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
NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

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)
NEXANS USA INC.

1716 BUSHY PARK RD
GOOSE CREEK, SC 29445

2b Employer Identification Number (EIN)
56-2212188

2c Plan Sponsor's telephone number
905-944-4388

2d Business code (see instructions)
334200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	AMY IVAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	578
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)**	3
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3
b	Retired or separated participants receiving benefits	**6b**	301
c	Other retired or separated participants entitled to future benefits	**6c**	235
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	539
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	35
f	Total. Add lines **6d** and **6e**.	**6f**	574
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 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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
NEXANS USA INC. SALARIED AND HOURLY 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
NEXANS USA INC.

D Employer Identification Number (EIN)
56-2212188

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 _____ Day _____ Year _____

2 Assets:

a Market value	**2a**	36225207
b Actuarial value	**2b**	33662716

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	324	24752065	24752065
b For terminated vested participants	260	12135959	12135959
c For active participants	3	586617	588290
d Total	587	37474641	37476314

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	8601
b Expected plan-related expenses	**6b**	550000
c Target normal cost	**6c**	558601

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

09/16/2026
Date

BORIS CHERNYAK, EA, MAAA
Type or print name of actuary

26-06873
Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES INC
Firm name

234-255-8671
Telephone number (including area code)

4150 KINROSS LAKES PARKWAY
RICHFIELD, OH 44286
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	1143354
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	916486
9	Amount remaining (line 7 minus line 8)	0	226868
10	Interest on line 9 using prior year's actual return of 12.12 %	0	27496
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 5.16 %		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	254364

Part III Funding Percentages

14	Funding target attainment percentage	14	89.14 %
15	Adjusted funding target attainment percentage	15	89.14 %
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	90.36 %
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
04/08/2025	230000				
07/15/2025	230000				
01/12/2026	287000				
			Totals ► 18(b)	747000	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	722606

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:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	60

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**	558601
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4067962	416102
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**	974703

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	254364	254364

36 Additional cash requirement (line 34 minus line 35)	**36**	720339
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	722606

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2267
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	2267
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
NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEXANS USA INC.

D Employer Identification Number (EIN)
56-2212188

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

SCHWAB RETIREMENT PLAN SERVICES, IN

34-1479833

(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 15 50 64	NONE	53954	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVIS & COMPANY CPA

84-4158464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CREATIVE PLANNING HOLDCO LLC

94-4519624

(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 50	NONE	14150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
59	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC. AND AFFIL	59	0
(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.	
SEE ATTACHMENT 22-3703799	SEE ATTACHMENT	

(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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEXANS USA INC.

D Employer Identification Number (EIN)
56-2212188

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	824838	287000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	36225207	39803449
(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	37050045	40090449
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	37050045	40090449

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)	747000	
(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)		747000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1321012	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1321012
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3453819
c Other income	2c		913
d Total income. Add all **income** amounts in column (b) and enter total	2d		5522744
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2272888	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2272888
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)	53954	
(4) IQPA audit fees	2i(4)	19500	
(5) Investment advisory and investment management fees	2i(5)	14150	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	121848	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		209452
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2482340
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3040404
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DCPAS, LLC DBA DAVIS & COMPANY CPAS **(2)** EIN: 84-4158464

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		1000000
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**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 584345.

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
NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEXANS USA INC.

D Employer Identification Number (EIN)
56-2212188

Part I Distributions

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

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

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

EIN(s): 82-3967259

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

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

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

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

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

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

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

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

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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_____.

NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2025 AND 2024

NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN

DECEMBER 31, 2025 AND 2024

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Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Independent Auditors' Report

To the Retirement Plan Committee
Nexans USA Inc. Salaried and Hourly Pension Plan
Goose Creek, South Carolina

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

We have performed audits of the financial statements of Nexans USA Inc. Salaried and Hourly Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended December 31, 2025 and 2024, the statement of accumulated plan benefits as of December 31, 2024, statement of changes in accumulated plan benefits for the year ended December 31, 2024 and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Nexans USA Inc. Salaried and Hourly 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Nexans USA Inc. Salaried and Hourly Pension Plan's ability to continue as a going concern for one year after the financial statement report date.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Nexans USA Inc. Salaried and Hourly 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 Nexans USA Inc. Salaried and Hourly 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 audits.

Other Matters - Supplemental Schedules Required by ERISA

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

DCPAS, LLC dba Davis & Company CPAs

Mount Pleasant, South Carolina
October, 1 2026

NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments, at fair value:	$ 39,803,449	$ 36,225,207
Receivables		
Employer Contributions	287,000	824,838
Total assets	40,090,449	37,050,045
NET ASSETS AVAILABLE FOR BENEFITS	$ 40,090,449	$ 37,050,045

See accompanying notes

NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
Net appreciation in fair value of investments	$ 3,453,819	$ 2,910,476
Interest and dividend income	1,321,012	1,134,699
Other income	913	667
	4,775,744	4,045,842
Employer's contributions	747,000	824,838
Total additions	5,522,744	4,870,680
DEDUCTIONS:		
Benefits paid directly to participants	2,272,888	2,237,740
Administrative expenses	209,452	357,514
Total deductions	2,482,340	2,595,254
NET INCREASE	3,040,404	2,275,426
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	37,050,045	34,774,619
End of year	$ 40,090,449	$ 37,050,045

See accompanying notes

NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
AS OF DECEMBER 31, 2024

Actuarial present value of accumulated plan benefits		
Vested Benefits:		
Participants and/or beneficiaries currently or entitled to receiving payments	$	21,069,807
Other participants		9,723,220
Total vested benefits		30,793,027
Nonvested benefits		3,919
Total actuarial present value of accumulated plan benefits	$	30,796,946

See accompanying notes

NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2024

Actuarial present value of accumulated plan benefits at beginning of year	$	30,862,561
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial losses		(59,346)
Benefits paid		(2,237,071)
Interest due to the decrease in the discount period		2,230,802
Net decrease		(65,615)
Actuarial present value of accumulated plan benefits at end of year	$	30,796,946

See accompanying notes

Note 1 - Description of Plan

The following description of Nexans USA Inc. Salaried and Hourly Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan documents for more complete information.

General and Eligibility
The Plan was established effective January 1, 2001, as a result of a spinoff of assets from Alcatel NA Cable Systems Inc. ("Alcatel") to Nexans USA Inc. ("Nexans", the "Sponsor", or "Employer"). The Plan is a defined benefit pension plan covering salaried employees who have completed 12 months of service at one of the following facilities: New Holland, Pennsylvania; Fuquay-Varina, North Carolina; Elm City, North Carolina; and Chester, New York. Employees hired or rehired on and after May 1, 2013, are ineligible for participation in the Plan. Current participants can voluntarily elect as of January 1, 2014, to receive enhanced employer contributions under a defined contribution plan sponsored by the Employer in lieu of continued participation and benefit accrual under the Plan. The Administrative Committee, appointed by the board of directors of the Sponsor, controls and manages the operation and administration of the Plan. Charles Schwab Trust Bank (the "Trustee"), formerly known as the Trust Division of Charles Schwab Bank, serves as the trustee/custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective December 31, 2015, the Nexans USA Inc. Hourly Pension Plan (the "Hourly Plan") was merged into the Plan. The Hourly Plan was a defined benefit pension plan covering hourly employees who have completed 12 months of service at the following facilities: New Holland, Pennsylvania; Fuquay-Varina, North Carolina; and Elm City, North Carolina.

On September 30, 2020, Nexans sold its Berk-Tek business unit to Leviton Manufacturing Co., Inc. ("Leviton")

Effective August 31, 2023, distributions are permitted prior to early retirement age and in the form of a lump sum, during a window period for certain eligible employees as per plan provisions.

Pension Benefits
Participants with five years of continuous service, as defined by the Plan documents, are entitled to pension benefits on separation of service. Pension benefits are provided to participants under several types of retirement options based on years of service, age, and a percentage of eligible compensation. Retirement benefits are paid to participants or beneficiaries in various forms of joint and survivor annuities or as a lump sum payment option. Participants employed with Alcatel on October 1, 2000 who were participants in the Plan on January 1, 2001 became 100% vested.

Participants with a vested balance less than $1,000 ($5,000 prior to March 28, 2005) will receive a lump sum distribution as soon as administratively feasible after retirement. A participant is vested based on the following schedule:

Service Years	Vesting
0 - 4	-
5	100 %

Note 2 - Summary of Significant Accounting Policies

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

Use of Estimates
The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the changes therein, the disclosure of contingent assets and liabilities, the actuarial present value of accumulated Plan benefits, and changes therein as of at the dates of the financial statements. Actual results could differ from those estimates and the differences could be material.

Risks and Uncertainties
The Plan invests in various securities. Investment securities are exposed to various risks, such as interest rate, market, foreign exchange, and credit risk. Market risks include global events which could impact the value of investment securities, such as an international conflict. The value, liquidity, and related income of securities with contractual cash flows are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities and the level of uncertainty related to the change in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. Investments are subject to, among other factors, the risk conditions of the individual investment objectives, stock market performance, credit markets, interest rates, economic conditions, and world affairs.

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 estimation and assumption 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.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value, as defined by Accounting Standards Codification ("ASC") 820, Fair Value Measurement (Note 5). All security transactions are accounted for on the date securities are purchased or sold (trade date basis). Realized gains and losses are computed based on the fair value of assets at the trade date. Dividends, which include capital gain distributions, are accrued as the ex-dividend date. The Plan presents in the statements of changes in net assets available for benefits the net appreciation in the fair value of its investments, which consist of realized gains and losses and the unrealized appreciation or depreciation from those investments.

Management fees charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately disclosed. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments and reflected in the net appreciation in the fair value of investments.

Note 2 - Summary of Significant Accounting Policies (continued)

Benefit Payments
Benefit payments to participants are recorded when paid.

Accumulated Plan Benefits
Accumulated Plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated Plan benefits include benefits expected to be paid to: (i) retired or terminated employees or their beneficiaries; (ii) beneficiaries of employees who have died; and (iii) present employees or their beneficiaries. The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of Plan amendments on accumulated Plan benefits is recognized during the year in which such amendments are adopted.

Administrative Expenses
The Plan's expenses are paid either by the Plan or the Sponsor, as provided by the plan document. Expenses that are paid directly by the Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Note 3 - Funding Policy

Contributions to provide benefits under the Plan are made solely by the Sponsor. The Sponsor's funding policy is to make contributions to the Plan, either in cash or through the application of available funding credits, as determined by the Plan's independent actuary and in accordance with applicable minimum funding requirements. The Sponsor met the minimum funding requirements of ERISA for the years ended December 31, 2024, and 2023.

Note 4 - Accumulated Plan Benefits

The significant actuarial assumptions used in January 1, 2025, and 2024 valuations are below.

Interest rate	7.5% compounded annually
Retirement	for participants: 10% per year from age 55 to age 61, 50% at age 62, 20% per year at ages 63 and 64 and 100% at age 65 for hourly participants: 100% per year at age 65

Note 4 - Accumulated Plan Benefits (continued)

The mortality table was changed to the January 2025 PPA mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using static tables with separate mortality rates for annuitants and non-annuitants. Previously, it was the January 2024 PPA mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using static tables with separate mortality rates for annuitants and non-annuitants. All other actuarial assumptions remained unchanged from the prior valuation.

All other prescribed actuarial assumptions and non-prescribed actuarial assumptions remained unchanged from the prior valuation.

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

Note 5 - Fair Value Measurements

The framework for measuring fair value provide a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows

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

Level 2
Inputs to the valuation methodology include:

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

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

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

Fair value measurements are classified within the valuation hierarchy based on the lowest level of any input that is significant to the fair value measurement.

Note 5 - Fair Value Measurements (continued)

The methodology described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values due to factors such as illiquidity and transaction costs. Furthermore, while the Plan believes its valuation methodology is 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 following table sets forth by level, within the fair value hierarchy, the Plan's financial assets at fair value as of December 31:

	2025			
	Level 1	**Level 2**	**Level 3**	**Fair Value**
Mutual Funds	$ 39,803,449	$ -	$ -	$ 39,803,449
Total Investments	$ 39,803,449	$ -	$ -	$ 39,803,449

	2024			
	Level 1	**Level 2**	**Level 3**	**Fair Value**
Mutual funds	$ 36,225,207	$ -	$ -	$ 36,225,207
Total Investments	$ 36,225,207	$ -	$ -	$ 36,225,207

Mutual funds are valued at the net asset value of units held by the Plan at year-end, based on unadjusted quoted prices of identical assets or liabilities in the active markets and approximate fair value.

Note 6 - Investment Information Certified by Trustee

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, and as instructed by the Plan administrator, no audit procedures have been performed on certain information certified as complete and accurate by the Charles Schwab Trust Bank, ("the Trustee"), except to compare such information to the information included in the accompanying financial statements, statement of accumulated plan benefits, statement of changes in accumulated plan benefits and supplemental schedule. Information certified by the Trustee includes investments included in the Statements of Net Assets Available for Benefits at December 31, 2025 and 2024 and investments related income as included in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024, investments included in the Schedule of Assets (Held at the End of the Year) and Schedule of Reportable Transactions.

Note 7 - Exempt Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by the trustee and therefore these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

Note 8 - Federal Income Tax Status

The Internal Revenue Service determined and informed the Company by letter dated June 27, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since the date of the determination letter; however, the Sponsor and the Plan administrator believe the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code. The Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position, more likely than not, that would not be sustained on 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, and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

Note 9 - Plan Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC, while other benefits may not be provided for at all.

Note 10 - Subsequent Events

Subsequent events were evaluated through October 1, 2026, the report date, the date the financial statements were available to be issued.

Supplemental Schedules

NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 56-2212188 PLAN # 001
DECEMBER 31, 2025

(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
	MFS Intl Diversification CL R6	Mutual fund	$ 6,448,362	$ 8,071,124
	PGIM Total Return Bond Z	Mutual fund	13,166,933	11,879,264
	Pimco Income Fund, Institutional Class	Mutual fund	4,175,761	3,977,922
*	Schwab Total Stock Market Index	Mutual fund	8,724,964	15,875,139
			$ 32,516,020	$ 39,803,449

* Permitted party-in-interest.

The information in this schedule was derived from information certified as complete and accurate by Charles Schwab Trust Bank, the trustee of the plan.

NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN
SCHEDULE H, LINE 4J – SCHEDULE OF REPORTABLE TRANSACTIONS
EIN 56-2212188 PLAN # 001
FOR THE YEAR ENDED DECEMBER 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Historical Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain
I.	None								
II.	None								
III.	MFS Intl Diversification CL R6	Mutual Fund		$ 1,254,389			$ 1,111,635	$ 1,254,389	$ 142,754
	MFS Intl Diversification CL R6	Mutual Fund	$ 603,944						
	PGIM Total Return Bond Z	Mutual Fund		$ 736,967			$ 725,666	$ 736,967	$ 11,301
	PGIM Total Return Bond Z	Mutual Fund	$ 1,344,660						
	Pimco Income Fund, Institutional Class	Mutual Fund		$ 268,254			$ 263,334	$ 268,254	$ 4,920
	Pimco Income Fund, Institutional Class	Mutual Fund	$ 404,529						
	Schwab Total Stock Market Index	Mutual Fund		$ 1,760,173			$ 1,597,258	$ 1,760,173	$ 162,915
	Schwab Total Stock Market Index	Mutual Fund	$ 966,235						
IV.	None								

I. Single transactions in excess of 5% of current value of plan assets at the beginning of year.
II. Series of transactions with or in conjunction with the same person, involving property other than securities in excess of 5% of current value of plan assets at the beginning of the year.
III. Series of transactions in the same security that aggregate in more than 5% of the current value of the Plan assets at the beginning of the year.
IV. Any transaction with respect to securities with a person if any prior or subsequent transaction with such person exceeded 5% of the current value of plan assets at the beginning of the year.

Schedule SB, line 26a – Schedule of Active Participant Data

Age Versus Service Distribution for Active Plan Participants:

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	-	-	-	-	-
45 to 49	-	-	-	1	-	-	-	-	-	-	1
50 to 54	-	-	-	-	-	-	-	-	-	-	-
55 to 59	-	-	-	-	-	-	-	-	-	-	-
60 to 64	-	-	-	-	1	-	1	-	-	-	2
65 to 69	-	-	-	-	-	-	-	-	-	-	-
over 70	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	1	1	-	1	-	-	-	3

Service for the active age versus service chart above is based on credited service.

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

A summary of the actuarial methods and assumptions used in the valuation are presented below:

Data Methods

Census data

Was as collected from information presented by the Plan Sponsor and trustee as of January 1, 2025

Actuarial Methods

Actuarial cost method

The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Discount rate method

The discount rates used to develop the Funding Target and Funding Target Normal cost in this report are equal to the rates published by the IRS for the lookback period elected by the Plan Sponsor.

Asset valuation method

The Actuarial Value of Assets is equal to a 3-year averaging method as described in IRS Notice 2009-22. Under this method, the Actuarial Value of Assets is the average of the current and two preceding valuation date Market Value of Assets, where the preceding two years include expected earnings at the lesser of the third segment rate for that year or 7.50%.

Demographic Assumptions

Mortality tables

The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using generational tables with separate mortality rates for annuitants and non-annuitants.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Retirement rates
Annual rates shown below are based on age:

Age	Rates
55-61	10%
62	50%
63-64	20%
65	100%

A separate set of annual retirement rates are used for the former participants in the Nexans USA Inc. Hourly Pension Plan:

Age	Rates
55-64	0%
65	100%

Termination rates

Annual rates shown below are based on Years of Service:

Years of Service	Rates
0-4	10.0%
5-9	7.5%
10+	5.0%

A separate set of annual termination rates, based on age and sex, are used for the former participants in the Nexans USA Inc. Hourly Pension Plan:

Age	Males	Females
20	19.0%	24.6%
25	10.4%	14.1%
30	6.4%	9.0%
35	5.0%	7.5%
40	4.0%	6.0%
45	3.0%	4.5%
50	2.0%	3.0%
55	1.0%	1.5%
60	0.2%	0.3%

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Disability rates

Annual rates shown below are based on age and sex:

Age	Males	Females
20	0.070%	0.070%
25	0.072%	0.074%
30	0.079%	0.089%
35	0.089%	0.145%
40	0.119%	0.275%
45	0.252%	0.357%
50	0.478%	0.490%
55	0.860%	0.740%
60	1.330%	1.085%

Form of Payment

Life annuity.

Percent of population that is married

80% of males and 80% of females were assumed to be married.

Age of assumed spouse

The female spouse is assumed to be 3 years younger than the male spouse.

Economic Assumptions

Discount rate used in Funding Target and Funding Target Normal Cost

The assumed discount rates on benefits paid in the future are based on the January 2025 PPA segment rates, reflecting ARPA. Previously, the January 2024 PPA segment rates reflecting ARPA were used.

Segment	Rate	Applicable to benefit payments made:
1	5.00%	During first 5 years starting from the valuation date.
2	5.27%	During years 6-20 starting from the valuation date.
3	5.50%	During years 21 and beyond starting from the valuation date.

Salary Improvement Scale

3.5% per year.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Social Security Taxable Wage Base Increase

4% per year.

Administrative Expenses

$550,000

NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN
SCHEDULE H, LINE 4J – SCHEDULE OF REPORTABLE TRANSACTIONS
EIN 56-2212188 PLAN # 001
FOR THE YEAR ENDED DECEMBER 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Historical Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain
I.	None								
II.	None								
III.	MFS Intl Diversification CL R6	Mutual Fund		$ 1,254,389			$ 1,111,635	$ 1,254,389	$ 142,754
	MFS Intl Diversification CL R6	Mutual Fund	$ 603,944						
	PGIM Total Return Bond Z	Mutual Fund		$ 736,967			$ 725,666	$ 736,967	$ 11,301
	PGIM Total Return Bond Z	Mutual Fund	$ 1,344,660						
	Pimco Income Fund, Institutional Class	Mutual Fund		$ 268,254			$ 263,334	$ 268,254	$ 4,920
	Pimco Income Fund, Institutional Class	Mutual Fund	$ 404,529						
	Schwab Total Stock Market Index	Mutual Fund		$ 1,760,173			$ 1,597,258	$ 1,760,173	$ 162,915
	Schwab Total Stock Market Index	Mutual Fund	$ 966,235						
IV.	None								

I. Single transactions in excess of 5% of current value of plan assets at the beginning of year.
II. Series of transactions with or in conjunction with the same person, involving property other than securities in excess of 5% of current value of plan assets at the beginning of the year.
III. Series of transactions in the same security that aggregate in more than 5% of the current value of the Plan assets at the beginning of the year.
IV. Any transaction with respect to securities with a person if any prior or subsequent transaction with such person exceeded 5% of the current value of plan assets at the beginning of the year.

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
NEXANS USA INC. SALARIED AND HOURLY 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
NEXANS USA INC

D Employer Identification Number (EIN)
56-2212188

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 _____ Day _____ Year _____

2 Assets:

a Market value	**2a**	36225207
b Actuarial value	**2b**	33662716

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	324	24752065	24752065
b For terminated vested participants	260	12135959	12135959
c For active participants	3	586617	588290
d Total	587	37474641	37476314

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	8601
b Expected plan-related expenses	**6b**	550000
c Target normal cost	**6c**	558601

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

Boris Chernyak — Signature of actuary

9/16/2026 — Date

BORIS CHERNYAK, EA, MAAA — Type or print name of actuary

26-06873 — Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES INC — Firm name

(234) 255-8671 — Telephone number (including area code)

4150 KINROSS LAKES PARKWAY
RICHFIELD, OH 44286
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	1143354
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	916486
9	Amount remaining (line 7 minus line 8)	0	226868
10	Interest on line 9 using prior year's actual return of 12 12 %	0	27496
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 16 %		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	254364

Part III Funding Percentages

14	Funding target attainment percentage	14	89.14 %
15	Adjusted funding target attainment percentage	15	89.14 %
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	90 36 %
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
04-08-2025	230000				
07-15-2025	230000				
01-12-2026	287000				
			Totals ► 18(b)	747000	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	722606
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:

a Segment rates:	1st segment: 5 00 %	2nd segment: 5.27 %	3rd segment: 5 50 %	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	0
22 Weighted average retirement age			**22**	60

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**	558601
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments.	Outstanding Balance	Installment
a Net shortfall amortization installment	4067962	416102
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**	974703

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	254364	254364

36 Additional cash requirement (line 34 minus line 35)	**36**	720339
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	722606
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2267
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	2267
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

Nexans USA Inc. Salaried and Hourly Pension Plan

EIN/ PN 56 - 2212188/ 001

charles SCHWAB

Schedule SB, line 19 – Discounted Employer Contributions

Valuation Date	1/1/2025
Effective Interest Rate	5.33%

Actual Contribution Date	Actual Contribution Amount	Discounted Contribution Amount	Plan Year to Which the Contribution is Applied
4/8/2025	$230,000	$226,848	2025
7/15/2025	$230,000	$223,707	2025
1/12/2026	$287,000	$272,051	2025
Total	$747,000	$722,606	

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

(A) Age	(B) Retirement Decrement	(C) Lx	(D) Number Retiring	(E) Weighting (A) times (D)
55	10.0%	100,000	10,000	550,000
56	10.0%	90,000	9,000	504,000
57	10.0%	81,000	8,100	461,700
58	10.0%	72,900	7,290	422,820
59	10.0%	65,610	6,561	387,099
60	10.0%	59,049	5,905	354,300
61	10.0%	53,144	5,314	324,154
62	50.0%	47,830	23,915	1,482,730
63	20.0%	23,915	4,783	301,329
64	20.0%	19,132	3,826	244,864
65	100.0%	15,306	15,306	994,890
			100,000	6,027,886

Weighted Average Retirement Age =	**60**

Nexans USA Inc. Salaried and Hourly Pension Plan

EIN/ PN 56 - 2212188/ 001



Schedule SB, line 26a – Schedule of Active Participant Data

Age Versus Service Distribution for Active Plan Participants:

	under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	-	-	-	-	-
45 to 49	-	-	-	1	-	-	-	-	-	-	1
50 to 54	-	-	-	-	-	-	-	-	-	-	-
55 to 59	-	-	-	-	-	-	-	-	-	-	-
60 to 64	-	-	-	-	1	-	1	-	-	-	2
65 to 69	-	-	-	-	-	-	-	-	-	-	-
over 70	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	1	1	-	1	-	-	-	3

Service for the active age versus service chart above is based on credited service.

Schedule SB, line 32 – Schedule of Amortization Bases

Date Established	Annual Installment	Years Remaining	Balance Outstanding[1]
1/1/2011	N/A	1	N/A
1/1/2012	N/A	2	N/A
1/1/2013	N/A	3	N/A
1/1/2014	N/A	4	N/A
1/1/2015	N/A	5	N/A
1/1/2016	N/A	6	N/A
1/1/2017	N/A	7	N/A
1/1/2018	N/A	8	N/A
1/1/2019	N/A	9	N/A
1/1/2020	0	10	0
1/1/2021	0	11	0
1/1/2022	0	12	0
1/1/2023	449,827	13	4,386,687
1/1/2024	(90,067)	14	(924,524)
Total for bases existing prior to the valuation date	359,760		3,462,163
1/1/2025	56,342	15	605,799
Total for all bases	416,102		4,067,962

[1] The balance outstanding for each installment is based on the present value using the ARPA segment rates (5.00% for the first five years and 5.27% for the next ten years).

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

A summary of the actuarial methods and assumptions used in the valuation are presented below:

Data Methods

Census data

Was as collected from information presented by the Plan Sponsor and trustee as of January 1, 2025

Actuarial Methods

Actuarial cost method

The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Discount rate method

The discount rates used to develop the Funding Target and Funding Target Normal cost in this report are equal to the rates published by the IRS for the lookback period elected by the Plan Sponsor.

Asset valuation method

The Actuarial Value of Assets is equal to a 3-year averaging method as described in IRS Notice 2009-22. Under this method, the Actuarial Value of Assets is the average of the current and two preceding valuation date Market Value of Assets, where the preceding two years include expected earnings at the lesser of the third segment rate for that year or 7.50%.

Demographic Assumptions

Mortality tables

The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code, using generational tables with separate mortality rates for annuitants and non-annuitants.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Retirement rates
Annual rates shown below are based on age:

Age	Rates
55-61	10%
62	50%
63-64	20%
65	100%

A separate set of annual retirement rates are used for the former participants in the Nexans USA Inc. Hourly Pension Plan:

Age	Rates
55-64	0%
65	100%

Termination rates

Annual rates shown below are based on Years of Service:

Years of Service	Rates
0-4	10.0%
5-9	7.5%
10+	5.0%

A separate set of annual termination rates, based on age and sex, are used for the former participants in the Nexans USA Inc. Hourly Pension Plan:

Age	Males	Females
20	19.0%	24.6%
25	10.4%	14.1%
30	6.4%	9.0%
35	5.0%	7.5%
40	4.0%	6.0%
45	3.0%	4.5%
50	2.0%	3.0%
55	1.0%	1.5%
60	0.2%	0.3%

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Disability rates

Annual rates shown below are based on age and sex:

Age	Males	Females
20	0.070%	0.070%
25	0.072%	0.074%
30	0.079%	0.089%
35	0.089%	0.145%
40	0.119%	0.275%
45	0.252%	0.357%
50	0.478%	0.490%
55	0.860%	0.740%
60	1.330%	1.085%

Form of Payment

Life annuity.

Percent of population that is married

80% of males and 80% of females were assumed to be married.

Age of assumed spouse

The female spouse is assumed to be 3 years younger than the male spouse.

Economic Assumptions

Discount rate used in Funding Target and Funding Target Normal Cost

The assumed discount rates on benefits paid in the future are based on the January 2025 PPA segment rates, reflecting ARPA. Previously, the January 2024 PPA segment rates reflecting ARPA were used.

Segment	Rate	Applicable to benefit payments made:
1	5.00%	During first 5 years starting from the valuation date.
2	5.27%	During years 6-20 starting from the valuation date.
3	5.50%	During years 21 and beyond starting from the valuation date.

Salary Improvement Scale

3.5% per year.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Social Security Taxable Wage Base Increase

4% per year.

Administrative Expenses

$550,000

Schedule SB, Part V – Summary of Plan Provisions

A summary of major plan provisions used in this valuation is presented below:

Former participants in the Nexans USA Inc. Hourly Pension Plan have a distinct set of plan provisions which are disclosed on later pages.

Effective date of plan, plan document & amendments

Effective date of the plan - January 1, 2001.

Definitions

Covered Employees – All regular salaried Employees of Nexans USA Inc. or a Participating Company are eligible as of the first of the month following 12-months of service. Participants in the Alcatel NA Cable Systems, Inc. Salaried Pension Plan prior to transfer to Nexans entered the plan on January 1, 2001.Participants in any other pension or similar plan maintained by Nexans or a Participating Company (other than the Nexans 401(k) Plans) and Employees regularly employed by Canadian Affiliate transferred to the Nexans USA or Participating Company for a temporary period of 3 years or less are excluded. Any Employee hired or rehired after May 1, 2013 is not eligible for Plan participation.

Voluntary Election to Cease Accrual – Participants who elected to cease benefit accruals after December 31, 2013 have their accrued benefit frozen as of December 31, 2013.

Benefit Accrual for Highly Compensated Employees – Beginning on and after January 1, 2018, Participants who are considered Highly Compensated Employees during the plan year will have their accrued benefit frozen as of the end of the previous plan year.

Year of Service – A full year of service is credited for each employment year. Partial years of credited service are measured to the nearest month.

Credited Service – A full year of service is credited for each employment year. Partial years of credited service are measured to the nearest month.

Vesting – A Participant shall have a 100% vested interest in his Accrued Benefit after his completion of 5 Vesting Years of Service. If employed by Company on October 1, 2000 and participant as of Effective Date January 1, 2001, then participant is 100% vested.

Final 5-Year Average Compensation – The average of Compensation in the five consecutive full and complete calendar years within the last ten full and complete calendar years of service for which such average is the highest.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Compensation – Total earnings, including bonuses, overtime, commissions, and qualified pre-tax salary deferrals, but excluding fringe benefits. For benefits accruing after the 2001 plan year, annual Compensation may not exceed the inflation-adjusted limit specified by the IRS.

Covered Compensation – The average of the maximum Social Security taxable wage bases for the 35-year period ending with the calendar year in which a participant attains his Social Security retirement age, rounded to the next lower multiple of $12, assuming that there are no increases in the Social Security taxable wage base in effect as of the beginning of the plan year of termination of service.

Final 3-Year Average Compensation – The average of Compensation in the three consecutive calendar years of service ending with or within the Plan Year of determination. Final 3-Year Average Compensation (used in the offset formula) in excess of Final 5-Year Average Compensation (used in the Gross Formula) is disregarded. Compensation in excess of the Taxable Wage Base for each year shall not be taken into account.

Eligibility for benefits

Normal Retirement Date – The first day of the month coincident with or next following the later of attainment of age 65 or the fifth anniversary of the date of participation.

Early Retirement Date – The first day of any month coincident with or next following attainment of (a) age 55 and completion of 10 years of Vesting Service or (b) age 50 and the sum of age and years of Vesting Service equals at least 80.

Deferred Retirement Date – The last day of the month coincident with or next following the date of termination of service if it occurs after the Normal Retirement Date.

Disability Retirement Date – Normal Retirement Date or Early Retirement Date.

Preretirement Spouse Benefit – Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Benefits paid out under each benefit type

Normal Retirement Benefit – 1.6% of Final 5-Year Average Compensation multiplied by years of Credited Service, offset by .55% of the lesser of Final 3-Year Average Compensation or Covered Compensation, multiplied by years of Credited Service up to 35 years. In no event shall the offset adjustment exceed one-half of the participant's basic benefit before the offset. The above benefit shall not be less than (1) or (2) or (3) below, offset by (4) as applicable:

1. The accrued benefit under The Cablewave Systems, Inc. Amended and Restated Defined Benefit Plan as of the normal retirement date or December 31, 1994, whichever date occurs first, or for former Transcom employees, their January 1, 1988 accrued benefit.
2. The accrued benefit as of December 31, 1988.
3. The accrued benefit, if applicable, provided under the provisions for the ITT Mirror Benefit. Per Nexans USA Inc., no current active employees are accruing benefits under this formula.
4. The benefits, if any, a participant is entitled to under the Chester Cablewave Systems Corporation Plan for Salaried Employees.

Early Retirement – The Accrued Benefit, reduced by 1/240 for each of the first 120 months and an actuarial equivalent factor for any period in excess of 120 months by which the benefit commencement date precedes Normal Retirement Date.

Termination with Deferred Vested Benefit – The Accrued Benefit, multiplied by the Vested Percentage, payable at the Normal Retirement Date, or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 10 years of Vesting Service have been completed (reduced by 1/240 for month by which the benefit commencement date precedes Normal Retirement Date).

Deferred Retirement Benefit – The greater of (i) the Accrued Benefit determined as of the Deferred Retirement Date or (ii) the Accrued Benefit determined as of the Normal Retirement Date and actuarially increased to the Deferred Retirement Date.

Disability Retirement Benefit – The Accrued Benefit determined as of the date of disability, assuming pay remains constant and Credited Service continues for the period of disability.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Preretirement Spouse Benefit – A Preretirement Survivor Annuity shall be paid to the Surviving Spouse of a Participant or former Participant who dies after becoming vested in a Retirement Benefit but before the commencement of payment of his Retirement Benefit. This Preretirement Survivor Annuity is 50% of the reduced amount the Participant would have received had he terminated employment on the date of his death and elected a 50% joint and survivor annuity, and shall commence at such time as the Surviving Spouse shall elect by written notice to the Committee; but in no event is earlier than the latest of the (i) The last day of the month in which the Participant dies; (ii) The last day in the month in which the Participant would have attained his early retirement age; and in no event later than (i) The last day of the month in which the Participant dies; and (ii) The last day in the month in which the Participant would have attained his Normal Retirement Age.

Qualified Joint and Survivor Option – An annuity payable to the Participant during his lifetime with a survivor annuity payable to his spouse during her lifetime in an amount equal to 50% of the amount payable to the Participant. The amount of the retirement payment payable under this option shall be the actuarial equivalent of the Participant's Retirement Benefit.

A summary of the major plan provisions used for the former participants in the Nexans USA Inc. Hourly Pension Plan is presented below:

Effective date of plan, plan document & amendments

Effective date of the plan - January 1, 2001.

Definitions

Covered Employees – All hourly-rated Employees at the Elm City, New Holland or Fuqua-Varina Facilities of Berk-Tek, Inc. are eligible as of the first of the month following 12 months of service. Active Employees who were participants in the Alcatel NA Cable Systems, Inc. Hourly Pension Plan immediately prior to the transfer to Nexans USA Inc. entered the Plan on January 1, 2001. Any Employee hired or rehired after December 31, 2013 is not eligible for Plan participation.

Voluntary Election to Cease Accrual – Participants who elected to cease benefit accruals after December 31, 2013 have their accrued benefit frozen as of December 31, 2013.

Year of Service – A full year of service is credited for each employment year. Partial years of credited service are measured to the nearest month.

Credited Service – A full year of service is credited for each employment year. Partial years of credited service are measured to the nearest month.

Vesting – A Participant shall have a 100% vested interest in his Accrued Benefit after his completion of 5 Vesting Years of Service.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Eligibility for benefits

Normal Retirement Date – The first day of the month coincident with or next following the later of attainment of age 65 or the fifth anniversary of the date of participation.

Early Retirement Date – The first day of any month coincident with or next following attainment of age 55 and completion of 10 years of Vesting Service.

Deferred Retirement Date – The last day of the month coincident with or next following the date of termination of service if it occurs after the Normal Retirement Date.

Disability Retirement Date – The first day of the month coincident with or next following date of total and permanent disability, provided that disability commences after completion of 15 years of Vesting Service.

Preretirement Spouse Benefit – Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.

Benefits paid out under each benefit type

Normal Retirement Benefit – A monthly benefit payable as a life annuity equal to $22.00 multiplied by the Years of Credited Service, up to 35 years.

Early Retirement – The Accrued Benefit, reduced by 1/240 for each month by which the Early Retirement Date precedes the Normal Retirement Date.

Termination with Deferred Vested Benefit – The Accrued Benefit, multiplied by the Vested Percentage below, payable at the Normal Retirement Date or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 10 years of Vesting Service have been completed reduced by 1/240 for each month by which the benefit commencement date precedes the Normal Retirement Date.

Deferred Retirement Benefit – The greater of (i) the Accrued Benefit determined as of the Deferred Retirement Date or (ii) the Accrued Benefit determined as of the Normal Retirement Date and actuarially increased to the Deferred Retirement Date.

Disability Retirement Benefit – The Actuarial Equivalent of the Accrued Benefit determined as of the Disability Retirement Date. Upon attainment of Normal Retirement Age the benefit is recomputed as the Accrued Benefit as of the Disability Retirement Date.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Preretirement Spouse Benefit – A Preretirement Survivor Annuity shall be paid to the Surviving Spouse of a Participant or former Participant who dies after becoming vested in a Retirement Benefit but before the commencement of payment of his Retirement Benefit. This Preretirement Survivor Annuity is 50% of the reduced amount the Participant would have received had he terminated employment on the date of his death and elected a 50% joint and survivor annuity, and shall commence at such time as the Surviving Spouse shall elect by written notice to the Committee; but in no event is earlier than the latest of the (i) The last day of the month in which the Participant dies; (ii) The last day in the month in which the Participant would have attained his early retirement age; and in no event later than (i) The last day of the month in which the Participant dies; and (ii) The last day in the month in which the Participant would have attained his Normal Retirement Age.

Qualified Joint and Survivor Option – An annuity payable to the Participant during his lifetime with a survivor annuity payable to his spouse during her lifetime in an amount equal to 50% of the amount payable to the Participant. The amount of the retirement payment payable under this option shall be the actuarial equivalent of the Participant's Retirement Benefit.

Nexans USA Inc. Salaried and Hourly Pension Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2025

EIN: 56-2212188
Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Global Investors	Not Available	Rate of 0.02% of average daily balance of asset(s)
PGIM	22-3703799	Rate of 0.25% of average daily balance of asset(s)

Schedule SB, line 19 – Discounted Employer Contributions

Valuation Date	1/1/2025
Effective Interest Rate	5.33%

Actual Contribution Date	Actual Contribution Amount	Discounted Contribution Amount	Plan Year to Which the Contribution is Applied
4/8/2025	$230,000	$226,848	2025
7/15/2025	$230,000	$223,707	2025
1/12/2026	$287,000	$272,051	2025
Total	$747,000	$722,606	

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

(A) Age	(B) Retirement Decrement	(C) Lx	(D) Number Retiring	(E) Weighting (A) times (D)
55	10.0%	100,000	10,000	550,000
56	10.0%	90,000	9,000	504,000
57	10.0%	81,000	8,100	461,700
58	10.0%	72,900	7,290	422,820
59	10.0%	65,610	6,561	387,099
60	10.0%	59,049	5,905	354,300
61	10.0%	53,144	5,314	324,154
62	50.0%	47,830	23,915	1,482,730
63	20.0%	23,915	4,783	301,329
64	20.0%	19,132	3,826	244,864
65	100.0%	15,306	15,306	994,890
			100,000	6,027,886

Weighted Average Retirement Age =	**60**

Schedule SB, Part V – Summary of Plan Provisions

A summary of major plan provisions used in this valuation is presented below:

Former participants in the Nexans USA Inc. Hourly Pension Plan have a distinct set of plan provisions which are disclosed on later pages.

Effective date of plan, plan document & amendments

Effective date of the plan - January 1, 2001.

Definitions

Covered Employees – All regular salaried Employees of Nexans USA Inc. or a Participating Company are eligible as of the first of the month following 12-months of service. Participants in the Alcatel NA Cable Systems, Inc. Salaried Pension Plan prior to transfer to Nexans entered the plan on January 1, 2001.Participants in any other pension or similar plan maintained by Nexans or a Participating Company (other than the Nexans 401(k) Plans) and Employees regularly employed by Canadian Affiliate transferred to the Nexans USA or Participating Company for a temporary period of 3 years or less are excluded. Any Employee hired or rehired after May 1, 2013 is not eligible for Plan participation.

Voluntary Election to Cease Accrual – Participants who elected to cease benefit accruals after December 31, 2013 have their accrued benefit frozen as of December 31, 2013.

Benefit Accrual for Highly Compensated Employees – Beginning on and after January 1, 2018, Participants who are considered Highly Compensated Employees during the plan year will have their accrued benefit frozen as of the end of the previous plan year.

Year of Service – A full year of service is credited for each employment year. Partial years of credited service are measured to the nearest month.

Credited Service – A full year of service is credited for each employment year. Partial years of credited service are measured to the nearest month.

Vesting – A Participant shall have a 100% vested interest in his Accrued Benefit after his completion of 5 Vesting Years of Service. If employed by Company on October 1, 2000 and participant as of Effective Date January 1, 2001, then participant is 100% vested.

Final 5-Year Average Compensation – The average of Compensation in the five consecutive full and complete calendar years within the last ten full and complete calendar years of service for which such average is the highest.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Compensation – Total earnings, including bonuses, overtime, commissions, and qualified pre-tax salary deferrals, but excluding fringe benefits. For benefits accruing after the 2001 plan year, annual Compensation may not exceed the inflation-adjusted limit specified by the IRS.

Covered Compensation – The average of the maximum Social Security taxable wage bases for the 35-year period ending with the calendar year in which a participant attains his Social Security retirement age, rounded to the next lower multiple of $12, assuming that there are no increases in the Social Security taxable wage base in effect as of the beginning of the plan year of termination of service.

Final 3-Year Average Compensation – The average of Compensation in the three consecutive calendar years of service ending with or within the Plan Year of determination. Final 3-Year Average Compensation (used in the offset formula) in excess of Final 5-Year Average Compensation (used in the Gross Formula) is disregarded. Compensation in excess of the Taxable Wage Base for each year shall not be taken into account.

Eligibility for benefits

Normal Retirement Date – The first day of the month coincident with or next following the later of attainment of age 65 or the fifth anniversary of the date of participation.

Early Retirement Date – The first day of any month coincident with or next following attainment of (a) age 55 and completion of 10 years of Vesting Service or (b) age 50 and the sum of age and years of Vesting Service equals at least 80.

Deferred Retirement Date – The last day of the month coincident with or next following the date of termination of service if it occurs after the Normal Retirement Date.

Disability Retirement Date – Normal Retirement Date or Early Retirement Date.

Preretirement Spouse Benefit – Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Benefits paid out under each benefit type

Normal Retirement Benefit – 1.6% of Final 5-Year Average Compensation multiplied by years of Credited Service, offset by .55% of the lesser of Final 3-Year Average Compensation or Covered Compensation, multiplied by years of Credited Service up to 35 years. In no event shall the offset adjustment exceed one-half of the participant's basic benefit before the offset. The above benefit shall not be less than (1) or (2) or (3) below, offset by (4) as applicable:

1. The accrued benefit under The Cablewave Systems, Inc. Amended and Restated Defined Benefit Plan as of the normal retirement date or December 31, 1994, whichever date occurs first, or for former Transcom employees, their January 1, 1988 accrued benefit.
2. The accrued benefit as of December 31, 1988.
3. The accrued benefit, if applicable, provided under the provisions for the ITT Mirror Benefit. Per Nexans USA Inc., no current active employees are accruing benefits under this formula.
4. The benefits, if any, a participant is entitled to under the Chester Cablewave Systems Corporation Plan for Salaried Employees.

Early Retirement – The Accrued Benefit, reduced by 1/240 for each of the first 120 months and an actuarial equivalent factor for any period in excess of 120 months by which the benefit commencement date precedes Normal Retirement Date.

Termination with Deferred Vested Benefit – The Accrued Benefit, multiplied by the Vested Percentage, payable at the Normal Retirement Date, or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 10 years of Vesting Service have been completed (reduced by 1/240 for month by which the benefit commencement date precedes Normal Retirement Date).

Deferred Retirement Benefit – The greater of (i) the Accrued Benefit determined as of the Deferred Retirement Date or (ii) the Accrued Benefit determined as of the Normal Retirement Date and actuarially increased to the Deferred Retirement Date.

Disability Retirement Benefit – The Accrued Benefit determined as of the date of disability, assuming pay remains constant and Credited Service continues for the period of disability.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Preretirement Spouse Benefit – A Preretirement Survivor Annuity shall be paid to the Surviving Spouse of a Participant or former Participant who dies after becoming vested in a Retirement Benefit but before the commencement of payment of his Retirement Benefit. This Preretirement Survivor Annuity is 50% of the reduced amount the Participant would have received had he terminated employment on the date of his death and elected a 50% joint and survivor annuity, and shall commence at such time as the Surviving Spouse shall elect by written notice to the Committee; but in no event is earlier than the latest of the (i) The last day of the month in which the Participant dies; (ii) The last day in the month in which the Participant would have attained his early retirement age; and in no event later than (i) The last day of the month in which the Participant dies; and (ii) The last day in the month in which the Participant would have attained his Normal Retirement Age.

Qualified Joint and Survivor Option – An annuity payable to the Participant during his lifetime with a survivor annuity payable to his spouse during her lifetime in an amount equal to 50% of the amount payable to the Participant. The amount of the retirement payment payable under this option shall be the actuarial equivalent of the Participant's Retirement Benefit.

A summary of the major plan provisions used for the former participants in the Nexans USA Inc. Hourly Pension Plan is presented below:

Effective date of plan, plan document & amendments

Effective date of the plan - January 1, 2001.

Definitions

Covered Employees – All hourly-rated Employees at the Elm City, New Holland or Fuqua-Varina Facilities of Berk-Tek, Inc. are eligible as of the first of the month following 12 months of service. Active Employees who were participants in the Alcatel NA Cable Systems, Inc. Hourly Pension Plan immediately prior to the transfer to Nexans USA Inc. entered the Plan on January 1, 2001. Any Employee hired or rehired after December 31, 2013 is not eligible for Plan participation.

Voluntary Election to Cease Accrual – Participants who elected to cease benefit accruals after December 31, 2013 have their accrued benefit frozen as of December 31, 2013.

Year of Service – A full year of service is credited for each employment year. Partial years of credited service are measured to the nearest month.

Credited Service – A full year of service is credited for each employment year. Partial years of credited service are measured to the nearest month.

Vesting – A Participant shall have a 100% vested interest in his Accrued Benefit after his completion of 5 Vesting Years of Service.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Eligibility for benefits

Normal Retirement Date – The first day of the month coincident with or next following the later of attainment of age 65 or the fifth anniversary of the date of participation.

Early Retirement Date – The first day of any month coincident with or next following attainment of age 55 and completion of 10 years of Vesting Service.

Deferred Retirement Date – The last day of the month coincident with or next following the date of termination of service if it occurs after the Normal Retirement Date.

Disability Retirement Date – The first day of the month coincident with or next following date of total and permanent disability, provided that disability commences after completion of 15 years of Vesting Service.

Preretirement Spouse Benefit – Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.

Benefits paid out under each benefit type

Normal Retirement Benefit – A monthly benefit payable as a life annuity equal to $22.00 multiplied by the Years of Credited Service, up to 35 years.

Early Retirement – The Accrued Benefit, reduced by 1/240 for each month by which the Early Retirement Date precedes the Normal Retirement Date.

Termination with Deferred Vested Benefit – The Accrued Benefit, multiplied by the Vested Percentage below, payable at the Normal Retirement Date or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 10 years of Vesting Service have been completed reduced by 1/240 for each month by which the benefit commencement date precedes the Normal Retirement Date.

Deferred Retirement Benefit – The greater of (i) the Accrued Benefit determined as of the Deferred Retirement Date or (ii) the Accrued Benefit determined as of the Normal Retirement Date and actuarially increased to the Deferred Retirement Date.

Disability Retirement Benefit – The Actuarial Equivalent of the Accrued Benefit determined as of the Disability Retirement Date. Upon attainment of Normal Retirement Age the benefit is recomputed as the Accrued Benefit as of the Disability Retirement Date.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Preretirement Spouse Benefit – A Preretirement Survivor Annuity shall be paid to the Surviving Spouse of a Participant or former Participant who dies after becoming vested in a Retirement Benefit but before the commencement of payment of his Retirement Benefit. This Preretirement Survivor Annuity is 50% of the reduced amount the Participant would have received had he terminated employment on the date of his death and elected a 50% joint and survivor annuity, and shall commence at such time as the Surviving Spouse shall elect by written notice to the Committee; but in no event is earlier than the latest of the (i) The last day of the month in which the Participant dies; (ii) The last day in the month in which the Participant would have attained his early retirement age; and in no event later than (i) The last day of the month in which the Participant dies; and (ii) The last day in the month in which the Participant would have attained his Normal Retirement Age.

Qualified Joint and Survivor Option – An annuity payable to the Participant during his lifetime with a survivor annuity payable to his spouse during her lifetime in an amount equal to 50% of the amount payable to the Participant. The amount of the retirement payment payable under this option shall be the actuarial equivalent of the Participant's Retirement Benefit.

NEXANS USA INC. SALARIED AND HOURLY PENSION PLAN
SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 56-2212188 PLAN # 001
DECEMBER 31, 2025

(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
	MFS Intl Diversification CL R6	Mutual fund	$ 6,448,362	$ 8,071,124
	PGIM Total Return Bond Z	Mutual fund	13,166,933	11,879,264
	Pimco Income Fund, Institutional Class	Mutual fund	4,175,761	3,977,922
*	Schwab Total Stock Market Index	Mutual fund	8,724,964	15,875,139
			$ 32,516,020	$ 39,803,449

* Permitted party-in-interest.

The information in this schedule was derived from information certified as complete and accurate by Charles Schwab Trust Bank, the trustee of the plan.

Schedule SB, line 32 – Schedule of Amortization Bases

Date Established	Annual Installment	Years Remaining	Balance Outstanding[1]
1/1/2011	N/A	1	N/A
1/1/2012	N/A	2	N/A
1/1/2013	N/A	3	N/A
1/1/2014	N/A	4	N/A
1/1/2015	N/A	5	N/A
1/1/2016	N/A	6	N/A
1/1/2017	N/A	7	N/A
1/1/2018	N/A	8	N/A
1/1/2019	N/A	9	N/A
1/1/2020	0	10	0
1/1/2021	0	11	0
1/1/2022	0	12	0
1/1/2023	449,827	13	4,386,687
1/1/2024	(90,067)	14	(924,524)
Total for bases existing prior to the valuation date	359,760		3,462,163
1/1/2025	56,342	15	605,799
Total for all bases	416,102		4,067,962

[1] The balance outstanding for each installment is based on the present value using the ARPA segment rates (5.00% for the first five years and 5.27% for the next ten years).