Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WOLVERINE EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1969

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)
WOLVERINE WORLD WIDE, INC.

9341 COURTLAND DRIVE HB-2-241
ROCKFORD, MI 49351-0001

2b Employer Identification Number (EIN) 38-1185150

2c Plan Sponsor's telephone number 616-866-5500

2d Business code (see instructions) 316210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2026	AMY KALBFLEISCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2026	MICHAEL KOCHANNY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1212
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	211
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	209
b	Retired or separated participants receiving benefits	**6b**	275
c	Other retired or separated participants entitled to future benefits	**6c**	663
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1147
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	47
f	Total. Add lines **6d** and **6e**.	**6f**	1194
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	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 Characteristic Codes in the instructions:

1A

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WOLVERINE EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOLVERINE WORLD WIDE, INC.

D Employer Identification Number (EIN)
38-1185150

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
MIDLAND NATIONAL 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
46-0164570	66044	191202	377	01/01/2025	12/31/2025

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ ACTUARIAL TABLES FOR LIFE ANNUITIES

b	Premiums paid to carrier	6b	32922012
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)	0
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)	0
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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
WOLVERINE EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
38-1185150

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	183193274
b Actuarial value	**2b**	186631785

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	621	124553211	124553211
b For terminated vested participants	400	40503055	40503055
c For active participants	211	35202423	35761143
d Total	1232	200258689	200817409

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**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2054827
b Expected plan-related expenses	**6b**	1291000
c Target normal cost	**6c**	3345827

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

09/29/2026
Date

ADAM CASKEY
Type or print name of actuary

26-09238
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

901-930-0000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	12254150
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4347605
9	Amount remaining (line 7 minus line 8)	0	7906545
10	Interest on line 9 using prior year's actual return of 0.45 %	0	35579
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 5.19 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7942124

Part III Funding Percentages

14	Funding target attainment percentage	14	88.98 %
15	Adjusted funding target attainment percentage	15	88.98 %
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	95.46 %
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? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:

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

b Applicable month (enter code)	**21b**	4
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**	3345827
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	22127748	2161405
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**	5507232

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5507322	5507322

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WOLVERINE EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOLVERINE WORLD WIDE, INC.

D Employer Identification Number (EIN)
38-1185150

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

GSAM

13-3575636

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

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

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

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

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

GSAM

13-3575636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 56	INVESTMENT MANAGER	124524	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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	152933	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FINDLEY DAVIES

34-1213174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	151521	Yes [ ] No [X]	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)

STATE STREET BANK AND TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 99	RECORDKEEPING	112321	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HUNGERFORD

38-2184825

(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	16000	Yes [ ] No [X]	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: BRENDA G. STOVALL	**b** EIN:	38-1185150
c	Position: ACTUARY		
d	Address: 3340 PLAYERS CLUB PARKWAY STE 200 MEPHIS, TN 38125	**e** Telephone:	901-930-0000

Explanation: REASSIGNMENT OF WORK WITHIN WILLIS TOWERS WATSON.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WOLVERINE EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WOLVERINE WORLD WIDE, INC.

D Employer Identification Number (EIN)
38-1185150

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: GS COLL TR INTERMED DUR CR FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4166989-034	C	15921942

a Name of MTIA, CCT, PSA, or 103-12 IE: GS COLL TR LONG DUR CR FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4166989-026	C	23917844

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WOLVERINE EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOLVERINE WORLD WIDE, INC.

D Employer Identification Number (EIN)
38-1185150

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	22747524	19784987
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	642913	504033
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3396102	3127952
(2) U.S. Government securities	1c(2)	14986945	18702609
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1548253	1420266
(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)	44024651	39839786
(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)	100109756	96964689
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	187456144	180344322
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	4275950	1510266
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4275950	1510266
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	183180194	178834056

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	984826	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		984826
(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)	5197573	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5197573
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-69266	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-69266

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		5302411
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		
(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		12846092
c Other income	**2c**		-27876
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		24233760
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	12008618	
(2) To insurance carriers for the provision of benefits	**2e(2)**	32922012	
(3) Other	**2e(3)**		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		44930630
f Corrective distributions (see instructions)	**2f**		
g Certain deemed distributions of participant loans (see instructions)	**2g**		
h Interest expense	**2h**		
i Administrative expenses:			
(1) Salaries and allowances	**2i(1)**		
(2) Contract administrator fees	**2i(2)**		
(3) Recordkeeping fees	**2i(3)**		
(4) IQPA audit fees	**2i(4)**	16000	
(5) Investment advisory and investment management fees	**2i(5)**	124524	
(6) Bank or trust company trustee/custodial fees	**2i(6)**	112322	
(7) Actuarial fees	**2i(7)**	152933	
(8) Legal fees	**2i(8)**		
(9) Valuation/appraisal fees	**2i(9)**		
(10) Other trustee fees and expenses	**2i(10)**		
(11) Other expenses	**2i(11)**	1147093	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		1552872
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		46483502
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		-22249742
l Transfers of assets:			
(1) To this plan	**2l(1)**		17903604
(2) From this plan	**2l(2)**		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: HUNGERFORD **(2)** EIN: 38-2184825

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 585011.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WOLVERINE EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOLVERINE WORLD WIDE, INC.

D Employer Identification Number (EIN)
38-1185150

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): 04-1867445

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** | 1

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 49.0 % Private Equity: 1.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 42.0 %
High-Yield Debt: 3.0 % Real Assets: _____ % Cash or Cash Equivalents: 2.0 % Other: 3.0 %

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_____.

WOLVERINE EMPLOYEES' PENSION PLAN

FINANCIAL STATEMENTS

For the years ended
December 31, 2025 and 2024

HUNGERFORD
CPAs • ADVISORS • TECHNOLOGY • WEALTH

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INDEPENDENT AUDITOR'S REPORT

October 1, 2026

To the Pension Committee
Wolverine Employees' Pension Plan
Rockford, Michigan

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

We have performed audits of the financial statements of Wolverine Employees' Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, 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 Wolverine Employees' Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by 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. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Wolverine Employees' Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Wolverine Employees' Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 Wolverine Employees' Pension Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

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

Supplemental Schedules Required by ERISA

The supplemental Schedules of Assets (Held at End of Year) as of December 31, 2025 and Reportable Transactions for the year ended December 31, 2025 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental 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 is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental 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).

Hungerford

Certified Public Accountants
Grand Rapids, Michigan

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

WOLVERINE EMPLOYEES' PENSION PLAN
December 31, 2025 and 2024

	2025	2024
Assets		
Cash	$ 19,784,987	$ 22,747,524
Investments at fair value:		
Money market funds	3,127,952	3,396,102
Mutual funds	96,964,689	100,109,756
U.S. Treasury notes	18,702,609	14,986,945
Common/collective trust funds	39,839,786	44,024,651
Private equity fund	1,420,266	1,548,253
Total investments	160,055,302	164,065,707
Other Assets:		
Accrued income receivable	219,481	173,367
Due from broker	25,000	-
Futures contracts	157,964	338,603
Swap contracts	101,588	130,943
Total other assets	504,033	642,913
Total Assets	180,344,322	187,456,144
Liabilities		
Futures contracts	1,510,266	4,275,950
Net Assets Available for Benefits	**$ 178,834,056**	**$ 183,180,194**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

WOLVERINE EMPLOYEES' PENSION PLAN
For the years ended December 31, 2025 and 2024

	2025	2024
Additions to Net Assets Attributed to:		
Dividends	$ 5,197,573	$ 8,081,319
Interest income	1,108,881	1,170,783
Net appreciation (depreciation) in fair value of investments	17,927,306	(8,028,296)
Total Additions	24,233,760	1,223,806
Deductions from Assets Attributed to:		
Benefits paid to participants	12,008,618	23,549,157
Purchase of annuity contract	32,922,012	-
Administrative fees	1,552,872	1,383,749
Total Deductions	46,483,502	24,932,906
Net Decrease Prior to Transfers	(22,249,742)	(23,709,100)
Transfers from related plan	17,903,604	-
Net Decrease	(4,346,138)	(23,709,100)
Net Assets Available for Benefits:		
Beginning of year	183,180,194	206,889,294
End of year	**$ 178,834,056**	**$ 183,180,194**

Note A – Description of the Plan

The following description of the Wolverine Employees' Pension Plan (Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all U.S. employees of subsidiaries and divisions of Wolverine World Wide, Inc. (the Company), excluding certain employees covered by collectively bargaining unit plans until December 31, 2019. On December 31, 2019, the Wolverine Collectively Bargained Employees' Pension Plan was merged into the Plan, and its participants became participants of the Plan on that date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On December 31, 2025, The Stride Rite Corporation Retirement Income Plan was merged into the Plan and its participants became participants of the Plan on that date. On that date, approximately $18 million of assets available for benefits were transferred to the Plan.

Effective December 31, 2025 all accrued benefits under the Plan are frozen and participants will not accrue additional benefits.

Eligibility

The Plan was amended effective January 1, 2013, to freeze participation. Therefore, employees hired after December 31, 2012 are not eligible to participate in the Plan.

Eligible employees of the Company became participants in the Plan on January 1 or July 1 following completion of one hour of service for regular employees and one year of service for all other employees, as defined.

Contributions

There are no employee contributions allowed by the Plan. Employer contributions are actuarially determined on the basis of retirement benefits of all its participating employees.

Note A – Description of the Plan (Continued)

Plan Operations

The Company has appointed State Street Bank & Trust Co. (Trustee) to serve as Trustee and the Company to act as plan administrator. The Trustee is responsible for holding the investment assets of the Plan, executing investment transactions, and making distributions to participants. The plan administrator is responsible for interpreting and communicating the provisions of the Plan, ensuring that all government and participant reporting requirements are fulfilled, and approving all distributions from the Plan to participants. The Plan's fiduciary committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment strategy, and monitors investment performance.

Benefits

Employees are entitled to monthly pension benefits beginning at normal retirement age (age 65). Plan benefits are based on the greater of: (a) 1.6% of average monthly compensation multiplied by the employee's years of benefit service less the employee's monthly Social Security allowance, or (b) the employees' years of credited service multiplied by a fixed rate per month for each year of credited service. The normal benefit is adjusted for early or late retirement, disability or upon the participant's death, as stated in the plan document. The normal retirement benefit is payable as an annuity for life for single participants and a joint and 50% survivor annuity for married participants.

The Plan was amended effective January 1, 2020 such that for the plan year beginning January 1, 2020, a Participant shall earn a year of service if the Participant completes at least 600 hours of service during 2020. Additionally, in determining the Participant's benefit amount, a compensation annualization calculation will be computed for that plan year, and the Participant's minimum benefit shall not be less than the amount the Participant would have received under the Plan on December 31, 2019.

During 2024, the Plan was amended to offer a lump sum window to participants that were not currently receiving benefits.

The Plan was amended effective October 16, 2025 for the plan sponsor to enter into a single premium group annuity contract to provide for the payment of annuities for retirees and beneficiaries receiving a monthly benefit of $1,300 or less. The benefit takeover date is January 1, 2026. At that time, the affected participants will no longer be participants in the Plan.

Vesting

Benefits accrued within the Plan become fully vested upon the participant's completion of five years of service with the Company, as defined.

Administrative Expenses

Investment fees, administrative expenses, and Pension Benefit Guaranty Corporation (PBGC) premiums are paid by the Trust and allocated to the Plan and are based on reasonable and customary rates. Other costs and expenses incurred in connection with the operation of the Plan are borne by the Company.

Note B – Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosures 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.

Actuarial Present Values of Accumulated Plan Benefits

Accumulated plan benefits (see Note C) are those future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Accumulated plan benefits for active employees are based on years of credited service as of the date benefit information is presented. 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 a consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of January 1, 2025 were: (a) Pri-2012 sex-distinct Employee, Healthy Retiree and Contingent Survivor mortality tables used, projected forward generationally using the MP-2021 distinct improvement scale, (b) retirement age assumptions (graded retirement schedule from age 60 to age 75), (c) discount rate of 7.60%, and (d) 45% of participants are assumed to be married and male spouses are assumed to be three years older than female spouses. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Since the prior valuation, there have been no significant changes made to the actuarial assumptions.

Investment Valuation and Income Recognition

Investments are reported in the Plan's financial statements 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. See Note D for discussion of fair value measurements

Note B – Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

Net realized and unrealized appreciation or depreciation in the aggregate current value of investments included in the statements of changes in net assets available for benefits is composed of realized gains and losses on sales of investments and unrealized gains and losses resulting from changes in the aggregate current value of investments. Purchases and sales of securities are recorded on a trade date basis. Income from interest is recorded as it is earned. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 1, 2026, which is the date the financial statements were available to be issued**.**

Note C – Accumulated Plan Benefits and Funding Policy

An actuarial valuation of the Plan was made as of January 1, 2025 and 2024. Accumulated plan benefits at these dates are set forth in the following table:

	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$ 105,621,171	$ 102,927,861
Other vested benefits	54,094,241	72,190,844
	159,715,412	175,118,705
Nonvested benefits	560,619	736,391
Total actuarial present value of accumulated plan benefits	$ 160,276,031	$ 175,855,096

Note C – Accumulated Plan Benefits and Funding Policy (Continued)

Changes in accumulated plan benefits are as follows:

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 175,855,096	$ 172,554,907
Increase (decrease) during the year due to:		
Benefit accrual and actuarial experience	3,053,650	2,462,910
Benefits paid	(23,549,157)	(10,270,503)
Decrease in discount period	12,211,556	12,042,093
Change of assumptions	(7,295,114)	(934,311)
Actuarial present value of accumulated plan benefits at end of year	$ 160,276,031	$ 175,855,096

It is the sponsor's policy to fund the Plan as required by ERISA, and minimum funding standards have been met.

Note D – Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes 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 are unadjusted quoted prices in active markets for identical assets or liabilities 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 and liabilities in markets that are not active,
- other inputs that are observable or can be corroborated by observable market data,
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Note D – Fair Value Measurements (Continued)

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 are generally unobservable and significant to the fair value measurement. Such inputs typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability, including certain pricing models, discounted cash flow methodologies, and similar techniques that use significant unobservable inputs.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Money market and mutual funds: Valued based on quoted net asset values of the shares held by the plan on the last business day of the year.

Common/collective trust funds: Valued based on net asset value (NAV) or unit value of underlying investment funds as reported by the underlying fund managers, which is determined by quoted market prices, sales of similar assets on active markets, and other inputs such as expected discounted cash flows, credit risk, volatility statistics, liquidity statistics, and redemption restrictions. The funds provide for redemptions with notice as set forth in individual subscription agreements.

Private equity fund: Valued based on net asset value (NAV) of underlying investment fund as reported by the underlying fund manager. The NAV is determined by the fund's direct investment assets and liabilities. The fund allows for redemptions with notice as stipulated in the fund investor agreement.

U.S Treasury notes: Valued using a market approach based on yields currently available on comparable securities of issuers with similar credit ratings.

Note D – Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Trust's investments at fair value as of December 31, 2025 and 2024

	Level 1	Level 2	Level 3	Total
December 31, 2025				
Money market funds	$ 3,127,952	$ -	$ -	$ 3,127,952
Mutual funds	96,964,689	-	-	96,964,689
U.S. Treasury notes	-	18,702,609	-	18,702,609
Investments measured at net asset value (a)				
Common/collective trust funds				39,839,786
Private equity fund				1,420,266
Investments at fair value	100,092,641	18,702,609	-	160,055,302
Futures contracts - asset	157,964	-	-	157,964
Swap contract	101,588	-	-	101,588
Total derivatives	259,552	-	-	259,552
Total assets	100,352,193	18,702,609	-	160,314,854
Futures contracts - liability	1,510,266	-	-	1,510,266
Net Assets	$ 98,841,927	$ 18,702,609	$ -	$ 158,804,588

Note D – Fair Value Measurements (Continued)

	Level 1	Level 2	Level 3	Total
December 31, 2024				
Money market funds	$ 3,396,102	$ -	$ -	$ 3,396,102
Mutual funds	100,109,756	-	-	100,109,756
U.S. Treasury notes	-	14,986,945	-	14,986,945
Investments measured at net asset value (a)				
Common/collective trust funds				44,024,651
Private equity fund				1,548,253
Investments at fair value	103,505,858	14,986,945	-	164,065,707
Futures contracts - asset	338,603	-	-	338,603
Swap contract	130,943	-	-	130,943
Total derivatives	469,546	-	-	469,546
Total assets	103,975,404	14,986,945	-	164,535,253
Futures contracts - liability	4,275,950	-	-	4,275,950
Net Assets	$ 99,699,454	$ 14,986,945	$ -	$ 160,259,303

(a) In accordance with FASB Codification Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Note E – Information Certified by Trustee

All investment information disclosed in the accompanying financial statements including investments held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years then ended, were obtained from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

Note F – Futures Contracts and Fixed Income Swaps

The Plan has entered into futures contracts for nontrading purposes in order to manage its exposure to fluctuations in the market on its portfolio holdings and achieve its long-term investment strategy. These contracts are valued at the last settlement price at the end of each day on the exchange upon which they are traded. Pursuant to the contract, the Plan agrees to settle with the broker an amount of cash equal to the daily fluctuation in the value of the future contract.

The Plan has also entered into fixed income swap instruments which are designed to neutralize most of the impact of changes in interest rates.

Gains or losses in contract values and swap contracts may occur from changes in the value of the underlying instrument and are reported as net assets or liabilities in the Statement of Net Assets Available for Benefits.

Open futures contracts and fixed income swaps as of December 31, 2025 and 2024 were as follows:

December 31, 2025	**Long Contracts**	
	Notional Amount	**Unrealized gain/loss**
U.S. and Foreign currency	$ 8,696,015	$ (44,855)
U.S. Ultra T-bill	97,100,000	(1,429,818)
U.S. Treasury Note	12,200,000	(35,593)
U.S. Dollar Fixed Income Swap	6,750,000	101,588
	Short Contracts	
	Notional Amount	**Unrealized gain/loss**
U.S. Treasury Note	(22,900,000)	157,964
U.S. Dollar Fixed Income Swap	(6,750,000)	-

December 31, 2024	**Long Contracts**	
	Notional Amount	**Unrealized gain/loss**
U.S. and Foreign currency	$ 11,429,225	$ (275,255)
U.S. Ultra T-bill	106,700,000	(3,902,858)
U.S. Treasury Note	14,900,000	(97,837)
U.S. Dollar Fixed Income Swap	6,750,000	130,943
	Short Contracts	
	Notional Amount	**Unrealized gain/loss**
U.S. Ultra T-bill	$ (300,000)	$ 20,906
U.S. Treasury Note	(21,600,000)	317,697
U.S. Dollar Fixed Income Swap	(6,750,000)	-

Note G – Party-In-Interest Transactions

Fees incurred for investment advisory and administrative services rendered by parties-in-interest of $557,299 and $633,505 during the years ended December 31, 2025 and 2024, respectively, were paid by the Plan based on customary and reasonable rates for such services.

Certain plan investments are shares of funds managed by affiliates of the Trustee and therefore, these transactions qualify as party-in-interest transactions.

Note H – Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amount reported in the statements of net assets available for benefits.

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

Note I – Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event of plan termination, the assets held to provide benefits shall be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Normal benefits to those participants or their beneficiaries to whom payment commenced, or would have commenced if the participant had retired, at least three years prior to the termination,

2. All other benefits insured through the PBGC,

3. All other uninsured vested benefits,

4. Other nonvested benefits.

If residual assets remain, they shall be paid to the employer only after satisfaction of all liabilities of the Plan. The PBGC guarantees the payments of nonforfeitable basic benefits, subject to limitations prescribed by ERISA.

Note J – Tax Status

The Plan obtained its latest determination letter dated January 5, 2026, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

SUPPLEMENTAL SCHEDULES

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

WOLVERINE EMPLOYEES' PENSION PLAN
December 31, 2025
EIN 38-1185150
PN 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	State Street	State Street Institutional U.S. Government Money Market Fund Premier Class	$ 3,127,952	$ 3,127,952
	Renaissance Venture Capital	Renaissance Venture Capital Fund II	659,673	1,420,266
	iShares	iShares MSCI USA Quality Factor ETF	420,750	426,239
*	Goldman Sachs Asset Management	GS Multi Manager Non Core R6	4,106,978	4,319,485
		GS Multi Manager Global Equity R6	15,438,893	20,165,474
		GS Multi Manager Real Asset R6	4,823,516	5,447,942
		GS Multi Manager Managed Beta	48,351,830	61,857,355
		GS Multi Manager TCT TLT OVRLY R6	4,625,024	4,748,194
		GS Collective Trust Intermediate Duration Credit Fund	13,349,138	15,921,942
		GS Collective Trust Long Duration Credit Fund	19,467,922	23,917,844
	U.S Treasury	US Treasury Note 02/38 4.375%	5,887,733	5,508,430
		US Treasury Note 05/39 4.250%	5,500,162	5,044,992
		US Treasury Note 11/39 4.375%	5,197,211	4,745,161
		US Treasury Note 01/40 4.25%	3,385,867	3,404,026
	Total		$ 134,342,649	$ 160,055,302

* Indicates party-in-interest

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

WOLVERINE EMPLOYEES' PENSION PLAN
For the year ended December 31, 2025
EIN 38-1185150
PN 001

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Assets on Transaction Date	(g) Net Gain or (Loss)
A single transaction (Category (i)) that amounts to more than 5% of the beginning value of plan assets:						
State Street	State Street Institutional U.S. Government Money Market Fund Premier Class					
	32,922,011 shares	$ -	$ 32,922,012	$ 32,922,012	$ 32,922,012	$ -
	State Street Institutional U.S. Government Money Market Fund Premier Class					
	33,000,199 shares	$ 33,000,199	$ -	$ 33,000,199	$ -	$ -
Goldman Sachs	Goldman Sachs Global Managed					
	755,814 shares	$ -	$ 13,000,000	$ 9,688,916	$ 13,000,000	$ 3,311,084
A Series of transactions (Category (iii)) that amount to more than 5% of the beginning value of plan assets:						
State Street	State Street Institutional U.S. Government Money Market Fund Premier Class					
	149 Purchases	$ 58,104,577	$ -	$ 58,104,577	$ 58,104,577	$ -
	107 Sales	-	41,286,372	41,286,372	41,286,372	-
Goldman Sachs	Goldman Sachs Collective Common Stock					
	1 Purchase	$ 4,248,155	$ -	$ 4,248,155	$ 4,248,155	$ -
	3 Sales	-	11,700,000	9,327,304	11,700,000	2,372,696
	Goldman Sachs Global Managed					
	9 Purchases	$ 12,124,494	$ -	$ 12,124,494	$ 12,124,494	$ -
	6 Sales	-	22,100,000	17,243,140	22,100,000	4,856,860

There were no reportable transactions under categories (ii) and (iv).

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1969. The plan was amended and restated effective January 1, 2020. The plan was subsequently amended to modify service and accrued benefit definitions for the 2020 plan year to mitigate the impacts of reduced pay and hours due to the 2020 coronavirus pandemic. The second amendment is effective January 1, 2022 to allow for in-service distributions after normal retirement for participants with 25 or more years of benefit service whose employment continues on a part-time or less basis. The last amendment reflected herein is Amendment Number 3, effective September 1, 2024. Amendment 3 allowed for a limited time lump sum window September 2, 2024 through October 31, 2024 for certain plan participants.

Wolverine Employees' Pension Plan Provisions

Coverage and participation	All regular employees of covered employers excluding UFCW employees. A regular employee will become a Member on the January 1 or July 1 coincident with or following his date of hire. Other employees will become Members on the January 1 or July 1 coincident with or following any 12-month period beginning on the anniversary of their date of hire during which they worked at least 1,000 hours. Employees hired after January 1, 2013 are not eligible to participate in the plan.

Definitions

Credited service	One year of Credited Service for each plan year an employee works at least 1,000 hours (600 hours for the 2020 plan year). Credited Service for the purposes of benefit accrual shall be limited to the period of time an employee is a Member of the Plan. Credited Service will be limited to 30 years.
Vesting service	Same as Credited Service

SCHEDULE SB ATTACHMENTS

Covered compensation	Covered Compensation is the 35-year average of the amount of compensation used in determining Social Security benefit amounts as if annual compensation had always been equal to the taxable wage base. These amounts are adjusted from time to time as the taxable wage base changes.
Earnings	Total cash compensation before contributions under the Money Accumulation Plan or the Pre-Tax Premium Plan. Commissioned salesmen shall use only 70% of the amount in the preceding sentence.
Final average earnings	The monthly average of a member's earnings for the highest four of the last ten consecutive calendar years of employment. Earnings in the final year of employment will be annualized.
Final average compensation	The monthly average of a member's earnings for the final three plan years of employment, but excluding earnings in excess of the Social Security taxable wage base for that year.
Social Security allowance	The lesser of (a) or (b) below, reduced by (c): (a) the product of 0.75% of the lesser of final average compensation or covered compensation multiplied by Credited Service up to 30 years; (b) the product of 0.80% multiplied by Credited Service up to 30 years multiplied by the smallest of final average earnings, final average compensation or covered compensation. (c) 5/9% for each month (up to 60) which an employee's retirement date precedes his Social Security normal retirement date; 5/18% for each month (beyond 60) which an employee's retirement date precedes his Social Security normal retirement date.
Normal retirement date (NRD)	Age 65

SCHEDULE SB ATTACHMENTS

Accrued benefit

The greater of (a) or (b) below:

(a) 1.6% of Final Average Earnings multiplied by Credited Service at Normal Retirement date(not in excess of 30 years), assuming continued employment to that date and continued receipt of same earnings as was receiving immediately prior to termination date,

less the Monthly Social Security Allowance; but based on the number of years of projected Credited Service at Normal Retirement Date

multiplied by Credited Service at termination date divided by projected Credit Service at Normal Retirement Date (assuming continued employment to that date).

(b) $24.00 per month multiplied by years of Credited Service (maximum 30 years).

Employees listed in exhibit C3 of the plan document are entitled to a minimum benefit of 2.0% (or 2.4%) of their Final Average Earnings multiplied by Credited Service (not in excess of 25 years).

Due to the 2020 plan amendment, a participant's accrued benefit shall not be less than the amount the participant would have received under this plan on December 31, 2019, assuming that the participant's employment terminated on that date.

Eligibility for Benefits

Normal retirement

NRD

Early retirement

Age 60 and 10 years of Credited Service.

Postponed retirement

Later of termination and age 65 or if the participant continues working past age 65, has 25 or more years of service and continues employment on a part-time basis, payments can start while still working.

Vested termination

5 years of Vesting Service.

Preretirement death benefit

At least 5 years of Credited Service.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events	
Normal retirement	Accrued benefit payable at the normal retirement date.
Early retirement	Accrued Benefit payable at age 65. Payments may commence earlier with benefit components (other than the Social Security Allowance) reduced by 0.333% for each month that the benefit commences prior to the employee's Normal Retirement Date. The Social Security Allowance component shall be reduced by 0.555% for each of the first 60 months and by 0.277% for each of the next 60 months by which the benefit commences prior to the employee's Social Security normal retirement age.
Postponed retirement	Same as Normal Retirement Benefit, except Accrued Benefit earned to Late Retirement Date, but not less than the Normal Retirement Benefit with actuarial increases using Actuarial Equivalence factors.
Vested termination	Accrued Benefit payable at age 65 or earlier in a reduced amount.
Preretirement death	With 10 years of Credited Service 50% of the amount the participant would have received if the employee had continued employment to age 65 and elected a 50% Joint and Survivor benefit form ("QJSA"), but using the Final Average Earnings as of the participant's date of death; payable immediately. With 5 years of Credited Service 50% of the Accrued Benefit reduced for a QJSA and early retirement as if the participant terminated employment and elected benefits to commence as of age 60. Benefits commence when the participant would have been age 60.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Normal form Life Annuity if single, 50% Joint & Survivor Annuity, if married. Optional forms 100% Joint & Survivor Annuity, 50% Joint & Survivor Annuity, 5-Year Certain & Life Annuity, 10-Year Certain & Life Annuity, Lump Sum (if $5,000 or less).
Actuarial equivalence	For purposes of determining lump sums or other 417(e) forms of payment, the 417(e) interest rate for the third month preceding the plan year of distribution and the applicable 417(e) mortality table is used. All other forms of payment are based on 8.00% interest and the applicable 417(e) mortality table.
Plan participants' contributions	They are not required or permitted.
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. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining the pension cost or in determining the minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in the principal plan provisions valued since the prior valuation.

Substantive Commitment

None.

SCHEDULE SB ATTACHMENTS

Former Wolverine Collectively Bargained Employees' Pension Plan Provisions

Coverage

Distribution /Tannery

All regular employees of the Distribution Center facility and members of the collectively bargaining unit represented by the United Food and Commercial Workers International Union.

Frolic

All regular non-exempt employees of Wolverine included within bargaining units at Jonesboro and Monette, Arkansas.

Participation

Distribution /Tannery

A regular employee will become a Member on the January 1 or July 1 coincident with or following his date of hire.

Other employees will become Members on the January 1 or July 1 coincident with or next following any 12-month period beginning on the anniversary of their date of hire during which they worked at least 1,000 hours.

Frolic

Employees will become participants on the January1 or July 1 coincident with or following any 12 month period beginning on the anniversary of their date of hire during which they worked at least 1,000 hours.

Definitions

Credited service

Distribution/Tannery

One year of Credited Service for each plan year an employee was a Member of the plan and worked at least 1,000 hours. Credited Service will be limited to 30 years.

Frolic

One year of Credited Service for each plan an employee works at least 1,000 hours.

Vesting service

Same as Credited Service.

SCHEDULE SB ATTACHMENTS

Accrued benefit	Distribution/Tannery $24.00 per month multiplied by years of Credited Service (maximum 30 years). Frolic $11.50 per month multiplied by years of Credited Service.
Normal retirement date (NRD)	First of the month coincident with or following age 65.

Eligibility for Benefits

Normal retirement	NRD
Early retirement	Distribution/Tannery Age 60 and 10 years of Credited Service. Frolic Age 62 and 20 years of Credited Service.
Postponed retirement	Later of age 65 and termination.
Vested termination	Distribution/Tannery 100% vested after 5 years of Vesting Service. The Tannery participants who were terminated due to the plant closure were 100% vested as of the closure date. Frolic 100% vested after 5 years of Vesting Service. The Frolic participants who were terminated due to the plant closure were 100% vested as of the closure date.
Disability	Distribution/Tannery Totally and Permanently disabled for 6 months following 15 years of Credited Service. Frolic None

SCHEDULE SB ATTACHMENTS

Preretirement death benefit	Distribution/Tannery 5 to 10 years of Credited Service. Frolic 5 years of Credited Service.

Benefits Paid Upon the Following Events

Normal retirement	Accrued Benefit, payable at NRD.
Early retirement	Distribution/Tannery Accrued Benefit payable at age 65. Payments may commence earlier with benefit reduced by 0.5% for each month that the benefit commences prior to the employee's Normal Retirement Date. Frolic Accrued Benefit payable immediately.
Postponed retirement	Distribution/Tannery The greater of a) and b) below: a) The Accrued Benefit earned to late retirement date. b) The Normal Retirement Benefit actuarially increased to reflect a late retirement date. Frolic Actuarial equivalent of Normal Retirement Benefit.
Vested termination	Distribution/Tannery Accrued Benefit payable at age 65 or earlier (if participant has completed 10 or more years of service). Frolic Accrued Benefit payable at normal retirement date. Payment may commence prior to normal retirement date, but after age 62 and 20 years of Credited Service, and reduced by 0.5% for each month by which commencement precedes the normal retirement date.

SCHEDULE SB ATTACHMENTS

Disablement	Distribution/Tannery Before Normal Retirement: $24.00 per month multiplied by the Member's Credited Service (to a maximum of 30 years), payable immediately. After Normal Retirement: $24.00 per month multiplied by the Member's Credited Service (to a maximum of 30 years). Frolic None
Preretirement death	Distribution/Tannery With 10 years of Credited Service: 50% of the amount the participant would have received if the employee had continued employment to age 65 and elected a 50% Joint and Survivor benefit form ("QJSA"), payable immediately. With 5 years of Credited Service: 50% of the Accrued Benefit reduced for a QJSA and early retirement as if the participant terminated employment and elected benefits to commence as of age 60 (or date of death, if later). Benefits commence when the participant would have been age 60 (or date of death, if later). Frolic 50% of the Accrued Benefit reduced for a QJSA and early retirement as if the participant terminated employment and elected benefits to commence as of age 62 (or date of death, if later). Benefits commence at age 62 (or date of death, if later).

Other Plan Provisions

Forms of payment	Normal form Life Annuity if single, 50% Joint & Survivor Annuity, if married. Optional forms 100% Joint and Survivor Annuity, 50% Joint & Survivor Annuity, Life Annuity, Lump Sum (if $10,000 or less).

SCHEDULE SB ATTACHMENTS

Actuarial equivalence	For purposes of determining lump sums or other 417(e) forms of payment, the 417(e) interest rate for the third month preceding the plan year of distribution and the applicable 417(e) mortality table is used. All other forms of payment are based on 8.00% interest and the applicable 417(e) mortality table.
Pension increases	None
Plan participants' contributions	They are not required or permitted.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that plan year as defined in the Internal Revenue Code. The plan provisions for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in the principal plan provisions valued since the prior valuation.

Substantive Commitment

None

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR

See complete related attachment under the audited financial statements attachment package.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	1	0	6	0	0	0	0	0	0	7
35-39	0	1	1	10	10	1	0	0	0	0	23
40-44	0	0	0	11	13	6	1	0	0	0	31
45-49	0	0	0	8	10	14	13	0	0	0	45
50-54	0	0	1	2	7	11	15	9	2	0	47
55-59	0	0	0	2	4	3	15	2	5	0	31
60-64	0	0	0	5	2	7	5	2	1	1	23
65-69	0	0	1	1	0	0	1	0	0	0	3
70 & over	0	0	0	0	0	0	0	0	1	0	1
Total	0	2	3	45	46	42	50	13	9	1	211

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

Plan Name: Wolverine Employees' Pension Plan
EIN / PN: 38-1185150/001
Plan Sponsor: Wolverine World Wide, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.38%	5.33%

Annual rates of increase:

- Compensation: **Representative Compensation Rates**

Age	Percentage Increase
<25	9.63%
25-29	8.63%
30-34	7.75%
35-39	6.38%
40-44	6.00%
45-49	4.50%
50-54	3.50%
55-59	3.13%
60-69	2.13%
70+	1.88%

SCHEDULE SB ATTACHMENTS

- Future Social Security wage bases:
  - Consumer Price Index 2.50%
  - National Average Wage Index 3.00%
- Statutory limits on compensation 2.50%

Demographic Assumptions

Inclusion date

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

New or rehired employees

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

Mortality

Separate rates for non-annuitants 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 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

Representative Termination Rates

Percentage leaving during the year

Attained Age	Males and Females
20	25.00%
25	22.00%
30	14.00%
35	14.00%
40	11.00%
45	11.00%
50	9.00%
55	9.00%
60 +	0.00%

SCHEDULE SB ATTACHMENTS

Disability

None.

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

Attained Age	Males and Females
60	20.00%
61	10.00%
62	25.00%
63	25.00%
64	20.00%
65	45.00%
66	30.00%
67	20.00%
68	35.00%
69	15.00%
70	35.00%
71	35.00%
72	35.00%
73	40.00%
74	40.00%
75	100.00%

Participants with deferred benefits are assumed to commence at age 63.

Unpredictable Contingent Event Benefit (UCEB) assumptions

None

Benefit commencement date:

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have become eligible for early retirement.
- Deferred vested benefit — The later of termination of employment or age 63.
- Disability benefit — None
- Retirement benefit — Upon termination of employment.

SCHEDULE SB ATTACHMENTS

Form of payment	100% of single participants are assumed to elect a life annuity, and 100% of married participants are assumed to elect a 50% J&S.
Percent married	45% of participants are assumed to be married.
Spouse age	Male spouses are assumed to be three years older than female spouses.
Covered pay	Total cash compensation before contributions under the Money Accumulation Plan or the Pre-Tax Premium Plan, as provided by the employer. Commissioned salesmen shall use only 70% of the amount in the preceding sentence.
Administrative expenses	The amount included this year for plan-related expenses is $1,291,000. Assumption is based on administrative expenses from the prior year, adjusted for expected change in PBGC expenses to be paid from the trust (rounded to the nearest thousand).
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
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.

SCHEDULE SB ATTACHMENTS

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 for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.15% in 2024 and 7.10% 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 prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Wolverine and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. 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. The following assumptions were made for missing or apparently inconsistent data elements:

- Where the age and/or gender of a beneficiary was unknown, the record was valued using valuation assumptions to determine the beneficiary information based on the participant information provided.

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	12,964,949	15.00000	12,964,949	1,208,858
Shortfall	01/01/2024	(2,270,211)	14.00000	(2,115,075)	(206,544)
Shortfall	01/01/2023	12,656,496	13.00000	11,277,874	1,159,091
Total				22,127,748	2,161,405

Plan Name: Wolverine Employees' Pension Plan
EIN / PN: 38-1185150/001
Plan Sponsor: Wolverine World Wide, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

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

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
2025	79,036	400,525	11,507,918	11,987,479
2026	242,872	803,127	11,289,394	12,335,393
2027	388,398	984,343	11,052,233	12,424,974
2028	522,989	1,370,460	10,796,767	12,690,216
2029	686,584	1,777,774	10,523,506	12,987,864
2030	852,240	1,986,284	10,234,319	13,072,843
2031	1,030,594	2,210,586	9,926,408	13,167,588
2032	1,259,431	2,408,663	9,600,609	13,268,703
2033	1,521,645	2,602,687	9,261,788	13,386,120
2034	1,801,087	2,919,362	8,909,525	13,629,974
2035	2,105,793	3,141,384	8,551,094	13,798,271
2036	2,361,058	3,228,345	8,188,837	13,778,240
2037	2,587,601	3,285,729	7,819,305	13,692,635
2038	2,811,471	3,381,499	7,443,566	13,636,536
2039	2,969,826	3,485,394	7,062,632	13,517,852
2040	3,149,782	3,548,635	6,677,490	13,375,907
2041	3,339,175	3,570,814	6,289,152	13,199,141
2042	3,444,037	3,531,493	5,898,663	12,874,193
2043	3,503,606	3,500,617	5,507,112	12,511,335
2044	3,598,677	3,507,636	5,115,715	12,222,028
2045	3,707,680	3,505,661	4,725,887	11,939,228
2046	3,795,710	3,459,992	4,339,306	11,595,008
2047	3,878,397	3,387,588	3,957,971	11,223,956
2048	3,933,058	3,307,600	3,584,137	10,824,795
2049	3,947,018	3,211,172	3,220,315	10,378,505
2050	3,911,926	3,104,642	2,869,220	9,885,788
2051	3,873,038	2,990,685	2,533,593	9,397,316
2052	3,827,559	2,867,527	2,216,072	8,911,158
2053	3,745,193	2,734,085	1,919,082	8,398,360
2054	3,648,111	2,592,618	1,644,711	7,885,440
2055	3,527,063	2,446,054	1,394,576	7,367,693

Plan Name: Wolverine Employees' Pension Plan
EIN / PN: 38-1185150/001
Plan Sponsor: Wolverine World Wide, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2056	3,391,332	2,295,425	1,169,649	6,856,406
2057	3,248,947	2,142,014	970,240	6,361,201
2058	3,100,320	1,987,268	796,011	5,883,599
2059	2,946,252	1,832,700	646,031	5,424,983
2060	2,787,646	1,679,817	518,859	4,986,322
2061	2,625,522	1,530,056	412,632	4,568,210
2062	2,461,068	1,384,806	325,213	4,171,087
2063	2,295,610	1,245,324	254,311	3,795,245
2064	2,130,487	1,112,640	197,625	3,440,752
2065	1,967,027	987,610	152,919	3,107,556
2066	1,806,641	870,890	118,099	2,795,630
2067	1,650,599	762,945	91,272	2,504,816
2068	1,500,049	664,052	70,784	2,234,885
2069	1,355,992	574,236	55,224	1,985,452
2070	1,219,168	493,313	43,420	1,755,901
2071	1,090,121	420,943	34,433	1,545,497
2072	969,195	356,696	27,528	1,353,419
2073	856,544	300,077	22,156	1,178,777
2074	752,214	250,531	17,915	1,020,660

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here ▶ ☐

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

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

Part II Basic Plan Information · enter all requested information

1a Name of plan
WOLVERINE EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1969

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)
WOLVERINE WORLD WIDE, INC.

9341 COURTLAND DRIVE HB-2-241

ROCKFORD MI 49351-0001

2b Employer Identification Number (EIN) 38-1185150

2c Plan Sponsor's telephone number 616-866-5500

2d Business code (see instructions) 316210

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	Amy Kalb	10/6/26	AMY KALBFLEISCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Mich Koch	10/5/26	MICHAEL KOCHANNY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

518401 12-22-25

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

See complete related attachment under the audited financial statement attachment package.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
WOLVERINE EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
38-1185150

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	183,193,274
b Actuarial value	**2b**	186,631,785

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	621	124,553,211	124,553,211
b For terminated vested participants	400	40,503,055	40,503,055
c For active participants	211	35,202,423	35,761,143
d Total	1,232	200,258,689	200,817,409

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**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2,054,827
b Expected plan-related expenses	**6b**	1,291,000
c Target normal cost	**6c**	3,345,827

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 Adam Caskey AC — Signature of actuary — 9/29/2026 — Date

Adam Caskey — Type or print name of actuary — 2609238 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name — 901-930-0000 — Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

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