ (9,366,837)
Interest and dividend income	811,990
Capital gain distributions	600,687

The following is a reconciliation of the interest and dividends receivable and interest and dividend income certified by Comerica Bank to amounts reported in the financial statements:

December 31,	**2022**	2021
Interest and dividends receivable:		
Amount certified by Comerica Bank	**$ 18,934**	$ 21,540
Cash basis to accrual basis adjustment	**16,774**	37,037
Interest and Dividends Receivable, per financial statements	**$ 35,708**	$ 58,577

December 31, 2022

Interest and dividends income:	
Amount certified by Comerica Bank	$ 811,990
Cash basis to accrual basis adjustment	(20,262)
Interest and Dividend Income, per financial statements	$ 791,728

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

5. Actuarial Assumptions

Accumulated plan benefits are those future periodic payments to be made from the Plan's assets that are attributable, under the Plan's provisions, to the service ENSTAR 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 first hired prior to September 1, 2014, and have met eligibility requirements, or their beneficiaries. 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 prior to the valuation date.

The actuarial present value of accumulated plan benefits is determined by independent actuaries employed by the Company for this purpose. It represents the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment as affected by death, disability, withdrawal, or retirement between the valuation date and the expected date of payment.

The following assumptions were used to determine the actuarial present value of accumulated plan benefits for 2022 and 2021.

Actuarial cost method	Unit Credit Actuarial Cost Method
Discount rate	5.60% in 2022 and 3.00% in 2021
Mortality basis	2022: Pri-2012 Blue Collar Mortality Tables for males and females Generational Table. The table was projected with the MP projection scales. 2021: Pri-2012 Blue Collar Mortality Tables for males and females Generational Table. The table was projected with the MP projection scales.
Normal retirement	Between 55 and 65

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

6. Actuarial Present Value of Accumulated Plan Benefits

The dates of ENSTAR's most recent actuarial valuations, the actuarial present values of accumulated plan benefits as determined by the Plan actuary were as follows:

December 31,	**2022**	2021
Vested Benefits		
Participants currently receiving payments	**$ 19,641,021**	$ 20,669,237
Other participants	**16,636,500**	28,860,238
Total Vested Benefits	**36,277,521**	49,529,475
Non-Vested Benefits	**640,927**	1,516,763
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 36,918,448**	$ 51,046,238

The changes in the actuarial present value of accumulated plan benefits were as follows:

Year ended December 31, 2022	
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$ 51,046,238
Increase (decrease) attributed to:	
Change in benefits accumulated	1,104,571
Actuarial (gains) losses	123,637
Change in actuarial assumptions	(15,270,394)
Increase for interest due to the decrease in the discount period	1,540,138
Benefits paid	(1,625,742)
Net Decrease	(14,127,790)
Actuarial Present Value of Accumulated Plan Benefits, end of year	$ 36,918,448

7. Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated March 7, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC) and are, therefore, not subject to tax under present income tax laws. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there currently are no IRS examinations for any tax periods in progress.

8. Contributions

The Company's funding policy is to make contributions to the Plan such as are necessary to maintain the Plan on a sound actuarial basis and to fund the benefits provided under the Plan based on annual

actuarial valuations. The Company did not make any contributions for 2022, which met the minimum funding requirements of ERISA. No contributions are required of, or permitted by, any participants under the Plan.

Although the Company has not expressed any intent to discontinue its contributions, it may do so at any time, subject to the provisions set forth in ERISA.

9. Related Parties and Party-in-Interest Transactions

Trustee fees in the amount of $12,030 were paid to Comerica Bank for 2022. Comerica Bank is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest, which are exempt from prohibited transaction rules. Also, as disclosed in Note 10, transactions with the Company qualify as related party.

10. Administrative Expenses

Administrative expenses paid out of the assets of the Plan consist of Trustee fees and expenses, actuarial and auditing fees, investment advisory fees and Pension Benefit Guaranty Corporation (PBGC) premiums. All other administrative expenses are currently being paid by the Company.

At December 31, 2022 and 2021, the Plan recorded a payable to the Company in the amount of $95,079 and $99,315, respectively, for reimbursement of Plan related actuarial fees, audit fees, investment advisory fees, and PBGC premiums paid by the Company to third parties on behalf of the Plan during 2022 and 2021. As sponsor of the Plan, the Company is considered a related party. The payable to the Company is included in Accrued plan expenses in the statements of net assets available for benefits.

11. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Additional risks for funds invested in securities of foreign companies could include: devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, possible adverse political or economic developments, decreased liquidity, and increased price volatility.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and statement of changes in net assets available for benefits.

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

12. Plan Termination

Although the Company has not expressed any intent to discontinue its contributions, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA and negotiations with a recognized collective bargaining unit. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Equally for:
  - Benefits in pay status for three years prior to the Plan termination date.
  - Benefits which would have been in pay status if the member had retired three years before the Plan termination date.
- Guaranteed benefits.
- All other vested benefits.
- All non-vested benefits.

Certain benefits are insured by the PBGC if the Plan terminates and generally guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. The amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the net assets of the Plan to provide those benefits, the priority of those benefits to be paid and the level of benefits guaranteed by the PBGC at the time.

The Company currently has no intention of terminating the Plan.

13. Subsequent Events

AltaGas, Ltd., parent company of SEMCO Energy, Inc., announced in May 2022, that it had entered into an agreement to sell ENSTAR Natural Gas Company and all Alaska utility assets. ENSTAR Natural Gas Company is a division of SEMCO Energy, Inc. The sale was approved by the Alaska Regulatory Commission in December of 2022 and was effective on March 1, 2023.

Subsequent events were evaluated through October 13, 2023, which is the date the financial statements were available to be issued. There were no other subsequent events impacting the Plan which require recognition or disclosure in the financial statements.

ERISA-Required Supplemental Schedules

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

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

EIN: 38-2144267 **Plan Number: 011**

December 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
	Vanguard	Equity Income Admiral	$ 4,642,970	$ 4,337,242
	Vanguard	Intermediate Term Treasury	4,999,735	4,149,315
	JP Morgan	Core Bond CL R6	4,853,653	4,143,750
	PIMCO	Total Return Fund Institutional CL	5,072,854	4,117,659
	Touchstone	Large Cap Focused Y	3,060,727	3,568,928
	JP Morgan	Large Cap Growth R6	3,167,939	3,048,711
	Vanguard	Mid-Cap Value Index Admiral	1,577,342	2,846,338
	Vanguard	Small Cap Value Index Admiral	1,653,377	2,822,220
	Lord Abbett	Short Duration Income Cl I	2,869,735	2,616,683
	T. Rowe Price	Mid-Cap Growth	1,633,793	1,937,777
	American Funds	Growth Fund of America CL R6	1,374,682	1,518,944
	Vanguard	Small Cap Growth Index Admiral	626,611	1,500,319
	Vanguard	International Value	1,275,211	1,323,707
	American Funds	EuroPacific Growth Fund CL R6	1,196,176	1,274,433
	T. Rowe Price	International Discovery	1,094,358	1,039,332
	American Funds	New World R6	632,624	629,873
Total			$ 39,731,787	$ 40,875,231

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)
EIN: 38-2144267 Plan Number: 011

December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Natixis Funds	Loomis Sayles Ltd Term Govt. & Agency Y	$ 7,040	$ 6,951
	American Funds	Fundamental Investors R6	136,003	144,530
	Invesco	Developing Markets R6	7,341	7,300
	Vanguard	Vanguard Equity Income	85,667	81,563

SEMCO Energy, Inc.
ENSTAR Natural Gas Company Retirement Plan for Operating Unit Employees and Clerical Unit Employees

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 38-2144267 **Plan Number: 011**

Year ended December 31, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single Transaction in Excess of the Current Value of 5% of Plan Assets								
American Funds	Fundamental Investors R6 - 1 Sale	$ -	$ 4,854,322	$ -	$ -	$ 3,809,299	$ 4,854,322	$ 1,045,023
Vanguard	Equity Income - 1 Purchase	4,426,969	-	-	-	4,426,969	4,426,969	-
Goldman Sachs	FS Government Fund - 1 Purchase	5,790,221	-	-	-	5,790,221	5,790,221	-
Goldman Sachs	FS Government Fund - 1 Sale	-	5,790,221	-	-	5,790,221	5,790,221	-
Category (iii) - a Series of Transactions								
American Funds	Fundamental Investors R6	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	4 Purchases	136,003	-	-	-	136,003	136,003	-
	9 Sales	-	4,966,357	-	-	3,896,329	4,966,357	1,070,028
Vanguard	Equity Income	-	-	-	-	-	-	-
	5 Purchases	4,728,637	-	-	-	4,728,637	4,728,637	-
	6 Sales	-	81,564	-	-	85,667	81,564	(4,103)
Goldman Sachs	FS Government Fund	-	-	-	-	-	-	-
	22 Purchases	6,539,274	-	-	-	6,539,274	6,539,274	-
	11 Sales	-	6,536,303	-	-	6,536,303	6,536,303	-

There were no category (ii) or (iv) reportable transactions.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

Certain assumptions were updated based on the 2021 Experience Study to reflect more recent plan experience and expectations for future experience, including retirement rates for active and terminated vested participants, the percentage of participants assumed to be married, and the assumed age difference between retirees and spouses. Details of these updated demographic assumptions can be found in the attachment titled 'Schedule SB, Part V – Statement of Actuarial Assumptions/Methods,' including the rationale for the assumptions used in the valuation.

Plan Name:	ENSTAR Natural Gas Company Retirement Plan for Operating and Clerical Unit Employees
EIN / PN:	38-2144267 / 011
Plan Sponsor:	SEMCO Energy, Inc.
Valuation Date:	January 1, 2022