

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 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF UNITED STATES ENRICHMENT CORPORATION
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/18/1999
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) UNITED STATES ENRICHMENT CORPORATION CHRIS KOSCIELNIAK 6901 ROCKLEDGE DRIVE SUITE 800 BETHESDA, MD 20817
2b	Employer Identification Number (EIN) 52-2109255
2c	Plan Sponsor's telephone number 301-564-3328
2d	Business code (see instructions) 325900

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.	07/24/2025	CHRIS KOSCIELNIAK
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1600
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 48 6a(2) 53 6b 17 6c 189 6d 259 6e 21 6f 280 6g(1) 6g(2) 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:

1A 1I

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 2
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF UNITED STATES ENRICHMENT CORPORATION	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED STATES ENRICHMENT CORPORATION	D Employer Identification Number (EIN) 52-2109255	

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	25131	11	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1128673

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF UNITED STATES ENRICHMENT CORPORATION	B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED STATES ENRICHMENT CORPORATION	D Employer Identification Number (EIN) 52-2109255	

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

1 Coverage Information:

(a) Name of insurance carrier THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	040009	402	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	218927

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ 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 RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF UNITED STATES ENRICHMENT CORPORATION	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED STATES ENRICHMENT CORPORATION	D Employer Identification Number (EIN) 52-2109255
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	263259964	
b	Actuarial value	2b	289585960	
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	1346	249219707	249219707
b	For terminated vested participants	221	14844045	14844045
c	For active participants	48	8416718	8416718
d	Total	1615	272480470	272480470
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	5.11 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1700000	
c	Target normal cost	6c	1700000	

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 DAVID H WEBBER Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 800 NORTH GLEBE ROAD FLOOR 10 ARLINGTON, VA 22203 Address of the firm	06/24/2025 Date 23-06137 Most recent enrollment number 703-258-8000 Telephone number (including area code)
--------------------------	--	--

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	34030209
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6423287
9 Amount remaining (line 7 minus line 8)	0	27606922
10 Interest on line 9 using prior year's actual return of 7.03 %	0	1940767
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 5.13 %		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		14200000
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	15347689

Part III Funding Percentages

14 Funding target attainment percentage	14	100.64 %
15 Adjusted funding target attainment percentage	15	104.01 %
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	91.79 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21	Discount rate:			
	a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %
		☒ N/A, full yield curve used		
	b Applicable month (enter code)	21b		
22	Weighted average retirement age	22	64	
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	
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	1700000
	b Excess assets, if applicable, but not greater than line 31a	31b	1700000
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
35	Balances elected for use to offset funding requirement	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	
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	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF UNITED STATES ENRICHMENT CORPORATION	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED STATES ENRICHMENT CORPORATION	D Employer Identification Number (EIN) 52-2109255	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

USI CONSULTING GROUP

13-4032401

(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?
13	CONTRACT ADMINSTRATOR	253623	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON PENNSYLVANIA, INC.

23-1159360

(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	242809	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	188730	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

VANGUARD ADVISORS, INC.

23-2811930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENTS MANAGER	149619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL GUARDIAN TRUST COMPANY

95-6597294

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENTS MANAGER	55765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METROPOLITAN LIFE INSURANCE CO.

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 23	GAC PROVIDER	34396	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AXA INVESTMENT MANAGERS N.A.

13-4045673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	27483	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARK SCHAEFFER HACKETT

31-0800053

(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	AUDITOR	23000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEARVIEW CONSULTING, INC.

27-5362399

(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	ACCOUNTING	6688	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WILLIS TOWERS WATSON

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	4664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
---	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF UNITED STATES ENRICHMENT CORPORATION	B Three-digit plan number (PN)	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNITED STATES ENRICHMENT CORPORATION	D Employer Identification Number (EIN) 52-2109255	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT-TERM INVESTMENT		
b Name of sponsor of entity listed in (a): NORTHERN TRUST COMPANY		
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 592994
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE SEPARATE ACCOUNT 41		
b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1120137
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF UNITED STATES ENRICHMENT CORPORATION	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED STATES ENRICHMENT CORPORATION	D Employer Identification Number (EIN) 52-2109255	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	904921	6061682
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	5553446	660621
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	2419986	132536
(B) All other.....	1c(3)(B)	11597613	314967
(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)	111400671	593109
(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)	132211801	23333507
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	30411	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	264118849	31096422
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	111181	65163
i Acquisition indebtedness	1i		
j Other liabilities	1j	700002	136290
k Total liabilities (add all amounts in lines 1g through 1j)	1k	811183	201453
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	263307666	30894969

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-45	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	271722	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1013	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		272690
(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)	1269974	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1269974
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	11332857	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11332641	
(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)		-518578
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		162072
(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)		3419995
c Other income	2c		32659
d Total income. Add all income amounts in column (b) and enter total	2d		4639028

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22023152	
(2) To insurance carriers for the provision of benefits	2e(2)	203885000	
(3) Other	2e(3)	15541883	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		241450035
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	265088	
(3) Recordkeeping fees	2i(3)	29514	
(4) IQPA audit fees	2i(4)	23000	
(5) Investment advisory and investment management fees	2i(5)	192374	
(6) Bank or trust company trustee/custodial fees	2i(6)	174501	
(7) Actuarial fees	2i(7)	256248	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	594262	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1534987
j Total expenses. Add all expense amounts in column (b) and enter total	2j		242985022

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-238345994
l Transfers of assets:			
(1) To this plan	2l(1)		5933297
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **CLARK SCHAEFER HACKETT**

(2) EIN: **31-0800053**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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 561329.

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 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF UNITED STATES ENRICHMENT CORPORATION				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED STATES ENRICHMENT CORPORATION				D Employer Identification Number (EIN) 52-2109255	
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	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-1561860					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	58
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 41.00 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 7.00 %

High-Yield Debt: 4.00 % Real Assets: _____ % Cash or Cash Equivalents: 1.00 % Other: 47.00 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.



INDEPENDENT AUDITORS' REPORT

To the Benefit Plan Administrative Committee, the Benefit Plan Investment Committee and Participants of the Retirement Program Plan for Employees of United States Enrichment Corporation:

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

We have performed audits of the accompanying financial statements of the Retirement Program Plan for Employees of United States Enrichment Corporation, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 11 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' 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 auditors' 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 Retirement Program Plan for Employees of United States Enrichment Corporation'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 of the Retirement Program Plan for Employees of United States Enrichment Corporation's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and the schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or are derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio

June 5, 2025

Retirement Program Plan for Employees of United States Enrichment Corporation

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

with Independent Auditors' Report

Retirement Program Plan for Employees of United States Enrichment Corporation

Table of contents

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Form 5500 Schedule H, line 4(i) - Schedule of Assets (Held at End of Year)	16
Form 5500 Schedule H, line 4(j) - Schedule of Reportable Transactions	19



INDEPENDENT AUDITORS' REPORT

To the Benefit Plan Administrative Committee, the Benefit Plan Investment Committee and Participants of the Retirement Program Plan for Employees of United States Enrichment Corporation:

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

We have performed audits of the accompanying financial statements of the Retirement Program Plan for Employees of United States Enrichment Corporation, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 11 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' 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 auditors' 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 Retirement Program Plan for Employees of United States Enrichment Corporation'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 of the Retirement Program Plan for Employees of United States Enrichment Corporation's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and the schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or are derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio

June 5, 2025

Retirement Program Plan for Employees of United States Enrichment Corporation

Statements of Net Assets Available for Benefits

In thousands

	December 31,	
	2024	2023
Assets:		
Investments, at fair value:		
Mutual funds	\$ 23,312	\$ 131,753
Collective trust funds	1,657	89,206
Corporate bonds and notes	56	42,246
Government agencies	—	30
Total investments, at fair value	25,025	263,235
Receivables:		
Receivable related to plan merger	5,933	—
Accounts receivable	—	3
Accrued income receivable	62	204
Total assets	31,020	263,442
Liabilities:		
Accounts payable	61	23
Administrative fees payable	65	111
Total liabilities	126	134
Net assets available for benefits	\$ 30,894	\$ 263,308

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

Retirement Program Plan for Employees of United States Enrichment Corporation

Statements of Changes in Net Assets Available for Benefits

In thousands

	Years Ended December 31,	
	2024	2023
Changes in net assets:		
Interest and dividends	\$ 2,317	\$ 9,351
Net appreciation in fair value of investments	2,321	19,286
Annuity purchase	(203,885)	(171,380)
Transfer to non-participating GAC	(15,542)	—
Distributions	(22,023)	(46,453)
Administrative expenses	(1,535)	(3,040)
Net decrease	(238,347)	(192,236)
Net assets available for benefits, beginning of year	263,308	455,544
Transfer related to plan merger	5,933	—
Net assets available for benefits, end of year	\$ 30,894	\$ 263,308

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

Retirement Program Plan for Employees of United States Enrichment Corporation

Notes to Financial Statements

1. Plan description:

The following description of the Retirement Program Plan for Employees of United States Enrichment Corporation (the "Plan") provides general information. United States Enrichment Corporation ("USEC" or the "Company") is a wholly owned subsidiary of Centrus Energy Corp. (formerly "USEC Inc."). Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Employees of USEC may participate in the Plan, subject to exclusions and elections including the following:

- Employees hired or rehired on or after September 1, 2008, and who are not covered by a collective bargaining agreement that provides for participation in the Plan are excluded.
- Employees represented by certain collective bargaining agreements may not be eligible to participate in the Plan based on date of hire or rehire.
- Otherwise, eligible employees who made an irrevocable election by December 5, 2008, to receive enhanced company matching contributions under the Company's defined contribution plan are excluded.

Generally, employees who are not eligible to participate in the Plan are eligible for enhanced company matching contributions under the Company's defined contribution plan (the Centrus Savings Program).

The Plan was amended and restated effective January 1, 2016. The rights and benefits of, and obligations to, employees whose participation in the Plan terminated prior to January 1, 2016, are determined under the terms and conditions of the Plan as it existed before the amendment and restatement.

The Benefit Plan Administrative Committee and the Benefit Plan Investment Committee (together, "Benefit Plan Committees") monitor and oversee administration of the Plan. The assets of the Plan are held in a trust under an agreement with The Northern Trust Company ("Northern Trust" or the "Trustee"), which also serves as the recordkeeper for the Plan. Effective January 2, 2007, USEC consolidated and restated several trust agreements into a single trust agreement with Northern Trust titled the USEC Inc. Master Retirement Trust.

In October 2023, the Plan transferred \$171.4 million to purchase one or more Single Premium Group Annuity Contracts with Pacific Life Insurance Company to provide for the payment of annuities to 1,399 Plan participants. The actuarial present value of accumulated plan benefits as of December 31, 2023, was adjusted for this transfer. See Note 3.

Effective December 1, 2023, the Plan was amended to allow participants who have attained age 59 ½ to begin receiving benefits while still actively employed by the Company.

In May 2024, the Plan entered into an agreement with an insurer to purchase a group annuity contract and transferred \$204 million of its pension plan obligations to the insurer. The purchase of the group annuity

contract was funded directly by assets of the Plan. The purchase resulted in a transfer of future benefit obligations and administrative liabilities for approximately 877 participants effective September 1, 2024.

In 2024, the Plan also transferred \$15.5 million of pension plan assets and the related obligations under two participating group annuity contracts to two non-participating group annuity contracts. The purchase resulted in a transfer of future benefit obligations and administrative liabilities for more than 400 participants effective October 1, 2024.

The actuarial present value of accumulated plan benefits as of December 31, 2024, was adjusted for these transfers. See Note 3.

Prior to December 31, 2024, the Plan's sponsor (Centrus Energy Corp.) maintained two qualified defined benefit pension plans, the Employees' Retirement Plan of Centrus Energy Corp. and the Plan. Effective December 31, 2024, the Employees' Retirement Plan of Centrus Energy Corp. was merged into the Plan. The merger is not expected to result in any benefit reductions to participants and is reflected in the Statements of Changes in Net Assets Available for Benefits. The Plan assets were fully transferred in by March 18, 2025.

Pension benefits

The Plan provides full retirement benefits to participants at age 65 or later, at age 62 with at least 10 years of credited service, on or after age 60 but before 62 with at least 30 years of credited service, or when age and years of credited service total 85 or more. Participants can retire with a reduced pension at age 50 with at least 10 years of service. For participants retiring without meeting these criteria, benefits are reduced based on age and years of service. The age and service requirements are reduced if participant employment is terminated by action of USEC (other than for cause). The Plan was amended effective September 16, 2021, to allow participants who reach normal retirement age and continue working to commence their Plan benefit.

Pension benefits are calculated using three formulas with the formula yielding the largest benefit used:

- the Regular Formula provides a monthly benefit of 1.2% of average straight-time monthly earnings times years of credited service, plus an additional payment of \$18 (\$50 or \$110 for certain collective bargaining unit and salaried employees); or
- the Alternate Formula provides a monthly benefit of 1.5% of average straight-time monthly earnings times years of credited service, minus 1.5% of the monthly primary social security benefit times years and months of credited service, subject to a maximum offset of the lesser of 50% of the social security benefit or the maximum percentage allowed by the Internal Revenue Service ("IRS"); or
- the Minimum Formula provides a monthly benefit of \$5 for each of the first 10 years of credited service, plus \$7 for each of the 11th through 20th years of service plus \$9 for each year in excess of 20 years of service, plus 10% of average straight-time monthly earnings (if less than eight years of service, amount is reduced 1% per year for each year less than eight), plus an additional payment of \$18 (\$50 or \$110 for certain collective bargaining unit and salaried employees).

For an unmarried participant, the normal form of benefit distribution is a straight life annuity. For a married participant, the normal form of benefit distribution is a 50% joint and survivor benefit. The pension is reduced under this form of payment and, after the participant's death, 50% of that benefit is continued to the surviving spouse for the rest of his or her life. If the spouse dies before the participant, this form of payment is cancelled, and the benefit is recomputed prospectively as if the participant had elected to receive benefits for the participant's lifetime only. For participants retiring on or after January 1, 2008, a 75% joint and

survivor benefit is offered. Under this option, the pension reduction applies for the participant's lifetime even if the spouse predeceases the participant.

Participants may elect to receive benefits under alternative forms available under the Plan. The Plan also provides death and disability benefits for participants who die or become disabled.

Effective August 5, 2013, benefit accrual and participation under the Plan was frozen for active employees excluding those represented by United Steelworkers ("USW") Local 550 that were hired before January 1, 2011, or those represented by Security, Police, Fire Professionals of America ("SPFPA") Local 111 that were hired before March 1, 2007. Pension benefits no longer increased for employees to reflect changes in compensation or credited service. However, employees did not lose any benefits earned through August 4, 2013, under the Plan. Also, starting August 5, 2013, employees impacted by the pension freeze were eligible to receive enhanced employer matching contributions under the Centrus Savings Program (formerly the "USEC Savings Program").

The Plan currently allows for a lump sum payment option (a) to active employees who are terminated as a result of company reductions in force and (b) periodically to terminated vested participants. In March 2019, the lump sum payment option was extended permanently to those terminated vested participants who have not yet begun receiving their benefits and have been terminated as a result of a reduction in force by the Company, or due to voluntary termination, other than involuntary termination as a termination for cause.

Vesting

Participants become vested in their benefits after completing at least five years of credited service. For participants other than USW Local 550 that were hired before January 1, 2011, or those represented by SPFPA Local 111 that were hired before March 1, 2007, company service credit does not include service on or after August 5, 2013. For the purposes of vesting, meeting service requirements for early retirement eligibility, and death benefits, credited service that is based on company service credit will continue to be credited on or after August 5, 2013.

2. Summary of significant accounting policies:

Basis of accounting

The financial statements of the Plan are prepared based on the accrual basis of accounting. Distributions to participants are recorded on the cash basis.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, 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. Contributions to the Plan, if any, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation and demographics.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Corporate bonds are valued based on yields currently available on comparable securities of issues with similar credit ratings. Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

The Statements of Changes in Net Assets Available for Benefits presents the net appreciation in the fair value of its investments, which consists of realized gains or losses and unrealized appreciation.

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

The Net Asset Values ("NAV") of the investments in a collective trust fund are provided by administrators of the funds. The NAV for each fund is based on the underlying assets owned by the fund, less any expenses accrued against the fund, divided by the number of fund shares outstanding. While the underlying investments are traded on an exchange, the funds are not. The funds have daily redemptions and one day trading terms. There are no unfunded commitments at December 31, 2024 or 2023. The funds are direct filing entities and, as such, investment strategy disclosures are not required.

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to services rendered by the employees from their date of eligibility to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired and terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired and terminated employees or their beneficiaries are based on each employee's compensation during the highest three calendar years during the last ten calendar years of credited service. Accumulated plan benefits for active employees are based on their average compensation during the three calendar years preceding the valuation date. Benefits payable under all circumstances (retirement, death and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment. Significant actuarial assumptions used in the valuation as of December 31, 2023, were (a) life expectancy of participants based on the Society of Actuaries' Pri-2012 "Employees" table and "Healthy Annuitants" table, male and female, without white collar adjustment, projected from the 2012 base year using Scale MP-2021 with generational projection, (b) turnover based upon the termination experience of the Plan, (c) assumed retirement age probabilities based on the experience of the Plan and (d) an annual interest rate of 6.75%. These assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated Plan benefits was made as of January 1, 2024. See Note 3 for disclosure of material differences had the valuation been performed at December 31.

Administrative expenses

Plan administrative expenses including fees for investment management, trustee, actuarial, and insurance administration services are paid by the Plan to the extent legally permitted, but may be paid by USEC at the discretion of USEC. Plan administrative expenses in 2024 and 2023 were paid by the Plan.

Subsequent events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial

statements consider events through June 5, 2025, the date on which the financial statements were available to be issued.

3. Accumulated plan benefits:

The actuarial present value of accumulated plan benefits follow (in thousands):

	December 31, 2023
Vested accumulated benefits:	
Active employees	\$ 7,051
Participants with deferred benefits	12,461
Participants receiving benefits	222,686
Actuarial present value of accumulated plan benefits	\$ 242,198

The following is the net change in the present value of accumulated plan benefits in the twelve months ended December 31, 2023 (in thousands):

Actuarial present value of accumulated plan benefits at December 31, 2022	\$ 445,563
Additional benefits accumulated	(8,901)
Interest due to decrease in the discount period	23,153
Actual benefits paid	(46,453)
Annuitization	(171,380)
Assumption changes	46
Plan Amendments	170
Net decrease in the present value of accumulated plan benefits	\$ (203,365)
Actuarial present value of accumulated plan benefits at December 31, 2023	\$ 242,198

Per Note 1, participant transfers that occurred in 2024 are not reflected in the present value of accumulated plan benefits as of December 31, 2023 above. The impact of these transfers would reduce the accumulated plan benefits by approximately \$233 million.

4. Contracts with insurance companies:

Certain assets of the Plan are invested in accounts maintained by the Trustee for the Plan. Investments in these accounts are managed by the Prudential Insurance Company of America and Metropolitan Life Insurance Company (collectively, the "Insurance Administrators") under terms of GACs. These assets are typically invested by the Insurance Administrators in corporate bonds and notes, U.S. government securities and collective trust funds. Under the GACs, the Insurance Administrators guarantee the payment of monthly annuity payments to certain retirees, subject to certain requirements. Only the retirees defined in the GACs have benefit payment guarantee provisions.

The following table presents the net assets held under GACs that are included in the various categories on the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023 (in thousands):

	December 31,	
	2024	2023
Metropolitan Life Insurance Company:		
Collective trust funds.....	\$ 1,129	\$ 10,449
Prudential Insurance Company of America:		
Corporate bonds and notes.....	219	32,641
Total Prudential GAC net assets.....	219	32,641
Total net assets held under GACs.....	\$ 1,348	\$ 43,090

5. Fair value measurements:

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

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

Level 2: Inputs to the valuation methodology include: quoted prices for similar assets and 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.

Following are the Plan investments as of December 31, 2024 and 2023, categorized by the fair value hierarchy levels described above (in thousands):

December 31, 2024	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 23,312	\$ —	\$ —	\$ 23,312
Corporate bonds and notes	—	56	—	56
Fair value of investments by hierarchy level	\$ 23,312	\$ 56	\$ —	\$ 23,368
Collective trust funds NAV ^(a)				1,657
Total investments at fair value				\$ 25,025

December 31, 2023	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 131,753	\$ —	\$ —	\$ 131,753
Corporate bonds and notes	—	42,246	—	42,246
Government agencies	—	30	—	30
Fair value of investments by hierarchy level	\$ 131,753	\$ 42,276	\$ —	\$ 174,029
Collective trust funds NAV ^(a)				89,206
Total investments at fair value				\$ 263,235

(a) In accordance with ASC 820-10, certain investments that are measured at fair value using NAV per share, or its equivalent, as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The Plan's investments in mutual funds, which are classified as Level 1 assets, are public investment instruments for which the NAV is quoted in active markets. The NAV is provided by the administrator of the fund and is based on the underlying assets owned by the fund, minus its liabilities, divided by the number of shares outstanding.

Level 2 assets above include investments in U.S. and foreign government agency securities, municipal bonds, corporate debt and mortgage and asset backed securities that are valued based on estimated prices using observable, market-based inputs. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023. Fair value may not be indicative of net realizable value or reflective of future fair values. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

6. Securities lending:

The Plan conducts certain securities lending activities. Securities lending activities are accounted for as secured borrowings. The Plan typically requires collateral equal to at least 102% of the fair value of the securities on loan. The account monitors the fair value of the underlying securities as compared with the related receivable or payable, including accrued interest, and requests additional collateral as necessary. The account maintains effective control over all loaned securities, and therefore, continues to report such securities as invested assets. The account records an offsetting liability for the obligation to return the collateral. Collateral received from borrowers is invested by Northern Trust in short term investment funds. The fair value of securities on loan at December 31, 2024 and 2023 was as follows (in thousands):

	December 31,	
	2024	2023
U.S. Corporate Fixed	\$ —	\$ 5,962
U.S. Agencies	—	31
Total securities loaned	\$ —	\$ 5,993

Collateral received from borrowers at December 31, 2024 and 2023, had a cost and fair market value of \$0 and \$6.1 million, respectively.

7. Funding policy:

USEC's funding policy is to contribute amounts sufficient to provide the benefits of the Plan and to meet minimum funding requirements of ERISA utilizing the entry-age-normal actuarial cost method. There were no contributions required for the 2024 or 2023 plan year.

Plan contributions are made, and the actuarial present value of the 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 estimates 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.

8. Tax status:

The Plan received a revised determination letter dated February 23, 2017, from the IRS that the Plan is qualified to be exempt from federal income taxes under certain provisions of the Internal Revenue Code ("IRC"). Pursuant to such provisions, participating employer contributions to the Plan made on behalf of the participants are not subject to federal income taxes or on income accruing to participant accounts, until such time as they receive distributions from the Plan. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

9. Plan termination:

USEC has the right to amend, suspend, or terminate the Plan at any time subject to contractual obligations, if any, and the applicable provisions of law. In the event USEC terminates the Plan, the rights of participants to benefits accrued will become 100% vested and nonforfeitable. The Trustee will continue to administer the funds of the Plan as instructed by the Benefit Plan Committees. The net assets of the Plan will be allocated, as prescribed by the Benefit Plan Committees and the applicable provisions of law.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. governmental agency. If the Plan should terminate at some future time, all participants may or may not receive their benefits depending on the financial condition of the plan sponsor, the level of benefits guaranteed by the PBGC, the financial condition of the PBGC, and on the sufficiency, at that time, of the Plan's net assets to provide those benefits.

10. Party-in-interest transactions:

Certain plan investments are managed by Northern Trust. Northern Trust is the trustee as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions. Party-in-interest asset values are \$0.6 million at December 31, 2024 and \$2.6 million at December 31, 2023. Fees paid to Northern Trust amounted to \$187,000 in 2024 and \$223,000 in 2023.

11. Information certified by the Plan's Trustee:

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Northern Trust Company, the Trustee, has certified to the completeness and accuracy of all investments and the related investment activity as of and for the years ended December 31, 2024 and 2023.

12. Reconciliation to Schedule of Assets (Held at End of Year):

The following is a reconciliation of the Schedule of Assets (Held at End of Year) provided by the Trustee to net assets available for benefits per the financial statements (in thousands):

	December 31, 2024
Assets per Schedule of Assets (Held at End of Year), page 18 of supplemental schedule attached	\$ 24,964
Adjustments per the financial statements:	
Receivable related to plan merger	5,933
.....	62
Accrued income receivable	(65)
Administrative fees payable	(65)
Net assets available for benefits per the financial statements	\$ 30,894

**Retirement Program Plan for Employees of
United States Enrichment Corporation**

EIN: 52-2109255

PN: 001

Form 5500 Schedule H, line 4(i) – Schedule of Assets (Held at End of Year)

As of December 31, 2024

The Schedule of Assets (Held at End of Year) is provided as an attachment to the financial statements.

DOL 5500 Reporting

31 DEC 24

Account number GDPLN

USEC GDP PLAN

Page 1 of 2

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
---------------------------------	------------------	------	---------------

Non-Interest Bearing Cash - USD

USD - United States dollar	0.000	3,202.31	3,202.31
Total - all currencies		3,202.31	3,202.31
Total Non-Interest Bearing Cash - USD		3,202.31	3,202.31

Receivables - Other - USD

Pending trade sales: United States dollar	0.000	474.69	474.69
Total - all currencies		474.69	474.69
Total Receivables - Other - USD		474.69	474.69

Value of Interest in Common/Collective Trusts

United States - USD

CF MET LIFE SEP ACCT 41 GAC 025131 CUSIP : 857992002	861.800	1,051,155.31	1,120,137.30
CF PRUDENTIAL GAC 40009 CUSIP : 997928PR1	118,018,990.290	118,018,990.29	114.72
NT COLLECTIVE SHORT TERM INVT FD CUSIP : 66586U452	592,994.080	592,994.08	592,994.08
Total United States - USD		119,663,139.68	1,713,246.10
Total Value of Interest in Common/Collective Trusts		119,663,139.68	1,713,246.10

Value of Interest in Registered Investment Companies

International Region - USD

MFO VANGUARD STAR FD VANGUARD TOTAL INTLSTOCK INDEX FD ADMIRAL SHS CUSIP : 921909818	36,998.530	1,241,617.92	1,172,483.42
Total International Region - USD		1,241,617.92	1,172,483.42

United States - USD

MFO VANGUARD FIDUCIARY TR CO LONG TERM INVT GRADE TR I CUSIP : 92202M203	59,707.360	1,008,054.62	1,074,135.41
MFO VANGUARD FXD INC LONG TERM CORP ADMIRAL SH CUSIP : 922031778	1,241,253.590	9,786,046.08	9,346,639.53
MFO VANGUARD INTM TERM INVT GRADE ADMR CUSIP : 922031810	562,016.040	4,845,272.75	4,810,857.30
MFO VANGUARD SCOTTSDALE FDS LONG-TERM TREAS INDEX FD INSTL SHS CUSIP : 92206C839	193,059.340	5,118,286.55	4,563,922.80

** All or a portion of this security participates in Securities Lending.

*Generated by Northern Trust from periodic data on 28 Feb 25 C0710

DOL 5500 Reporting

31 DEC 24

Account number GDPLN

USEC GDP PLAN

Page 2 of 2

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Value of Interest in Registered Investment Companies</i>			
United States - USD			
MFO VANGUARD TOT STK MKT-INST PL CUSIP : 922908355	8,846.940	2,076,467.60	2,340,723.39
Total United States - USD		22,834,127.60	22,136,278.43
Total Value of Interest in Registered Investment Companies		24,075,745.52	23,308,761.85
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	-60,976.70	-60,976.70
Total - all currencies		-60,976.70	-60,976.70
Total Other Liabilities		-60,976.70	-60,976.70
Total		143,681,585.50	24,964,708.25

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report.

** All or a portion of this security participates in Securities Lending.

*Generated by Northern Trust from periodic data on 28 Feb 25 C0710

**Retirement Program Plan for Employees of
United States Enrichment Corporation**

EIN: 52-2109255

PN: 001

Form 5500 Schedule H, line 4(j) – Schedule of Reportable Transactions

For the year ended December 31, 2024

The Schedule of Reportable Transactions is provided as an attachment to the financial statements.

DOL 5500 Reporting

01 JAN 24 - 31 DEC 24

Account ID GDPLN
Account Name USEC GDP PLAN

Page 1 of 2

◆ 5% Report - Part A *Single Transactions in Excess of 5%*

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
CF CG LONG DUR CREDIT TRUST US CL DB	-1,680,107.530	07 Mar 24		22.3200		0.00	33,501,344.17	37,500,000.00	3,998,655.83
CF CG LONG DUR CREDIT TRUST US CL DB	-1,681,276.620	30 May 24		21.6700		0.00	33,524,655.83	36,433,264.46	2,908,608.63
NT COLLECTIVE SHORT TERM INVT FD	37,500,000.000	08 Mar 24	1.0000			0.00	37,500,000.00	37,500,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	153,015,765.970	29 May 24	1.0000			0.00	153,015,765.97	153,015,765.97	0.00
NT COLLECTIVE SHORT TERM INVT FD	49,095,319.090	31 May 24	1.0000			0.00	49,095,319.09	49,095,319.09	0.00
NT COLLECTIVE SHORT TERM INVT FD	-37,500,000.000	12 Mar 24		1.0000		0.00	37,500,000.00	37,500,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	-205,954,189.990	03 Jun 24		1.0000		0.00	205,954,189.99	205,954,189.99	0.00
Value of Interest in Registered Investment Companies									
International Region - USD									
MFO VANGUARD TOT INT ST IDX	-267,567.930	28 May 24		132.3400		0.00	35,897,481.60	35,409,940.17	-487,541.43
United States - USD									
MFO VANGUARD FXD INC LONG TERM CORP ADMIRAL SH	2,367,758.190	11 Mar 24	7.9400			0.00	18,800,000.00	18,800,000.00	0.00
MFO VANGUARD FXD INC LONG TERM CORP ADMIRAL SH	-2,413,979.440	28 May 24		7.6000		0.00	20,078,608.56	18,346,243.73	-1,732,364.83
MFO VANGUARD SCOTTSDALE FDS LONG-TERM TREAS INDEX FD INSTL SHS	732,758.620	11 Mar 24	25.5200			0.00	18,700,000.00	18,700,000.00	0.00
MFO VANGUARD SCOTTSDALE FDS LONG-TERM TREAS INDEX FD INSTL SHS	-1,373,696.060	28 May 24		24.1600		0.00	41,028,208.85	33,188,496.79	-7,839,712.06
MFO VANGUARD TOT STK MKT-INST PL	-222,337.590	28 May 24		238.9700		0.00	44,154,021.36	53,132,013.98	8,977,992.62

NOTE: TRANSACTIONS ARE BASED ON THE 12-31-23 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

*Generated by Northern Trust from periodic data on 28 Feb 25 C0699

◆ 5% Report - Part A
Single Transactions in Excess of 5%

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

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 12-31-23 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

DOL 5500 Reporting

01 JAN 24 - 31 DEC 24

Account ID GDPLN
Account Name USEC GDP PLAN

◆ 5% Report - Part B

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

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

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

*Generated by Northern Trust from periodic data on 28 Feb 25 C0700

DOL 5500 Reporting

01 JAN 24 - 31 DEC 24

Account ID GDPLN
Account Name USEC GDP PLAN

◆ 5% Report - Part B

Page 2 of 2

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

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

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

◆ 5% Report - Part C Summary

Page 1 of 3

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
			Acquisition Price	Disposition Price				
CF CG LONG DUR CREDIT TRUST US CL DB CUSIP: 4JY999D31	Total dispositions	2		73,933,264.46		0.00	67,026,000.00	73,933,264.46
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	165	320,348,382.89			0.00	320,348,382.89	320,348,382.89
	Total dispositions	110		322,312,692.94		0.00	322,312,692.94	322,312,692.94
MFO VANGUARD TOT INT ST IDX CUSIP: 921909776	Total acquisitions	2	154,669.15			0.00	154,669.15	154,669.15
	Total dispositions	7		40,105,868.87		0.00	40,726,974.40	40,105,868.87
MFO VANGUARD FIDUCIARY TR CO LONG TERM INVT GRADE TR I CUSIP: 92202M203	Total acquisitions	1	227,840.89			0.00	227,840.89	227,840.89
	Total dispositions	1		12,965,098.44		0.00	12,169,060.49	12,965,098.44
MFO VANGUARD FXD INC LONG TERM CORP ADMIRAL SH CUSIP: 922031778	Total acquisitions	17	27,798,999.93			0.00	27,798,999.93	27,798,999.93
	Total dispositions	6		21,515,276.95		0.00	23,310,855.69	21,515,276.95
MFO VANGUARD SCOTTSDALE FDS LONG-TERM TREAS INDEX FD INSTL SHS CUSIP: 92206C839	Total acquisitions	17	22,033,648.84			0.00	22,033,648.84	22,033,648.84
	Total dispositions	6		33,565,714.75		0.00	41,459,264.99	33,565,714.75
MFO VANGUARD TOT STK MKT-INST PL CUSIP: 922908355	Total acquisitions	5	1,350,939.36			0.00	1,350,939.36	1,350,939.36

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

*Generated by Northern Trust from periodic data on 28 Feb 25 C0073

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
		Acquisition Price	Disposition Price				
MFO VANGUARD TOT STK MKT-INST PL CUSIP: 922908355	Total dispositions	9	61,402,385.52		0.00	51,129,030.92	61,402,385.52

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

*Generated by Northern Trust from periodic data on 28 Feb 25 C0073

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
		Acquisition Price	Disposition Price				

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

◆ 5% Report - Part D
Series of Transactions with Same Party in Excess of 5%

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

THERE ARE NO REPORTABLE TRANSACTIONS

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report.

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71



DOL 5500 Reporting

31 DEC 24

Account number GDPLN

USEC GDP PLAN

Page 1 of 2

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
---------------------------------	------------------	------	---------------

Non-Interest Bearing Cash - USD

USD - United States dollar	0.000	3,202.31	3,202.31
Total - all currencies		3,202.31	3,202.31
Total Non-Interest Bearing Cash - USD		3,202.31	3,202.31

Receivables - Other - USD

Pending trade sales: United States dollar	0.000	474.69	474.69
Total - all currencies		474.69	474.69
Total Receivables - Other - USD		474.69	474.69

Value of Interest in Common/Collective Trusts

United States - USD

CF MET LIFE SEP ACCT 41 GAC 025131 CUSIP : 857992002	861.800	1,051,155.31	1,120,137.30
CF PRUDENTIAL GAC 40009 CUSIP : 997928PR1	118,018,990.290	118,018,990.29	114.72
NT COLLECTIVE SHORT TERM INVT FD CUSIP : 66586U452	592,994.080	592,994.08	592,994.08
Total United States - USD		119,663,139.68	1,713,246.10
Total Value of Interest in Common/Collective Trusts		119,663,139.68	1,713,246.10

Value of Interest in Registered Investment Companies

International Region - USD

MFO VANGUARD STAR FD VANGUARD TOTAL INTLSTOCK INDEX FD ADMIRAL SHS CUSIP : 921909818	36,998.530	1,241,617.92	1,172,483.42
Total International Region - USD		1,241,617.92	1,172,483.42

United States - USD

MFO VANGUARD FIDUCIARY TR CO LONG TERM INVT GRADE TR I CUSIP : 92202M203	59,707.360	1,008,054.62	1,074,135.41
MFO VANGUARD FXD INC LONG TERM CORP ADMIRAL SH CUSIP : 922031778	1,241,253.590	9,786,046.08	9,346,639.53
MFO VANGUARD INTM TERM INVT GRADE ADMR CUSIP : 922031810	562,016.040	4,845,272.75	4,810,857.30
MFO VANGUARD SCOTTSDALE FDS LONG-TERM TREAS INDEX FD INSTL SHS CUSIP : 92206C839	193,059.340	5,118,286.55	4,563,922.80

** All or a portion of this security participates in Securities Lending.

*Generated by Northern Trust from periodic data on 28 Feb 25 C0710

DOL 5500 Reporting

31 DEC 24

Account number GDPLN

USEC GDP PLAN

Page 2 of 2

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Value of Interest in Registered Investment Companies</i>			
United States - USD			
MFO VANGUARD TOT STK MKT-INST PL CUSIP : 922908355	8,846.940	2,076,467.60	2,340,723.39
Total United States - USD		22,834,127.60	22,136,278.43
Total Value of Interest in Registered Investment Companies		24,075,745.52	23,308,761.85
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	-60,976.70	-60,976.70
Total - all currencies		-60,976.70	-60,976.70
Total Other Liabilities		-60,976.70	-60,976.70
Total		143,681,585.50	24,964,708.25

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report.

** All or a portion of this security participates in Securities Lending.

*Generated by Northern Trust from periodic data on 28 Feb 25 C0710

DOL 5500 Reporting

01 JAN 24 - 31 DEC 24

Account ID GDPLN
Account Name USEC GDP PLAN

Page 1 of 2

◆ 5% Report - Part A Single Transactions in Excess of 5%

Security description / Asset ID	Shares/PAR	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
CF CG LONG DUR CREDIT TRUST US CL DB	-1,680,107.530	07 Mar 24		22.3200		0.00	33,501,344.17	37,500,000.00	3,998,655.83
CF CG LONG DUR CREDIT TRUST US CL DB	-1,681,276.620	30 May 24		21.6700		0.00	33,524,655.83	36,433,264.46	2,908,608.63
NT COLLECTIVE SHORT TERM INVT FD	37,500,000.000	08 Mar 24	1.0000			0.00	37,500,000.00	37,500,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	153,015,765.970	29 May 24	1.0000			0.00	153,015,765.97	153,015,765.97	0.00
NT COLLECTIVE SHORT TERM INVT FD	49,095,319.090	31 May 24	1.0000			0.00	49,095,319.09	49,095,319.09	0.00
NT COLLECTIVE SHORT TERM INVT FD	-37,500,000.000	12 Mar 24		1.0000		0.00	37,500,000.00	37,500,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD	-205,954,189.990	03 Jun 24		1.0000		0.00	205,954,189.99	205,954,189.99	0.00
Value of Interest in Registered Investment Companies									
International Region - USD									
MFO VANGUARD TOT INT ST IDX	-267,567.930	28 May 24		132.3400		0.00	35,897,481.60	35,409,940.17	-487,541.43
United States - USD									
MFO VANGUARD FXD INC LONG TERM CORP ADMIRAL SH	2,367,758.190	11 Mar 24	7.9400			0.00	18,800,000.00	18,800,000.00	0.00
MFO VANGUARD FXD INC LONG TERM CORP ADMIRAL SH	-2,413,979.440	28 May 24		7.6000		0.00	20,078,608.56	18,346,243.73	-1,732,364.83
MFO VANGUARD SCOTTSDALE FDS LONG-TERM TREAS INDEX FD INSTL SHS	732,758.620	11 Mar 24	25.5200			0.00	18,700,000.00	18,700,000.00	0.00
MFO VANGUARD SCOTTSDALE FDS LONG-TERM TREAS INDEX FD INSTL SHS	-1,373,696.060	28 May 24		24.1600		0.00	41,028,208.85	33,188,496.79	-7,839,712.06
MFO VANGUARD TOT STK MKT-INST PL	-222,337.590	28 May 24		238.9700		0.00	44,154,021.36	53,132,013.98	8,977,992.62

NOTE: TRANSACTIONS ARE BASED ON THE 12-31-23 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

*Generated by Northern Trust from periodic data on 28 Feb 25 C0699

◆ 5% Report - Part A
Single Transactions in Excess of 5%

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

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 12-31-23 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

DOL 5500 Reporting

01 JAN 24 - 31 DEC 24

Account ID GDPLN
Account Name USEC GDP PLAN

◆ 5% Report - Part B

Page 1 of 2

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

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

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

*Generated by Northern Trust from periodic data on 28 Feb 25 C0700

DOL 5500 Reporting

01 JAN 24 - 31 DEC 24

Account ID GDPLN
Account Name USEC GDP PLAN

◆ 5% Report - Part B

Page 2 of 2

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

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

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

◆ 5% Report - Part C Summary

Page 1 of 3

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
			Acquisition Price	Disposition Price				
CF CG LONG DUR CREDIT TRUST US CL DB CUSIP: 4JY999D31	Total dispositions	2		73,933,264.46		0.00	67,026,000.00	73,933,264.46
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	165	320,348,382.89			0.00	320,348,382.89	320,348,382.89
	Total dispositions	110		322,312,692.94		0.00	322,312,692.94	322,312,692.94
MFO VANGUARD TOT INT ST IDX CUSIP: 921909776	Total acquisitions	2	154,669.15			0.00	154,669.15	154,669.15
	Total dispositions	7		40,105,868.87		0.00	40,726,974.40	40,105,868.87
MFO VANGUARD FIDUCIARY TR CO LONG TERM INVT GRADE TR I CUSIP: 92202M203	Total acquisitions	1	227,840.89			0.00	227,840.89	227,840.89
	Total dispositions	1		12,965,098.44		0.00	12,169,060.49	12,965,098.44
MFO VANGUARD FXD INC LONG TERM CORP ADMIRAL SH CUSIP: 922031778	Total acquisitions	17	27,798,999.93			0.00	27,798,999.93	27,798,999.93
	Total dispositions	6		21,515,276.95		0.00	23,310,855.69	21,515,276.95
MFO VANGUARD SCOTTSDALE FDS LONG-TERM TREAS INDEX FD INSTL SHS CUSIP: 92206C839	Total acquisitions	17	22,033,648.84			0.00	22,033,648.84	22,033,648.84
	Total dispositions	6		33,565,714.75		0.00	41,459,264.99	33,565,714.75
MFO VANGUARD TOT STK MKT-INST PL CUSIP: 922908355	Total acquisitions	5	1,350,939.36			0.00	1,350,939.36	1,350,939.36

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

*Generated by Northern Trust from periodic data on 28 Feb 25 C0073

DOL 5500 Reporting

01 JAN 24 - 31 DEC 24

Account ID GDPLN
Account Name USEC GDP PLAN

◆ 5% Report - Part C Summary

Page 2 of 3

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
		Acquisition Price	Disposition Price				
MFO VANGUARD TOT STK MKT-INST PL CUSIP: 922908355	Total dispositions	9	61,402,385.52		0.00	51,129,030.92	61,402,385.52

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

*Generated by Northern Trust from periodic data on 28 Feb 25 C0073

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
		Acquisition Price	Disposition Price				

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report .

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

◆ 5% Report - Part D
Series of Transactions with Same Party in Excess of 5%

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

THERE ARE NO REPORTABLE TRANSACTIONS

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report.

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 263,418,846.71

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	United States Enrichment Corporation
EIN/PN	52-2109255/001
Plan Name	Retirement Program Plan for Employees of United States Enrichment Corporation
Valuation Date	January 1, 2024
Enrolled Actuary	David H. Webber
Enrollment Number	23-06137

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:

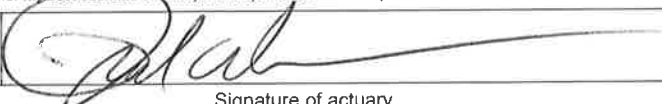
The actuarial valuation on which the information in this Schedule SB is based has been prepared in reliance upon the employee and financial data furnished by the plan administrator. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing 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.

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 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ 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 RETIREMENT PROGRAM PLAN FOR EMPLOYEES OF UNITED STATES ENRICHMENT CORPORATION	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED STATES ENRICHMENT CORPORATION	D Employer Identification Number (EIN) 52-2109255
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2024			
2 Assets:			
a Market value		2a	263,259,964
b Actuarial value		2b	289,585,960
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	1,346	249,219,707	249,219,707
b For terminated vested participants	221	14,844,045	14,844,045
c For active participants	48	8,416,718	8,416,718
d Total	1,615	272,480,470	272,480,470
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	5.11%
6 Target normal cost			
a Present value of current plan year accruals		6a	0
b Expected plan-related expenses		6b	1,700,000
c Target normal cost		6c	1,700,000

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

SIGN HERE		June 24 2025
Signature of actuary		Date
David H Webber		2306137
Type or print name of actuary		Most recent enrollment number
Willis Towers Watson US LLC		703-258-8000
Firm name		Telephone number (including area code)
800 North Glebe Road Floor 10 Arlington VA 22203		
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	34,030,209
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6,423,287
9 Amount remaining (line 7 minus line 8)	0	27,606,922
10 Interest on line 9 using prior year's actual return of <u>7.03</u> %	0	1,940,767
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 <u>5.13</u> %		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	14,200,000
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	15,347,689

Part III Funding Percentages

14 Funding target attainment percentage	14	100.64%
15 Adjusted funding target attainment percentage	15	104.01%
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	91.79%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code).....				21b
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1,700,000	
b Excess assets, if applicable, but not greater than line 31a	31b	1,700,000	
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 SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	104,421	431,177	24,576,023	25,111,621
2025	246,334	812,775	23,725,151	24,784,260
2026	321,501	882,555	22,924,527	24,128,583
2027	387,423	940,158	22,148,784	23,476,365
2028	426,748	975,439	21,407,581	22,809,768
2029	466,271	1,020,710	20,671,740	22,158,721
2030	525,199	1,044,463	19,931,469	21,501,131
2031	576,134	1,045,650	19,182,910	20,804,694
2032	623,905	1,053,011	18,422,202	20,099,118
2033	661,317	1,059,707	17,645,810	19,366,834
2034	694,972	1,052,009	16,850,840	18,597,821
2035	721,335	1,041,985	16,035,353	17,798,673
2036	722,972	1,032,559	15,198,576	16,954,107
2037	715,948	1,021,601	14,341,035	16,078,584
2038	704,420	1,009,002	13,464,690	15,178,112
2039	691,764	994,294	12,572,985	14,259,043
2040	677,881	978,507	11,670,767	13,327,155
2041	662,695	964,975	10,764,108	12,391,778
2042	646,130	947,452	9,860,051	11,453,633
2043	628,198	924,347	8,966,277	10,518,822
2044	608,797	899,920	8,090,756	9,599,473
2045	587,757	873,441	7,241,547	8,702,745
2046	566,160	843,736	6,426,504	7,836,400
2047	542,904	811,900	5,652,893	7,007,697
2048	516,972	777,839	4,927,059	6,221,870
2049	489,587	741,570	4,254,159	5,485,316
2050	460,898	703,215	3,637,908	4,802,021
2051	431,119	662,898	3,080,519	4,174,536
2052	400,529	620,835	2,582,718	3,604,082
2053	369,432	577,395	2,143,775	3,090,602
2054	338,155	533,019	1,761,666	2,632,840
2055	307,032	488,208	1,433,251	2,228,491
2056	276,385	443,498	1,154,527	1,874,410
2057	246,529	399,446	920,927	1,566,902
2058	217,761	356,592	727,546	1,301,899
2059	190,365	315,448	569,383	1,075,196
2060	164,600	276,465	441,535	882,600
2061	140,689	240,033	339,357	720,079
2062	118,814	206,455	258,596	583,865
2063	99,097	175,935	195,447	470,479
2064	81,597	148,588	146,580	376,765
2065	66,311	124,425	109,129	299,865
2066	53,172	103,361	80,686	237,219
2067	42,064	85,243	59,264	186,571

Plan Name: Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN: 52-2109255/001
Plan Sponsor: United States Enrichment Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

2068	32,828	69,848	43,253	145,929
2069	25,276	56,912	31,372	113,560
2070	19,203	46,158	22,613	87,974
2071	14,398	37,298	16,196	67,892
2072	10,660	30,057	11,523	52,240
2073	7,797	24,175	8,143	40,115

Plan Name: Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN: 52-2109255/001
Plan Sponsor: United States Enrichment Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2024

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 64 is the arithmetic average of the expected retirement ages of all such participants on January 1, 2024.

Plan Name:	Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN:	52-2109255/001
Plan Sponsor:	United States Enrichment Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month December 2023
- Interest rate basis Full Yield Curve

Interest rates

10-year rate	5.10%
20-year rate	5.22%
30-year rate	5.17%
Effective interest rate	5.11%

Annual rates of increase

- Compensation N/A
- Future Social Security wage bases N/A

Lump sum conversion basis Based on the annuity substitution approach method under IRS Regulation 1.430(d)-1(f)(4); using the full yield curve.

Plan Name: Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN: 52-2109255/001
Plan Sponsor: United States Enrichment Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021.
- **Disabled** Same as healthy.
- **Lump sums** Mortality for lump sum conversions is based on the 2024 IRS unisex mortality table prescribed under 417(e) for 2024 lump sum payments.

Termination Representative termination rates by age and gender are shown below.

Percentage leaving during the year		
Attained Age	Males	Females
15	9.6%	12.6%
20	8.1%	10.6%
25	6.6%	8.6%
30	5.2%	6.6%
35	4.1%	5.2%
40	3.2%	4.1%
45	2.6%	3.2%
50	2.0%	2.5%

Plan Name: Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN: 52-2109255/001
Plan Sponsor: United States Enrichment Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability

Representative rates at which participants become disabled by age and gender are shown below.

Percentage becoming disabled during the year		
Age	Males	Females
25	.033%	.041%
30	.043%	.061%
35	.059%	.097%
40	.093%	.135%
45	.171%	.217%
50	.338%	.364%
55	.639%	.566%

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 are shown below.

Percentage retiring during the year	
Age	Rate
50	2%
51	3%
52	4%
53-55	5%
56-59	8%
60-61	10%
62-64	30%
65	100%

Unpredictable Contingent Event Benefit (UCEB) assumptions

None

Benefit commencement date

- Preretirement death benefit
Upon the death of the active participant if the participant completed ten years of service; otherwise, the date the participant would have attained age 65.

Plan Name: Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN: 52-2109255/001
Plan Sponsor: United States Enrichment Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

- **Deferred vested benefit** For active participants, later of age 65 or current age; immediate for lump sums.

For other deferred vested participants (not eligible for a retirement benefit), the later of age 59 and their current age.

For other deferred vested participants (eligible for a retirement benefit), their current age.
- **Disability benefit** For members of Portsmouth USW Local 689, upon disablement, provided that the participant has completed ten years of service and has not attained age 65. Not applicable for all other participants.
- **Retirement benefit** Later of valuation date and termination of employment.

Form of payment Actual for current retirees. For future retirees, 30% elect a lump sum and the other 70% elect a joint and 50% survivor annuity with pop-up (married) or life annuity (single) based on below percent electing married form of payment.

Percent electing married form of payment 75% for males and 30% for females; actual for current retirees.

Percent married 80% of males; 60% of females; actual for current retirees.

Spouse age Wife three years younger than husband; actual for current retirees.

Covered pay N/A – no actives are accruing benefits.

Administrative expenses \$1,700,000 added to the target normal cost.

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

Methods

Valuation date First day of plan year

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

Plan Name: Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN: 52-2109255/001
Plan Sponsor: United States Enrichment Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

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 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.

Actuarial value of assets Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.01% in 2022 and 6.10% in 2023 with such expected earnings limited as described in IRS Notice 2009-22. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued All benefits described in the Plan Provisions were valued, except as noted below. WTW has reviewed the plan provisions with Centrus Energy Corp. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Benefit increases for any active participants employed after their minimum required distribution date have not been valued as they are not expected to affect many participants and would not have a significant impact on the funding target.

Plan Name: Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN: 52-2109255/001
Plan Sponsor: United States Enrichment Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Source of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, certain assumptions were made for missing or apparently inconsistent data elements, as will be documented in our forthcoming correspondence.

We are not aware of any errors or omissions in the data that would have 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.
Administrative expenses	As required by regulations, administration expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, PBGC premiums and other fees to be paid from the trust).
Investment return	A 6.10% investment return assumption for 2023 was selected for use in the actuarial value of assets (with such expected earnings limited as described in IRS Notice 2009-22). This assumption is based on an estimate of future experience for asset investment returns reflecting the plan's asset allocation and any expected changes during the plan year, market conditions at the measurement date and expectations for future market conditions. Portfolio return simulations using WTW's CAP:Link model were used to select this assumption.

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2007, with annual consideration of whether any conditions have

Plan Name:	Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN:	52-2109255/001
Plan Sponsor:	United States Enrichment Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

changed that would be expected to produce different results in the future.

Disability

Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Retirement

Retirement rates were based on an experience study conducted in 2007, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future, such as the introduction of an in-service distribution option.

Form of payment

The percentages of retiring participants assumed to elect the varying forms of payment available under the plan are based on recent observed experience and considering form of payment conversion factors. The lump sum election percentage are based on a 2019 study of actual lump sum experience for active participations who terminated during 2017 and 2018. Lump sum assumptions were set reflecting current payment terms and annuity substitution.

Benefit commencement date for deferred benefits

- Preretirement death benefit
Surviving spouses are generally assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value.
- Deferred vested benefit
Deferred vested participants are assumed to commence benefits at their current age (if retirement eligible) or at the later of age 59 or current age (if not retirement eligible) based on a best estimate of commencement age taking into account early retirement subsidies available in the plan.

Plan Name:	Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN:	52-2109255/001
Plan Sponsor:	United States Enrichment Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described herein, 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 and other matters since prior valuation

- The plan sponsor elected to use the full yield curve to calculate the funding target, target normal cost and lump sums. For the prior valuation, the interest rate basis was the 3-segment rates for September, based on bond yields through August preceding the valuation date.
- The mortality table used to calculate the funding target and target normal cost was updated, as required by IRC §430.
- The mortality assumption used for lump sum conversions was updated to reflect the current IRC §417(e) mortality table.
- The assumed plan related expenses added to the normal cost were changed from \$2,600,000 in 2023 to \$1,700,000 in 2024.
- In conjunction with plan changes permitting in-service distributions, the maximum assumed retirement age was set to age 65.

Reference the prior year Form 5500 for details on assumptions for that valuation.

Plan Name: Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN: 52-2109255/001
Plan Sponsor: United States Enrichment Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted November 30, 2023.

Effective August 5, 2013 pension accruals and participation have been frozen for all participants except USW Local 550 Represented Employees and SPFPA Local 111 Represented Employees.

Covered employees

The following are eligible to participate in the plan:

- Non-collective bargained employees hired prior to September 1, 2008
- SPFPA Local 66 union employees hired prior to May 29, 2008
- SPFPA Local 111 union employees hired prior to March 1, 2007
- USW Local 689 union employees hired prior to March 15, 2010
- USW Local 550 union employees hired prior to January 1, 2011

For each group above that has a participation cut-off date, existing participants were given the option to opt-out of the pension plan for future accruals.

Participation is the first of the month coincident with or following the later of May 18, 1999 and date of hire.

Participation date

Date of becoming a covered employee

Definitions

Credited service

Years and months of service as a covered employee. For all participants except USW Local 550 Represented Employees and SPFPA Local 111 Represented Employees, no credited service for benefit accruals will be earned after August 5, 2013.

Plan Name:	Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN:	52-2109255/001
Plan Sponsor:	United States Enrichment Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Final average earnings	Greater of the average of the highest three non-consecutive calendar years of pensionable pay during the last ten-year period ending on the earlier of the participant's termination date or retirement date or the average of the final 36 months prior to participant's termination date or retirement date. For all participants except USW Local 550 Represented Employees and SPFPA Local 111 Represented Employees, final average earnings are frozen as of August 5, 2013. Participants transferring to Centrus Energy Corp. receive continued service accruals, but final average earnings are frozen at the date of transfer. Pensions for participants transferring from Centrus Energy Corp. are calculated using all service and pay at time of termination or retirement. Benefits are then offset by the Centrus Energy Corp. pension.
Social Security benefit	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment.
Normal retirement date (NRD)	First of month next following the attainment of age 65.
Regular formula	1.2% of final average earnings times years of credited service, plus \$1,320 (\$600 for Paducah Guards and \$216 for Portsmouth Guards).
Minimum formula	\$60 for each of the first 10 years of credited service, plus \$84 for each of the next 10 years of credited service, plus \$108 for each year of credited service over 20 years, plus 10% of final average earnings reduced by 1% per year less than 8, plus \$1,320 (\$600 for Paducah Guards and \$216 for Portsmouth Guards).
Alternate formula	1.5% of final average earnings times years of credited service less 1.5% of projected Social Security times years of credited service subject to a maximum offset of 50% of projected Social Security.

Plan Name:	Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN:	52-2109255/001
Plan Sponsor:	United States Enrichment Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

Greatest of the Regular Formula, Minimum Formula or Alternate Formula.

For employees at the Portsmouth, Ohio uranium enrichment plant with accrued benefits prior to January 1, 1989 under plans which were merged into this plan, benefits in this plan are based on all service including the service in prior plans, with a minimum of the benefits accrued under the prior plans. Since the current formulas are more generous, it is assumed that these minimums will not apply.

Portsmouth employees who contributed to the prior Salaried plan may withdraw their accumulated contributions at retirement or receive an additional benefit based on the accumulated contribution balance.

Opt-out

Employees who are participants in the plan are eligible to make an irrevocable election prior to the beginning of each plan year to opt out of future pension accruals. Upon opting out, these participants' benefits under the plan are frozen.

Guards supplement

A minimum percentage of pay benefit (based on service) exists for Portsmouth Guards retirees for the period of retirement prior to age 65.

Early retirement supplement

Certain Paducah employees retiring in 2003 were eligible for a pension supplement of \$400 per month payable until age 62 (minimum 3 years).

Eligibility for Benefits

Normal retirement

Retirement on NRD

Unreduced early retirement

Retirement before NRD and meet the following requirements:

- Age 62 with 10 years of credited service; or
- Age 60 with 30 years of credited service; or
- Age plus years of credited service at least equal to 85

If termination is involuntary, other than for cause, an additional two-year credit for age and/or service will be given for purposes of meeting the eligibility for this benefit.

Plan Name:	Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN:	52-2109255/001
Plan Sponsor:	United States Enrichment Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Reduced early retirement	Retirement before NRD and on or after both attaining age 50 and completing ten years of credited service. If termination is involuntary, other than for cause, an additional two-year credit for age and/or service will be given for purposes of meeting the eligibility for this benefit.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service, or termination on or after March 28, 2011 in connection with the termination of the Department of Energy Cold Shutdown Contract at Portsmouth, Ohio.
Disability	Disabled and prior to NRD, and participant has 9½ years of credited service and 26 weeks of disability for Portsmouth PACE participants. None for all other participants.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Unreduced early retirement	The monthly pension benefit determined as of the early retirement date. Social Security is determined assuming no future earnings after retirement.
Reduced early retirement	The monthly pension benefit determined as of early retirement date, reduced 5.0% for each year prior to the earliest date the participant would be eligible for full benefits.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date

Plan Name:	Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN:	52-2109255/001
Plan Sponsor:	United States Enrichment Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Vested termination

Greatest of the three benefit formulas, where the alternate formula is calculated by projecting the benefit to age 65 and multiplying the result by credited service at termination divided by years of credited service at age 65. For the regular and minimum benefit formulas, the flat dollar add-on benefit is also prorated by the same credited service fraction. Additionally, the portion of the minimum benefit formula that is based on 10% of final average earnings is reduced by 1% per year of service less than 10 instead of 8. Early payment is allowed using a different reduction than early retirement (5/9 of 1% for each month of commencement prior to age 65 and after age 62, and 5/12 of 1% for each month of commencement prior age 62), with payment commencing no earlier than age 50.

Disablement

For Portsmouth PACE participants, the benefit is calculated under the regular formula (or the alternate formula if it results in a higher benefit and receiving Social Security payments). Minimum of \$30 for each year of service plus \$600 until qualification for Social Security disability payments. Benefits are reduced by Workers' Compensation payments.

There are no disability benefits for all other participants. However, participants continue to accrue credited service while disabled.

Preretirement death

If participant dies after 10 years of credited service, death benefit is 50% of the benefit the participant could have received if he had retired, but not less than 25% of the accrued benefit, payable to the spouse and/or dependent children for life (or, if earlier, age 23 in the case of dependent children, unless the child is disabled).

If participant dies with less than 10 years of credited service, death benefit is 50% of the benefit the participant would have received at age 65 in the form of a qualified joint and 50% survivor annuity payable at the participant's age 65.

Plan Name:	Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN:	52-2109255/001
Plan Sponsor:	United States Enrichment Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

Life annuity; joint and 50% survivor annuity with pop-up provision for married employees; joint and 75% survivor annuity; Social Security leveling option; Social Security leveling option with 50% survivor annuity; lump sum. Illustrative conversion factors for the joint and 50% survivor annuity with pop-up option are shown below. Other actuarially equivalent annuity forms of payment are available.

Participant Age				
Spouse age	50	59	64	70
50	.951	.906	.868	.812
59	.966	.930	.897	.844
64	.974	.944	.914	.865
70	.983	.960	.937	.894

All other annuity forms of payment are determined by actuarial equivalence based on the Towers Perrin Forster & Crosby 1971 Forecast Mortality Table and a 6.00% interest rate, subject to the §417(e) assumption basis applicable for the Social Security leveling options.

A limited lump sum option was added to the Plan for (i) certain vested participants who terminated employment prior to July 1, 2013, and (ii) for certain actively employed participants whose employment terminates in connection with a voluntary reduction-in-force or whose employment is involuntarily terminated for reasons other than cause, in both cases on or after August 5, 2013, and on or before December 31, 2014. The lump sum is the present value of the NRD monthly pension benefit calculated using IRC §417(e) interest rate and mortality assumptions. The lump sum under (i) was payable in 2013, and the lump sum under (ii) is payable at termination. Certain immediate annuity options were also made available in lieu of the lump sum.

An additional limited lump sum option was added to the Plan for (i) certain vested participants who terminated employment prior to December 31, 2014. A limited lump sum option was also added (ii) for certain actively employed participants whose employment terminates in connection with a voluntary reduction-in-force or whose employment is involuntarily terminated for reasons other than cause, in both cases on or after January 1, 2015, and on or before December 31, 2015. The lump sum is the present value of the NRD monthly pension benefit calculated using IRC §417(e) interest rate and mortality assumptions. The lump sum under (i) was payable in March or June of 2015, and the lump sum under (ii)

Plan Name: Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN: 52-2109255/001
Plan Sponsor: United States Enrichment Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

is payable at termination. Certain immediate annuity options were also made available in lieu of the lump sum.

An additional limited lump sum option was added to the Plan for (i) certain terminated vested participants. A limited lump sum option was also added (ii) for certain actively employed participants whose employment terminates in connection with a voluntary reduction-in-force or whose employment is involuntarily terminated for reasons other than cause, in both cases on or after January 1, 2016, and on or before December 31, 2016 (subsequently extended to December 31, 2017). The lump sum is the present value of the NRD monthly pension benefit calculated using IRC §417(e) interest rate and mortality assumptions. The lump sum under (i) was payable in June or December of 2016, and the lump sum under (ii) is payable at termination. Certain immediate annuity options were also made available in lieu of the lump sum.

A limited lump sum option was added for certain actively employed participants who voluntarily terminate or whose employment is involuntarily terminated for reasons other than cause, on or after January 1, 2017, and on or before September 30, 2019. The lump sum is the present value of the NRD monthly pension benefit calculated using IRC §417(e) interest rate and mortality assumptions. The lump sum is payable at termination. Certain immediate annuity options were also made available in lieu of the lump sum.

The plan was amended in March 2019 making the lump sum option described immediately above permanent.

During 2024, certain terminated vested participants were given an opportunity for a lump sum distribution, with the lump sum payable in September 2024. Certain annuity options were also made available in lieu of the lump sum.

In-service distribution

Permitted as early as age 59.5 for active participants without a Qualified Domestic Relations Order (QDRO). The reduced in-service benefit is actuarially equivalent to the accrued benefit. Annuities are adjusted at termination date to reflect final early retirement reductions.

Pension increases

None

Plan Name:	Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN:	52-2109255/001
Plan Sponsor:	United States Enrichment Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan participants' contributions

None

Maximum on benefits and pay

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

Future Plan Changes and Other Events

WTW is not aware of any future plan changes which are required to be reflected.

The following events occurred after January 1, 2024, and are not reflected in the valuation:

- In May 2024, the plan sponsor entered into an agreement with Fidelity & Guaranty Life Insurance Company to purchase a group annuity contract for \$203,885,000. The purchase resulted in a transfer of benefit obligations and administrative responsibilities for approximately 877 retirees and beneficiaries effective September 1, 2024.
- Certain terminated vested participants were given an opportunity for a lump sum distribution with the lump sum payable in September 2024. Annuity options were also made available in lieu of the lump sum.
- During 2024, Centrus Energy Corp. converted the plan's participating group annuity contracts with The Prudential Insurance Company of America and Metropolitan Life Insurance Co. to non-participating status, effectively settling obligations over 400 retirees and beneficiaries.
- Effective December 31, 2024, the assets and obligations of the Employees' Retirement Plan of Centrus Energy Corp. merged into the Retirement Program Plan for Employees of United States Enrichment Corporation.

Changes in Plan Provisions and Significant Events Since Prior Year

In 2023, the plan was amended to allow for in-service distribution of benefits for eligible participants as early as age 59.5. In the adopted plan amendment, employees are permitted to elect a lump sum or commence an actuarially reduced annuity before terminating employment with Centrus Energy Corp. (with adjustment at termination to reflect the value of final early retirement reductions).

During October 2023, Centrus Energy Corp. completed an annuity placement with Pacific Life Insurance settling obligations for approximately 1,400 retirees in the plan. The original premium payment of \$171,380,199 was made October 13, 2023, and a refund of \$298,400 was issued in 2024 to reflect final data revisions and removals, for a net payment of \$171,081,799. These retirees are no longer participants in the plan as of January 1, 2024, and are therefore not included in the valuation.

Plan Name: Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN: 52-2109255/001
Plan Sponsor: United States Enrichment Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	1	0	0	0	0	0	0	0	1
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	2	4	2	2	1	0	0	0	11
55-59	0	0	1	0	2	8	2	2	0	0	15
60-64	0	0	2	0	2	7	3	4	0	0	18
65-69	0	0	0	0	0	1	1	0	1	0	3
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	6	4	6	18	7	6	1	0	48

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

Plan Name: Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN: 52-2109255/001
Plan Sponsor: United States Enrichment Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The plan sponsor elected to use the full yield curve. For the prior valuation, the interest rate basis was the 3-segment rates for September, based on bond yields through August preceding the valuation date.

Plan Name:	Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN:	52-2109255/001
Plan Sponsor:	United States Enrichment Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

In conjunction with plan changes permitting in-service distributions, the maximum assumed retirement age was set to age 65.

Plan Name:	Retirement Program Plan for Employees of United States Enrichment Corporation
EIN / PN:	52-2109255/001
Plan Sponsor:	United States Enrichment Corporation
Valuation Date:	January 1, 2024