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. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UPPER PENINSULA POWER COMPANY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/31/2014

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)
UPPER PENINSULA POWER COMPANY

1002 HARBOR HILLS DR
MARQUETTE, MI 49855

2b Employer Identification Number (EIN)
38-1280574

2c Plan Sponsor's telephone number
906-232-1400

2d Business code (see instructions)
221100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	NICHOLAS KATES
	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**	536
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)**	50
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	43
b	Retired or separated participants receiving benefits	**6b**	346
c	Other retired or separated participants entitled to future benefits	**6c**	35
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	424
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	101
f	Total. Add lines **6d** and **6e**.	**6f**	525
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 1C

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 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
UPPER PENINSULA POWER COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UPPER PENINSULA POWER COMPANY

D Employer Identification Number (EIN)
38-1280574

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	86023763
b Actuarial value	**2b**	86267255

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	470	60273187	60273187
b For terminated vested participants	40	2409150	2409150
c For active participants	50	10899470	12459753
d Total	560	73581807	75142090

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**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	603974
b Expected plan-related expenses	**6b**	680000
c Target normal cost	**6c**	1283974

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

06/02/2026
Date

GEORGIA LOURIDAS, FSA, EA
Type or print name of actuary

26-08034
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

312-288-7700
Telephone number (including area code)

WILLIS TOWER
233 SOUTH WACKER DRIVE SUITE 1800
CHICAGO, IL 60606
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	9831707
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	9831707
10	Interest on line 9 using prior year's actual return of 2.75 %	0	270372
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 5.15 %		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	10102079

Part III Funding Percentages

14	Funding target attainment percentage	14	101.36 %
15	Adjusted funding target attainment percentage	15	114.80 %
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	112.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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**	1283974
b Excess assets, if applicable, but not greater than line 31a	**31b**	1023086

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	260888

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	260888	260888

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

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

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

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

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

A Name of plan
UPPER PENINSULA POWER COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
UPPER PENINSULA POWER COMPANY

D Employer Identification Number (EIN)
38-1280574

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 15 17 50	NONE	286673	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON INVESTMENT SERVICES

52-1868818

(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 51	NONE	244880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUMANA

39-1263473

(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?
23 50	NONE	126298	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)

STATE STREET BANK AND TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 62 99	NONE	82955	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	5379	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
UPPER PENINSULA POWER COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UPPER PENINSULA POWER COMPANY

D Employer Identification Number (EIN)
38-1280574

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SS LONG US CREDIT INDEX NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-146	C	26307982

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI ACWI INDEX NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6528132-042	C	10531178

a Name of MTIA, CCT, PSA, or 103-12 IE: SS INTERMEDIATE US GOV BOND NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-144	C	11479771

a Name of MTIA, CCT, PSA, or 103-12 IE: SS LONG US GOV BOND INDEX NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-142	C	35058373

a Name of MTIA, CCT, PSA, or 103-12 IE: SS DEVELOPED RE NL CT FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-6455179-001	C	4365917

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
UPPER PENINSULA POWER COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
UPPER PENINSULA POWER COMPANY

D Employer Identification Number (EIN)
38-1280574

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1596862	1113913
(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)	85741920	87743221
(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)		
(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	87338782	88857134
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	62494	56109
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	62494	56109
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	87276288	88801025

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)	151392	
(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)		151392
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)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9314704
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9466096
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7077368	
(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)		7077368
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	5379	
(5) Investment advisory and investment management fees	2i(5)	162584	
(6) Bank or trust company trustee/custodial fees	2i(6)	56705	
(7) Actuarial fees	2i(7)	286673	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	352650	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		863991
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7941359
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1524737
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: CLIFTONLARSONALLEN **(2)** EIN: 41-0746749

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 581082.

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
UPPER PENINSULA POWER COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
UPPER PENINSULA POWER COMPANY

D Employer Identification Number (EIN)
38-1280574

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): 04-3581074

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** 2

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_____.

COLLABORATORS | COACHES | ADVOCATES | MENTORS
FRIENDS | VOLUNTEERS | REGULARS | DINERS | VISITORS
CPAs | CONSULTANTS | WEALTH ADVISORS | *NEIGHBORS*
COLLABORATORS | COACHES | ADVOCATES | MENTORS |
CONNOISSEURS | CUSTOMERS | TEACHERS |
| VOLUNTEERS |

UPPER PENINSULA POWER COMPANY
EMPLOYEE BENEFIT PLAN

FINANCIAL STATEMENTS AND
ERISA–REQUIRED SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2025 AND 2024

Right there with you

CLAconnect.com



UPPER PENINSULA POWER COMPANY EMPLOYEE BENEFIT PLAN
TABLE OF CONTENTS
YEARS ENDED DECEMBER 31, 2025 AND 2024

INDEPENDENT AUDITORS' REPORT	**1**
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	**5**
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	**6**
NOTES TO FINANCIAL STATEMENTS	**7**
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES (ATTACHMENTS TO FORM 5500)	
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)	**16**
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS	**17**

CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Upper Peninsula Power Company Fiduciary Committee
Upper Peninsula Power Company Employee Benefit Plan
Marquette, Michigan

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Upper Peninsula Power Company Employee Benefit 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, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

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

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See CLAglobal.com/disclaimer.

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 Upper Peninsula Power Company Employee Benefit 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 Upper Peninsula Power Company Employee Benefit Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Upper Peninsula Power Company Employee Benefit 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 Upper Peninsula Power Company Employee Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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).



CliftonLarsonAllen LLP

Sheboygan, Wisconsin
October 9, 2026

UPPER PENINSULA POWER COMPANY EMPLOYEE BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS (at Fair Value)		
Collective Trust Funds	$ 29,376,343	$ 26,746,042
Interest Bearing Cash	233,941	121,408
Total Investments at Fair Value	29,610,284	26,867,450
NET ASSETS HELD IN DEFINED BENEFIT PLAN - RESTRICTED FOR 401(h) ACCOUNT	1,429,544	1,315,020
PREPAID INSURANCE PREMIUMS	303,706	348,613
RECEIVABLES		
Interest Receivable	848	570
NET ASSETS AVAILABLE FOR BENEFITS	$ 31,344,382	$ 28,531,653

See accompanying Notes to Financial Statements.

UPPER PENINSULA POWER COMPANY EMPLOYEE BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
PARTICIPANT CONTRIBUTIONS	$ 1,296,651	$ 1,130,674
EMPLOYER CONTRIBUTIONS	3,539,490	3,009,864
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	3,225,901	1,421,336
Interest and Dividend Income	8,305	6,172
Total Investment Income	3,234,206	1,427,508
NET INCREASE (DECREASE) IN 401(h) ACCOUNT	114,524	(45,219)
Total Additions	8,184,871	5,522,827
DEDUCTIONS:		
INSURANCE PREMIUMS	5,271,608	4,536,862
ADMINISTRATIVE EXPENSES	100,534	91,225
Total Deductions	5,372,142	4,628,087
NET INCREASE IN NET ASSETS	2,812,729	894,740
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	28,531,653	27,636,913
End of Year	$ 31,344,382	$ 28,531,653

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF PLAN

The following description of the Upper Peninsula Power Company Employee Benefit Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established on August 28, 2014, to provide eligible employees and retirees and their dependents and surviving spouses with medical, prescription, dental, vision, life insurance, a health savings account (HSA), a flexible spending account (FSA), and an employee assistance program (EAP) subject to certain limitations as defined in the Plan document. Certain Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Sponsor

Upper Peninsula Power Company (UPPCO, the Company) is the Plan Sponsor.

Plan Administration

The assets of the Plan, other than assets in the 401(h) Account, are maintained in the Upper Peninsula Power Company Union VEBA Trust (the Trust). The Trust is administered by the UPPCO Administrative Committee, whose members are employees of UPPCO, appointed by the UPPCO Board of Directors. The Plan is the only participant in the Trust.

State Street Bank & Trust Company (State Street) serves as the Plan's trustee, investment manager, and holds the assets of the Plan.

The Company engages third-party administrators to process benefit claims.

Eligibility

The Plan covers most administrative and union employees and retirees of the Company and its participating affiliates. Each employee who is eligible to participate in any of the benefit programs provided under the Plan, and who is not otherwise excluded, shall be eligible to become a participant in this Plan based upon the eligibility rules as described in detail in the contract describing such benefit.

Benefits

Benefits under this Plan are fully insured by outside carriers. Benefits for an eligible employee who has commenced participation under the Plan shall consist of the benefits provided pursuant to (i) the contracts, as in effect from time to time, and (ii) such other benefits payable under this Plan, for which the Participant has paid all required employee contributions, if any.

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Benefits (Continued)

The Plan has a health savings arrangement (HSA) and a flexible spending arrangement (FSA). The HSA is funded through Company and participant contributions. The FSA is funded solely through participant contributions. The HSA and FSA allow eligible participants to be reimbursed tax free for qualified medical expenses subject to a specified ceiling. The accounts cannot be used for anything other than reimbursements for qualified medical expenses. Under the HSA, amounts remaining at the end of the year will be carried over to the next year. Any amounts remaining at the end of the year under the FSA will be forfeited. Forfeited amounts were $6,520 and $682 as of December 31, 2025 and 2024, respectively.

Contributions

It is the policy of the Company and its participating affiliates to contribute funds to the Plan in an amount necessary to fund premiums to insurance carriers and administrative expenses during the plan year on behalf of active participants. The Company will also contribute funds to the Plan for payment of insurance premiums one month in advance of coverage. All active participants make a contribution toward the cost for coverage for themselves and their dependents.

Employees who retire are provided access to the Plan for benefits coverage on an elective basis. If retired employees elect to obtain insurance through the Plan, they are generally charged a premium.

During 2025 and 2024, active employees and retirees contributed $1,296,651 and $1,130,674 to the Plan, respectively.

The Company funds anticipated benefits to be paid on behalf of eligible retired employees on a prospective basis. The level of funding is based on actuarial calculations and represents the amounts necessary to fund current and projected benefits associated with the Plan over a period of years. During 2025 and 2024, the Company contributed $3,539,490 and $3,009,864 to the Plan, respectively.

401(h) Account

The Upper Peninsula Power Company Retirement Plan (the Retirement Plan) includes a medical-benefit component in addition to normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). A separate account has been established and maintained in the Retirement Plan for such contributions. In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health and welfare benefits are not included in the Retirement Plan's obligations but are reported as obligations in the financial statements of the Plan.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements were prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities, and actuarial present value of benefit obligations and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 4 for further discussion on fair value measurements.

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

Risks and Uncertainties

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

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

401(h) Postretirement Medical Benefits

The Retirement Plan, a defined benefit pension plan, provides 401(h) postretirement medical benefits to participants in the Plan. The Plan Accounting – Health and Welfare Benefits Plans Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) requires that the net assets held in the 401(h) account are accounted for as a Plan net asset.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses

Third-party administrator, auditor, trustee, actuary, and investment manager fees are paid by the Plan. Other administrative costs are paid by the Plan Sponsor and its affiliates. Since such costs are not paid from Plan assets, they have been excluded from the accompanying financial statements.

Subsequent Events

The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 9, 2026, the date on which the financial statements were available to be issued.

NOTE 3 BENEFIT OBLIGATIONS

At December 31, 2025 and 2024, the Plan's net assets exceed the Plan's postretirement benefit obligation.

NOTE 4 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurements and Disclosures*, are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2025 and 2024.

Collective Trust Funds: Valued based on the net asset value (NAV) of units of the common collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value. The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Interest Bearing Cash*:* Consists of a money market mutual fund valued at the daily closing price as reported by the fund. The money market mutual fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. The fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market mutual fund held by the Plan is deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, as of December 31:

	2025			
	Level 1	Level 2	Level 3	Total
Interest Bearing Cash	$ 233,941	$ -	$ -	$ 233,941
Investments Measured at Net Asset Value				29,376,343
Total Investments at Fair Value				$ 29,610,284

	2024			
	Level 1	Level 2	Level 3	Total
Interest Bearing Cash	$ 121,408	$ -	$ -	$ 121,408
Investments Measured at Net Asset Value				26,746,042
Total Investments at Fair Value				$ 26,867,450

The following table summarizes the investments measured at fair value based on the NAV per share practical expedient as of December 31, 2025 and 2024, respectively.

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

	2025			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Collective Trust Funds	$ 29,376,343	$ -	Immediate	None

	2024			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Collective Trust Funds	$ 26,746,042	$ -	Immediate	None

NOTE 5 POSTRETIREMENT HEALTH AND LIFE INSURANCE BENEFITS

The Plan's postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to the date of the financial statements. Postretirement benefits include future benefits expected to be paid to or for eligible employees and their dependents. Certain participants pay 100% of the estimated cost of benefits so their future benefits are not included in the postretirement benefit figures.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical data to estimate future annual incurred benefits per participant and adjusting such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The postretirement obligations were estimated using the medical cost trend rate of 7% for the years ended December 31, 2025 and 2024, reducing 0.25% for the next eight years until reaching 5% by the year 2034 and using dental cost trend rates of 5%.

Other significant assumptions used in the valuation as of December 31, 2025 and 2024 were:

- Discount rate of 5.53% and 5.72% for 2025 and 2024, respectively.
- Assumed average retirement rate of 60% by age 62 and 100% by age 65 for all administrative participants. Assumed average retirement rate of 80% by age 62 and 100% by age 65 for non-administrative participants.
- For the December 31, 2025 and 2024 measurement, the mortality assumptions for healthy lives was based on the Pri-2012 retiree and contingent annuitant tables with separate tables for males and females. The base mortality table provides separate rates for annuitants and non-annuitants with no collar adjustments. The mortality improvement assumptions were based on the MP-2020 scale for the years ended December 31, 2025 and 2024.
- Premiums paid by retiree vary based on the type of coverage selected.

NOTE 5 POSTRETIREMENT HEALTH AND LIFE INSURANCE BENEFITS (CONTINUED)

The forgoing 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 postretirement benefit obligations. The effect of 1% increase in health care cost trend assumption would have resulted in a change of $2,151,921 and $1,977,211 as of December 31, 2025 and 2024, respectively.

The accumulated postretirement benefit obligation as of December 31, 2025 and 2024 are as follows:

	2025	2024
Accumulated Postretirement Benefit Obligations:		
Retirees	$ 6,791,826	$ 6,510,826
Fully Eligible Active Plan Participants	2,296,452	1,740,354
Other Active Plan Participants	7,082,827	5,990,505
Total Postretirement Benefit Obligations	$ 16,171,105	$ 14,241,685

The changes in the accumulated postretirement benefit obligations for the years ended December 31, 2025 and 2024 are as follows:

	2025	2024
Accumulated Postretirement Benefit Obligations		
Balance - Beginning of Year	$ 14,241,685	$ 14,527,820
Increase (Decrease) During the Year, Attributable To:		
Employer Service Cost	581,418	599,653
Interest Cost	830,997	741,884
Actuarial (Gain) Loss	1,081,566	(839,678)
Plan Participant Contributions	534,591	419,764
Benefits Paid from Plan Assets	(1,099,152)	(1,207,758)
Net Increase (Decrease)	1,929,420	(286,135)
Accumulated Postretirement Benefit Obligations		
Balance - End of Year	$ 16,171,105	$ 14,241,685

NOTE 6 TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the IRC and, accordingly, the Plan's and the Trust's net investment income is exempt from income taxes. The Plan and the related Trust have obtained an exemption letter dated March 3, 2016, from the Internal Revenue Service (IRS), and the Plan Sponsor believes that the Plan and Trust, as amended, continue to qualify and to operate in accordance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 7 PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify benefits to participants, to discontinue the contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Upon termination, the assets then remaining shall be subject to the applicable provisions of the Plan then in effect and shall be used to pay benefits to participants in order of their entitlement.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

State Street is the Plan's investment manager utilized by the Plan Sponsor to manage certain investments held by the trust. State Street is the trustee and, therefore, these qualify as exempt party-in-interest transactions. At December 31, 2025 and 2024, the fair value of the assets held by the trust that were managed by State Street was $29,611,132 and $26,868,020, respectively. Fees paid to State Street in 2025 and 2024 were $41,850 and $35,492, respectively. Such amounts are considered to represent the fair market value of the services performed.

NOTE 9 CERTIFICATION OF INVESTMENT INFORMATION

State Street, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of investments as of December 31, 2025 and 2024 and investment income for the years then ended, in the accompanying financial statements and ERISA-required supplemental schedules.

NOTE 10 401(H) ACCOUNT

A portion of the Plan's obligations are funded through contributions to the Retirement Plan in accordance with IRC Section 401(h). The following table presents the components of the net assets available for such obligations and the related changes in net assets available as of and for the years ended December 31, 2025 and 2024.

The net assets available for postretirement health and welfare benefits in the 401(h) account as of December 31, 2025 and 2024 are as follows:

	2025	2024
Investments at Fair Value - Collective Trust Funds	$ 1,411,624	$ 1,290,977
Interest Receivable	56	92
Cash and Cash Equivalents	17,864	23,951
Net Assets Available for Benefits	$ 1,429,544	$ 1,315,020

NOTE 10 401(H) ACCOUNT (CONTINUED)

The changes in the net assets available for postretirement health and welfare benefits in the 401(h) account for the years ended December 31, 2025 and 2024 are as follows:

	2025	2024
Net Appreciation in Fair Value of Investments	$ 144,299	$ 35,063
Interest and Dividend Income	1,014	1,065
Contributions	151,392	133,325
Medical Premiums	(176,347)	(207,688)
Administrative Expenses	(5,834)	(6,984)
Net Change in Net Assets Available for Benefits	$ 114,524	$ (45,219)

NOTE 11 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

As of December 31, 2025 and 2024, the Plan's net assets per the financial statements also include assets related to 401(h) benefits provided by the Retirement Plan. These assets are excluded from the Plan's net assets on the Form 5500 in accordance with IRS requirements.

The following is a reconciliation of net assets available for benefits per the accompanying 2025 and 2024 financial statements to the Form 5500 as of December 31:

	2025	2024
Net Assets Available for Benefits per Financial Statements	$ 31,344,382	$ 28,531,653
Net Assets Held in 401(h) Account, Not Included on Assets on Form 5500	(1,429,544)	(1,315,020)
Net Assets Available for Benefits per Form 5500	$ 29,914,838	$ 27,216,633

The following is a reconciliation of the net increase per the financial statements to the Form 5500 for the years ended December 31:

	2025	2024
Net Increase per the Financial Statements	$ 2,812,729	$ 894,740
Net Change in 401(h) Account	(114,524)	45,219
Net Increase per Form 5500	$ 2,698,205	$ 939,959

UPPER PENINSULA POWER COMPANY EMPLOYEE BENEFIT PLAN
E.I.N. 38-1280574 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		Collective Trust Funds:		
*	State Street Global Advisors	State Street MSCI United States Index Non-Lending Common Trust Fund	$ 2,845,566	$ 6,572,257
*	State Street Global Advisors	State Street Developed Real Estate Securities Index Non-Lending Common Trust Fund	1,206,868	1,464,481
*	State Street Global Advisors	State Street Long U.S. Treasury Index Non-Lending Common Trust Fund	6,449,092	5,863,868
*	State Street Global Advisors	State Street U.S. Treasury Inflation-Protected Securities (TIPS) Index Non-Lending Common Trust Fund	9,978,334	11,780,224
*	State Street Global Advisors	State Street MSCI ACWI ex USA Index Non-Lending Common Trust Fund	2,133,139	3,695,513
		Total Collective Trust Funds	22,612,999	29,376,343
		Interest Bearing Cash:		
*	State Street Global Advisors	State Street U.S. Government Money Market Fund	233,941	233,941
		Total	$ 22,846,940	$ 29,610,284

* *Indicates a party-in-interest transaction.*

UPPER PENINSULA POWER COMPANY EMPLOYEE BENEFIT PLAN
E.I.N. 38-1280574 PLAN NO. 501
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset/Transaction	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets						
* State Street Bank & Trust	State Street MSCI United States Index Non-Lending					
	7 Purchases	$ 469,000	$ -	$ 469,000	$ 469,000	$ -
	14 Sales	-	1,129,083	523,867	1,129,083	605,216
* State Street Bank & Trust	State Street Long U.S. Treasury Inflation Protected Securities (TIPS) Index Non-Lending Common Trust Fund					
	11 Purchases	$ 964,000	$ -	$ 964,000	$ 964,000	$ -
	11 Sales	-	673,172	577,471	673,172	95,701
* State Street Bank & Trust	State Street U.S. Government Money Market Fund					
	23 Purchases	$ 812,442	$ -	$ 812,442	$ 812,442	$ -
	33 Sales	-	699,909	699,909	699,909	-

Columns (e) and (f) are omitted as they are not applicable.

** Indicates a party-in-interest transaction.*

There were no category (i), (ii), or (iv) reportable transactions for the year ended December 31, 2025.



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAglobal.com/disclaimer. Securities and investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor, member FINRA/SIPC.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	3	0	0	0	0	0	3
40-44	0	0	0	1	5	4	0	0	0	0	10
45-49	0	0	1	0	7	2	0	0	0	0	10
50-54	0	0	2	0	2	6	1	0	0	0	11
55-59	0	0	1	0	3	5	1	0	0	0	10
60-64	0	0	0	1	1	2	0	2	0	0	6
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	4	2	21	19	2	2	0	0	50

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

Plan Name: Upper Peninsula Power Company Retirement Plan
EIN / PN: 38-1280574/003
Plan Sponsor: Upper Peninsula Power Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.32%	5.29%

Annual rates of increase

- Compensation:
  - Administrative employees: N/A
  - Non-Administrative employees: 4.00%
- Future Social Security wage bases: 3.50%
- Statutory limits on compensation: 2.50%
- Interest crediting rate: 4.00%

Administrative and investment expenses: $680,000

SCHEDULE SB ATTACHMENTS

Demographic and Other Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Benefit commencement dates	
• Preretirement death benefit	
– Administrative	Upon death of the active participant
– Non-Administrative	Upon the later of the death of the active participant or the date the participant would have attained earliest retirement age.
• Deferred vested benefit	
– Administrative	Upon termination of employment
– Non-Administrative	Upon the later of attainment of normal retirement age or termination of employment.
• Disability benefit	Upon disablement
• Retirement benefit	Upon termination of employment
Form of payment	
• Administrative	100% of participants are assumed to elect an immediate lump sum.
• Non-Administrative	100% of single participants are assumed to elect a lifetime monthly annuity. 100% of married participants assumed to elect a 50% Joint and Survivor annuity.
Mortality for annuity conversion basis for PEP account balances and lump sums	417(e)(3) applicable mortality table
Percent married	80% of males; 50% of females
Spouse age	Wife three years younger than husband

SCHEDULE SB ATTACHMENTS

Cash flow

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

Demographic Assumptions

Mortality – Healthy & Disabled

Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Disability

Rates Varying by Age and Gender
Representative Disability Rates

Percentage assumed to become disabled during the year		
Attained Age	Males	Females
20	0.030%	0.040%
25	0.030%	0.050%
30	0.040%	0.060%
35	0.050%	0.080%
40	0.070%	0.100%
45	0.100%	0.150%
50	0.180%	0.260%
55	0.360%	0.490%
60	0.900%	1.210%
65	0.000%	0.000%

SCHEDULE SB ATTACHMENTS

Termination

Rates Varying by Age and Gender
Representative Termination Rates

Percentage assumed to leave during the year		
Attained Age	Males	Females
25	5.0%	10.0%
30	4.7%	9.4%
35	3.3%	6.7%
40	1.4%	2.7%
45	0.6%	1.2%
50	0.2%	0.5%
55	0.0%	0.0%
60	0.0%	0.0%

Retirement

Rates Varying by Age and Plan
Representative Retirement Rates

Percentage assumed to retire during the year		
Age	Administrative	Non-Administrative
55	5%	5%
56	5%	5%
57	5%	5%
58	15%	20%
59	10%	15%
60	20%	30%
61	20%	40%
62	60%	80%
63	30%	50%
64	50%	50%
65	100%	100%

Methods (for all plans)

Valuation date

First day of plan year

Funding target

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

Target normal cost

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

Plan Name: Upper Peninsula Power Company Retirement Plan
EIN / PN: 38-1280574/003
Plan Sponsor: Upper Peninsula Power Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Decrement Timing Model	Rounded Middle of Year – All decrements are assumed to occur at the middle of the year to approximate the pattern of decrements that occur throughout the year. In addition, eligibility for benefits, commencement and cessation of benefits, and other commencement factors will reflect the middle of the year timing.
Benefits not valued	All benefits described in the Plan Provisions were valued as described. WTW is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor with the support of its third party administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultations with the Company, the following assumptions were made for missing or apparently inconsistent data elements: for missing beneficiary dates of birth, females were assumed to be 3 years younger than males; for missing beneficiary sexes, male participants were assumed to have a female beneficiary and female participants were assumed to have a male beneficiary; for deferred participants, the benefit commencement date was assumed to be the date the participant reaches age 65.

Plan Name:	Upper Peninsula Power Company Retirement Plan
EIN / PN:	38-1280574/003
Plan Sponsor:	Upper Peninsula Power Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Name	**UPPER PENINSULA POWER COMPANY RETIREMENT PLAN**
Plan Sponsor EIN	**38-1280574**
ERISA Plan #	**#003**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

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
UPPER PENINSULA POWER COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UPPER PENINSULA POWER COMPANY

D Employer Identification Number (EIN)
38-1280574

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	86,023,763
b Actuarial value	**2b**	86,267,255

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	470	60,273,187	60,273,187
b For terminated vested participants	40	2,409,150	2,409,150
c For active participants	50	10,899,470	12,459,753
d Total	560	73,581,807	75,142,090

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**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	603,974
b Expected plan-related expenses	**6b**	680,000
c Target normal cost	**6c**	1,283,974

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 Georgia Louridas

Signature of actuary

6/2/2026
Date

Georgia Louridas, FSA, EA
Type or print name of actuary

2608034
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

312-288-7700
Telephone number (including area code)

Willis Tower
233 South Wacker Drive Suite 1800
Chicago IL 60606
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	9,831,707
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	9,831,707
10	Interest on line 9 using prior year's actual return of 2.75 %	0	270,372
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 5.15 %		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	10,102,079

Part III Funding Percentages

14	Funding target attainment percentage	14	101.36 %
15	Adjusted funding target attainment percentage	15	114.80 %
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	112.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

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	1,283,974
b Excess assets, if applicable, but not greater than line 31a	31b	1,023,086

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	260,888

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	260,888	260,888

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

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025
for Non-Administrative Employees

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Age at Retirement	Probability of Survival	Probability of Retirement	Weighted Average
(1)	(2)	(3)	(4)
55	100.00%	5.00%	2.75
56	95.00%	5.00%	2.66
57	90.25%	5.00%	2.57
58	85.74%	20.00%	9.95
59	68.59%	15.00%	6.07
60	58.30%	30.00%	10.49
61	40.81%	40.00%	9.96
62	24.49%	80.00%	12.15
63	4.90%	50.00%	1.54
64	2.45%	50.00%	0.78
65	1.22%	100.00%	0.80
			59.72

Column 2 = Probability of Survival to prior age
times
(1 – Probability of Retirement at prior age)

Column 4 = Age at Retirement (Column 1)
times
Probability of Survival (Column 2)
times
Probability of Retirement (Column 3)

Weighted Average Retirement Age = Sum of Column 4

Plan Name: Upper Peninsula Power Company Retirement Plan
EIN / PN: 38-1280574/003
Plan Sponsor: Upper Peninsula Power Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active administrative participants expected to reach retirement, based on all current decrements assumed.

Age at Retirement	Probability of Survival	Probability of Retirement	Weighted Average
(1)	(2)	(3)	(4)
55	100.00%	5.00%	2.75
56	95.00%	5.00%	2.66
57	90.25%	5.00%	2.57
58	85.74%	15.00%	7.46
59	72.88%	10.00%	4.30
60	65.59%	20.00%	7.87
61	52.47%	20.00%	6.40
62	41.98%	60.00%	15.62
63	16.79%	30.00%	3.17
64	11.75%	50.00%	3.76
65	5.88%	100.00%	3.82
			60.38

Column 2 = Probability of Survival to prior age
times
(1 – Probability of Retirement at prior age)

Column 4 = Age at Retirement (Column 1)
times
Probability of Survival (Column 2)
times
Probability of Retirement (Column 3)

Weighted Average Retirement Age = Sum of Column 4

Plan Name: Upper Peninsula Power Company Retirement Plan
EIN / PN: 38-1280574/003
Plan Sponsor: Upper Peninsula Power Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.32%	5.29%

Annual rates of increase

- Compensation:
  - Administrative employees: N/A
  - Non-Administrative employees: 4.00%
- Future Social Security wage bases: 3.50%
- Statutory limits on compensation: 2.50%
- Interest crediting rate: 4.00%

Administrative and investment expenses: $680,000

SCHEDULE SB ATTACHMENTS

Demographic and Other Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Benefit commencement dates	
• Preretirement death benefit	
– Administrative	Upon death of the active participant
– Non-Administrative	Upon the later of the death of the active participant or the date the participant would have attained earliest retirement age.
• Deferred vested benefit	
– Administrative	Upon termination of employment
– Non-Administrative	Upon the later of attainment of normal retirement age or termination of employment.
• Disability benefit	Upon disablement
• Retirement benefit	Upon termination of employment
Form of payment	
• Administrative	100% of participants are assumed to elect an immediate lump sum.
• Non-Administrative	100% of single participants are assumed to elect a lifetime monthly annuity. 100% of married participants assumed to elect a 50% Joint and Survivor annuity.
Mortality for annuity conversion basis for PEP account balances and lump sums	417(e)(3) applicable mortality table
Percent married	80% of males; 50% of females
Spouse age	Wife three years younger than husband

SCHEDULE SB ATTACHMENTS

Cash flow

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

Demographic Assumptions

Mortality – Healthy & Disabled

Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Disability

Rates Varying by Age and Gender
Representative Disability Rates

Percentage assumed to become disabled during the year		
Attained Age	Males	Females
20	0.030%	0.040%
25	0.030%	0.050%
30	0.040%	0.060%
35	0.050%	0.080%
40	0.070%	0.100%
45	0.100%	0.150%
50	0.180%	0.260%
55	0.360%	0.490%
60	0.900%	1.210%
65	0.000%	0.000%

SCHEDULE SB ATTACHMENTS

Termination

Rates Varying by Age and Gender
Representative Termination Rates

Percentage assumed to leave during the year		
Attained Age	Males	Females
25	5.0%	10.0%
30	4.7%	9.4%
35	3.3%	6.7%
40	1.4%	2.7%
45	0.6%	1.2%
50	0.2%	0.5%
55	0.0%	0.0%
60	0.0%	0.0%

Retirement

Rates Varying by Age and Plan
Representative Retirement Rates

Percentage assumed to retire during the year		
Age	Administrative	Non-Administrative
55	5%	5%
56	5%	5%
57	5%	5%
58	15%	20%
59	10%	15%
60	20%	30%
61	20%	40%
62	60%	80%
63	30%	50%
64	50%	50%
65	100%	100%

Methods (for all plans)

Valuation date

First day of plan year

Funding target

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

Target normal cost

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

Plan Name: Upper Peninsula Power Company Retirement Plan
EIN / PN: 38-1280574/003
Plan Sponsor: Upper Peninsula Power Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Decrement Timing Model	Rounded Middle of Year – All decrements are assumed to occur at the middle of the year to approximate the pattern of decrements that occur throughout the year. In addition, eligibility for benefits, commencement and cessation of benefits, and other commencement factors will reflect the middle of the year timing.
Benefits not valued	All benefits described in the Plan Provisions were valued as described. WTW is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor with the support of its third party administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultations with the Company, the following assumptions were made for missing or apparently inconsistent data elements: for missing beneficiary dates of birth, females were assumed to be 3 years younger than males; for missing beneficiary sexes, male participants were assumed to have a female beneficiary and female participants were assumed to have a male beneficiary; for deferred participants, the benefit commencement date was assumed to be the date the participant reaches age 65.

Plan Name:	Upper Peninsula Power Company Retirement Plan
EIN / PN:	38-1280574/003
Plan Sponsor:	Upper Peninsula Power Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions – Upper Peninsula Power Company Retirement Plan

Upper Peninsula Power Company Retirement Plan is closed to new entrants, effective as follows:

- Administrative employees effective January 1, 2008
- Non-Administrative employees effective April 19, 2009

Retirement Program for Administrative Employees

Employees included	Except for anyone who is subject to a collective bargaining agreement, an employee became a participant on January 1 or July 1 coincident with or next following the date of completion of one year of eligibility service subject to the provisions concerning closure of the plan to new entrants.

Definitions

Service considered	Year of "Eligibility Service" is the twelve month period commencing on the date of hire or rehire, or any plan year in which the employee completes 1,000 or more hours of service. "Service credit," to determine eligibility for and the amount of benefits, is determined under the ERISA elapsed-time rules. Service credit will be earned while the employee is receiving benefits from the long-term disability plan sponsored by the company. No additional benefit service will accrue after December 31, 2012.
Compensation considered	Total compensation prior to severance from service excluding nonqualified deferred compensation payments, and extraordinary payments. Annual compensation is limited to $200,000, adjusted in accordance with Internal Revenue Code. Final average pay is the higher of the average of (a) the highest five complete calendar years of pay within the last 10 calendar years preceding severance from service, or (b) total pay for 60 months preceding severance from service. Pay after December 31, 2017 will not be considered in the calculation of final average pay.

Eligibility for Benefits

Benefit eligibility	5 years of service (3 years for employees who terminate employment on or after January 1, 2008).

Plan Name:	Upper Peninsula Power Company Retirement Plan
EIN / PN:	38-1280574/003
Plan Sponsor:	Upper Peninsula Power Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Benefits Payable

Plan Benefit

(a) Benefit payable to a plan participant with 3 years of vesting service.

(b) Total Service Percent is a total of:

9% per year for the first 10 years of service;

plus 12% per year for years 11 through 20;

plus 15% per year for years 21 and thereafter.

For employees hired after December 31, 2000, the service percentages are 9%, 11% and 13%, respectively.

(c) Pension Income (lump-sum form) is equal to Total Service Percent times Final Average Pay.

(d) Minimum benefit is the lump-sum value of the benefit earned through December 31, 2000 under the plan provisions in effect at December 31, 2000.

There will be no additional service or pay increases applied to the plan benefit after December 31, 2012 and December 31, 2017, respectively. Effective January 1, 2018 the frozen accrued benefit will be increased each year until benefit commencement with annual interest credits based on the greater of (a) first segment rate defined under the Pension Protection Act for use in determining minimum lump-sum distributions under IRC 417(e), and (b) the plan's minimum interest crediting rate of 3.05%.

Pension transition

For employees employed on January 1, 2001:

(a) Calculated by taking combination of participant's age and service on January 1, 2001.

(b) Total age plus service is multiplied by 1.35% to arrive at Transition Percent (limited to 115%).

This percent is held constant until retirement or participant leaves the company and will be multiplied by Final Average Pay to determine the Pension Transition amount (payable as a lump sum). The minimum amount is $50,000 for employees who were at least age 58 and had five years of service at December 31, 2000.

SCHEDULE SB ATTACHMENTS

Pension supplement

To be eligible for the Pension Supplement, participant must be

(a) employed on January 1, 2001;

(b) retire after January 1, 2001;

(c) be at least 55 years of age, and

(d) have 5 years of service with the company.

The Pension Supplement is payable as a fixed $800 monthly payment from retirement until age 65, or as a lump sum based on age at retirement and current interest rates.

For employees hired after January 1, 2001, eligibility for the supplement requires the participant to be age 55 with 10 years of service. The Pension Supplement amount is earned at a rate of $40 per year of service (earned prior to January 1, 2013).

Surviving spouse's benefit

(a) If the death of a vested participant occurs, the spouse will receive either a single-sum payment or a survivor annuity benefit. If the participant had designated a non-spouse beneficiary and the surviving spouse had consented, the beneficiary will receive a single-sum payment.

(b) If a participant who was receiving a monthly pension dies, the surviving spouse will receive payment in accordance with the joint and survivor option elected or the remainder of the Pension Equity Account Balance, if any.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms and actuarial equivalence are as follows:

Normal form of payment

Married participants receive a fully subsidized 50% joint & survivor annuity. The normal form of payment for unmarried participants is a single life annuity.

SCHEDULE SB ATTACHMENTS

Optional forms of payment and conversion factors

Form of Payment	Conversion Factor
Lump Sum	Accrued PEP Balance at time of termination or retirement.
Annuity	PEP balance is converted to an annuity using the Applicable Mortality Table and Applicable Interest Rate.
Life Annuity	Calculated using annuity conversion factor with no further adjustment.
50% Joint and Survivor Annuity	Calculated using annuity conversion factor with no further adjustment unless spouse is more than 5 years younger than participant, in which case additional reductions apply.
75% Joint and Survivor Annuity	Calculated as 96% of life annuity benefit unless spouse is more than 5 years younger than participant, in which case additional reductions apply.
100% Joint and Survivor Annuity	Calculated as 93% of life annuity benefit unless spouse is more than 5 years younger than participant, in which case additional reductions apply.
Unreduced lifetime benefit	Participants whose spouse is greater than 5 years younger can elect to receive the equivalent of the life annuity benefit during their lifetime, with their spouse receiving an actuarially equivalent 50% survivor benefit, calculated using 6% interest and the 1971 Group Annuity Mortality Table.

Additionally, participants who are administrative employees who have joined the plan through a merged prior plan may be entitled to actuarially equivalent benefits in the following forms: single life annuity, 5, 10, or 15-year certain annuity, 25% joint and survivor annuity with or without popup, 50% joint and survivor annuity with or without popup, 66

	2/3% joint and survivor annuity with or without popup, 100% joint and survivor annuity with or without popup.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining the AFTAP.
Benefits not valued	All benefits described in the Plan Provisions were valued as described. WTW is not aware of any significant benefits to be valued that were not.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in the benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Retirement Program for Non-Administrative Employees

Employees Included	An employee represented by Local Union No. 510 of the IBEW became a participant upon completion of one year of service credit subject to the provisions concerning closure of the plan to new entrants.

Definitions

Service considered	A year of service is granted for each July 1st through June 30th in which 1,000 hours are worked. In any computation period in which a participant begins, resumes, or terminates employment, 1/12th of a year of credit is given for each complete month worked.
Compensation considered	Fixed Monthly Earnings on July 1 of each year.

Eligibility for Benefits

Normal retirement benefit	On or after attainment of age 65 or, for an individual who became a participating employee after age 60, on the 4th anniversary of his date of participation.
Early retirement benefit	Available upon reaching age 55 with 10 years of service (prior to 1/1/1993: age 45 and 10 years of service).
Deferred vested benefit	In the event of termination of employment prior to age 55 and after 10 or more years of service credit. Certain participants are granted a grandfather eligibility of age 45 and 10 years of service.
Surviving spouse benefit	In the event of death of an active participant occurring after attainment 5 years of service credit. In the event of a death of a participant who was receiving a pension under the foregoing paragraphs. In the event of death of a deferred vested participant who has not commenced the benefit and who has been married for one year as of the date of death dies prior to pension commencement date.

Benefits Payable

Normal retirement benefit	The sum of (1) 2% of Monthly Earnings as of 7/1/1980 times years of service prior to 7/1/1980 plus (2) 2% of July 1 fixed Monthly Earnings for each year after 7/1/1980 and prior to 7/1/1999 plus (3) 2.25% of July 1 fixed Monthly Earnings for each year beginning 7/1/1999.

SCHEDULE SB ATTACHMENTS

Early retirement benefit	Monthly pension commencing as of the date designated by the participant or as of the participant's severance from service date, as the case may be, is determined in the same manner as a normal retirement benefit under the Normal Retirement Benefit paragraph above, reduced by 3% per year. Unreduced benefit becomes available upon reaching Rule of 85 for participants as of May 1, 1991.
Deferred vested benefit	Monthly pension payable as of the later of age 55 or the date designated by the employee, but not later than age 65, is determined in the same manner as an early retirement benefit under the Early Retirement Benefit paragraph
Surviving spouse benefit	The spouse to whom the participant was married to as of the date of his death will receive 50% of the pension determined under the following stipulations. This benefit will be reduced if the spouse is younger than the participant. If the death occurs after early retirement age, the base benefit is determined under the above Normal Retirement Benefit provisions, as if his date of death was his normal retirement date, based on his service credit and average monthly compensation as of his death. Payable at the later of the date of death or the date the participant would have reached age 55. If the death occurs prior early retirement age, but after 5 years of service credit and before 10 years of service credit, the base benefit is determined based upon the foregoing paragraph of Normal Retirement Benefit payable at the date the deceased member would have turned age 65. If the death occurs prior early retirement age, but after 10 years of service credit, the base benefit is determined as the total accrued monthly benefit, without reduction for early commencement. The benefit is payable on the first day of the month following the date of death. If the death of a participant who was receiving a pension under the foregoing paragraphs, the base benefit is determined as the pension the participant was receiving immediately prior to his death. If the death of a vested participant occurs prior to his pension commencement date, the base benefit is determined under the foregoing Early Retirement Benefit paragraph based on his service credit. Payable at the date of the participant’s death.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Lump sum payments

Small lump sums will be paid if the value of benefit is $1,000 or less ($5,000 prior to March 28, 2005). Lump sums are determined based on interest rates prescribed by the Secretary of the Treasury pursuant to Section 417(e)(3) of the Code.

Normal form of payment

Married participants receive a fully subsidized 50% joint & survivor annuity. The normal form of payment for unmarried participants is a single life annuity.

Optional forms of payment and conversion factors

Plan participants from the prior Upper Peninsula Power Company Plan are also eligible for the following forms of payment using the option factors shown:

Joint and Survivor Pension Option Factors

Age of Participant at Retirement	Option			
	100%	75%	66-2/3%	50%
45-49	.93	.95	.95	.96
50-54	.91	.93	.94	.95
55-59	.89	.92	.92	.94
60-64	.86	.89	.90	.92
65 and above	.83	.87	.88	.91

Additional age adjustments apply for participants whose spouse has an age difference of greater than three years, subject to maximum adjustments as outlined in the plan document.

Additionally, Non-Administrative employees who are participants and joined the plan through a merged prior plan may be entitled to actuarially equivalent benefits in the following forms: single life annuity, 5, 10, or 15-year certain annuity, joint and survivor annuity with or without popup.

Pension Increases

None

SCHEDULE SB ATTACHMENTS

Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining the AFTAP.
Benefits not valued	All benefits described in the Plan Provisions were valued as described. WTW is not aware of any significant benefits to be valued that were not.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in the benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	3	0	0	0	0	0	3
40-44	0	0	0	1	5	4	0	0	0	0	10
45-49	0	0	1	0	7	2	0	0	0	0	10
50-54	0	0	2	0	2	6	1	0	0	0	11
55-59	0	0	1	0	3	5	1	0	0	0	10
60-64	0	0	0	1	1	2	0	2	0	0	6
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	4	2	21	19	2	2	0	0	50

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

Plan Name: Upper Peninsula Power Company Retirement Plan
EIN / PN: 38-1280574/003
Plan Sponsor: Upper Peninsula Power Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025
for Non-Administrative Employees

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Age at Retirement	Probability of Survival	Probability of Retirement	Weighted Average
(1)	(2)	(3)	(4)
55	100.00%	5.00%	2.75
56	95.00%	5.00%	2.66
57	90.25%	5.00%	2.57
58	85.74%	20.00%	9.95
59	68.59%	15.00%	6.07
60	58.30%	30.00%	10.49
61	40.81%	40.00%	9.96
62	24.49%	80.00%	12.15
63	4.90%	50.00%	1.54
64	2.45%	50.00%	0.78
65	1.22%	100.00%	0.80
			59.72

Column 2 = Probability of Survival to prior age
times
(1 – Probability of Retirement at prior age)

Column 4 = Age at Retirement (Column 1)
times
Probability of Survival (Column 2)
times
Probability of Retirement (Column 3)

Weighted Average Retirement Age = Sum of Column 4

Plan Name: Upper Peninsula Power Company Retirement Plan
EIN / PN: 38-1280574/003
Plan Sponsor: Upper Peninsula Power Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active administrative participants expected to reach retirement, based on all current decrements assumed.

Age at Retirement	Probability of Survival	Probability of Retirement	Weighted Average
(1)	(2)	(3)	(4)
55	100.00%	5.00%	2.75
56	95.00%	5.00%	2.66
57	90.25%	5.00%	2.57
58	85.74%	15.00%	7.46
59	72.88%	10.00%	4.30
60	65.59%	20.00%	7.87
61	52.47%	20.00%	6.40
62	41.98%	60.00%	15.62
63	16.79%	30.00%	3.17
64	11.75%	50.00%	3.76
65	5.88%	100.00%	3.82
			60.38

Column 2 = Probability of Survival to prior age
times
(1 – Probability of Retirement at prior age)

Column 4 = Age at Retirement (Column 1)
times
Probability of Survival (Column 2)
times
Probability of Retirement (Column 3)

Weighted Average Retirement Age = Sum of Column 4

Plan Name: Upper Peninsula Power Company Retirement Plan
EIN / PN: 38-1280574/003
Plan Sponsor: Upper Peninsula Power Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions – Upper Peninsula Power Company Retirement Plan

Upper Peninsula Power Company Retirement Plan is closed to new entrants, effective as follows:

- Administrative employees effective January 1, 2008
- Non-Administrative employees effective April 19, 2009

Retirement Program for Administrative Employees

Employees included	Except for anyone who is subject to a collective bargaining agreement, an employee became a participant on January 1 or July 1 coincident with or next following the date of completion of one year of eligibility service subject to the provisions concerning closure of the plan to new entrants.

Definitions

Service considered	Year of "Eligibility Service" is the twelve month period commencing on the date of hire or rehire, or any plan year in which the employee completes 1,000 or more hours of service. "Service credit," to determine eligibility for and the amount of benefits, is determined under the ERISA elapsed-time rules. Service credit will be earned while the employee is receiving benefits from the long-term disability plan sponsored by the company. No additional benefit service will accrue after December 31, 2012.
Compensation considered	Total compensation prior to severance from service excluding nonqualified deferred compensation payments, and extraordinary payments. Annual compensation is limited to $200,000, adjusted in accordance with Internal Revenue Code. Final average pay is the higher of the average of (a) the highest five complete calendar years of pay within the last 10 calendar years preceding severance from service, or (b) total pay for 60 months preceding severance from service. Pay after December 31, 2017 will not be considered in the calculation of final average pay.

Eligibility for Benefits

Benefit eligibility	5 years of service (3 years for employees who terminate employment on or after January 1, 2008).

Plan Name:	Upper Peninsula Power Company Retirement Plan
EIN / PN:	38-1280574/003
Plan Sponsor:	Upper Peninsula Power Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Benefits Payable

Plan Benefit

(a) Benefit payable to a plan participant with 3 years of vesting service.

(b) Total Service Percent is a total of:

9% per year for the first 10 years of service;

plus 12% per year for years 11 through 20;

plus 15% per year for years 21 and thereafter.

For employees hired after December 31, 2000, the service percentages are 9%, 11% and 13%, respectively.

(c) Pension Income (lump-sum form) is equal to Total Service Percent times Final Average Pay.

(d) Minimum benefit is the lump-sum value of the benefit earned through December 31, 2000 under the plan provisions in effect at December 31, 2000.

There will be no additional service or pay increases applied to the plan benefit after December 31, 2012 and December 31, 2017, respectively. Effective January 1, 2018 the frozen accrued benefit will be increased each year until benefit commencement with annual interest credits based on the greater of (a) first segment rate defined under the Pension Protection Act for use in determining minimum lump-sum distributions under IRC 417(e), and (b) the plan's minimum interest crediting rate of 3.05%.

Pension transition

For employees employed on January 1, 2001:

(a) Calculated by taking combination of participant's age and service on January 1, 2001.

(b) Total age plus service is multiplied by 1.35% to arrive at Transition Percent (limited to 115%).

This percent is held constant until retirement or participant leaves the company and will be multiplied by Final Average Pay to determine the Pension Transition amount (payable as a lump sum). The minimum amount is $50,000 for employees who were at least age 58 and had five years of service at December 31, 2000.

SCHEDULE SB ATTACHMENTS

Pension supplement

To be eligible for the Pension Supplement, participant must be

(a) employed on January 1, 2001;

(b) retire after January 1, 2001;

(c) be at least 55 years of age, and

(d) have 5 years of service with the company.

The Pension Supplement is payable as a fixed $800 monthly payment from retirement until age 65, or as a lump sum based on age at retirement and current interest rates.

For employees hired after January 1, 2001, eligibility for the supplement requires the participant to be age 55 with 10 years of service. The Pension Supplement amount is earned at a rate of $40 per year of service (earned prior to January 1, 2013).

Surviving spouse's benefit

(a) If the death of a vested participant occurs, the spouse will receive either a single-sum payment or a survivor annuity benefit. If the participant had designated a non-spouse beneficiary and the surviving spouse had consented, the beneficiary will receive a single-sum payment.

(b) If a participant who was receiving a monthly pension dies, the surviving spouse will receive payment in accordance with the joint and survivor option elected or the remainder of the Pension Equity Account Balance, if any.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms and actuarial equivalence are as follows:

Normal form of payment

Married participants receive a fully subsidized 50% joint & survivor annuity. The normal form of payment for unmarried participants is a single life annuity.

SCHEDULE SB ATTACHMENTS

Optional forms of payment and conversion factors

Form of Payment	Conversion Factor
Lump Sum	Accrued PEP Balance at time of termination or retirement.
Annuity	PEP balance is converted to an annuity using the Applicable Mortality Table and Applicable Interest Rate.
Life Annuity	Calculated using annuity conversion factor with no further adjustment.
50% Joint and Survivor Annuity	Calculated using annuity conversion factor with no further adjustment unless spouse is more than 5 years younger than participant, in which case additional reductions apply.
75% Joint and Survivor Annuity	Calculated as 96% of life annuity benefit unless spouse is more than 5 years younger than participant, in which case additional reductions apply.
100% Joint and Survivor Annuity	Calculated as 93% of life annuity benefit unless spouse is more than 5 years younger than participant, in which case additional reductions apply.
Unreduced lifetime benefit	Participants whose spouse is greater than 5 years younger can elect to receive the equivalent of the life annuity benefit during their lifetime, with their spouse receiving an actuarially equivalent 50% survivor benefit, calculated using 6% interest and the 1971 Group Annuity Mortality Table.

Additionally, participants who are administrative employees who have joined the plan through a merged prior plan may be entitled to actuarially equivalent benefits in the following forms: single life annuity, 5, 10, or 15-year certain annuity, 25% joint and survivor annuity with or without popup, 50% joint and survivor annuity with or without popup, 66

	2/3% joint and survivor annuity with or without popup, 100% joint and survivor annuity with or without popup.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining the AFTAP.
Benefits not valued	All benefits described in the Plan Provisions were valued as described. WTW is not aware of any significant benefits to be valued that were not.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in the benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Retirement Program for Non-Administrative Employees

Employees Included	An employee represented by Local Union No. 510 of the IBEW became a participant upon completion of one year of service credit subject to the provisions concerning closure of the plan to new entrants.

Definitions

Service considered	A year of service is granted for each July 1st through June 30th in which 1,000 hours are worked. In any computation period in which a participant begins, resumes, or terminates employment, 1/12th of a year of credit is given for each complete month worked.
Compensation considered	Fixed Monthly Earnings on July 1 of each year.

Eligibility for Benefits

Normal retirement benefit	On or after attainment of age 65 or, for an individual who became a participating employee after age 60, on the 4th anniversary of his date of participation.
Early retirement benefit	Available upon reaching age 55 with 10 years of service (prior to 1/1/1993: age 45 and 10 years of service).
Deferred vested benefit	In the event of termination of employment prior to age 55 and after 10 or more years of service credit. Certain participants are granted a grandfather eligibility of age 45 and 10 years of service.
Surviving spouse benefit	In the event of death of an active participant occurring after attainment 5 years of service credit. In the event of a death of a participant who was receiving a pension under the foregoing paragraphs. In the event of death of a deferred vested participant who has not commenced the benefit and who has been married for one year as of the date of death dies prior to pension commencement date.

Benefits Payable

Normal retirement benefit	The sum of (1) 2% of Monthly Earnings as of 7/1/1980 times years of service prior to 7/1/1980 plus (2) 2% of July 1 fixed Monthly Earnings for each year after 7/1/1980 and prior to 7/1/1999 plus (3) 2.25% of July 1 fixed Monthly Earnings for each year beginning 7/1/1999.

SCHEDULE SB ATTACHMENTS

Early retirement benefit	Monthly pension commencing as of the date designated by the participant or as of the participant's severance from service date, as the case may be, is determined in the same manner as a normal retirement benefit under the Normal Retirement Benefit paragraph above, reduced by 3% per year. Unreduced benefit becomes available upon reaching Rule of 85 for participants as of May 1, 1991.
Deferred vested benefit	Monthly pension payable as of the later of age 55 or the date designated by the employee, but not later than age 65, is determined in the same manner as an early retirement benefit under the Early Retirement Benefit paragraph
Surviving spouse benefit	The spouse to whom the participant was married to as of the date of his death will receive 50% of the pension determined under the following stipulations. This benefit will be reduced if the spouse is younger than the participant. If the death occurs after early retirement age, the base benefit is determined under the above Normal Retirement Benefit provisions, as if his date of death was his normal retirement date, based on his service credit and average monthly compensation as of his death. Payable at the later of the date of death or the date the participant would have reached age 55. If the death occurs prior early retirement age, but after 5 years of service credit and before 10 years of service credit, the base benefit is determined based upon the foregoing paragraph of Normal Retirement Benefit payable at the date the deceased member would have turned age 65. If the death occurs prior early retirement age, but after 10 years of service credit, the base benefit is determined as the total accrued monthly benefit, without reduction for early commencement. The benefit is payable on the first day of the month following the date of death. If the death of a participant who was receiving a pension under the foregoing paragraphs, the base benefit is determined as the pension the participant was receiving immediately prior to his death. If the death of a vested participant occurs prior to his pension commencement date, the base benefit is determined under the foregoing Early Retirement Benefit paragraph based on his service credit. Payable at the date of the participant’s death.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Lump sum payments

Small lump sums will be paid if the value of benefit is $1,000 or less ($5,000 prior to March 28, 2005). Lump sums are determined based on interest rates prescribed by the Secretary of the Treasury pursuant to Section 417(e)(3) of the Code.

Normal form of payment

Married participants receive a fully subsidized 50% joint & survivor annuity. The normal form of payment for unmarried participants is a single life annuity.

Optional forms of payment and conversion factors

Plan participants from the prior Upper Peninsula Power Company Plan are also eligible for the following forms of payment using the option factors shown:

Joint and Survivor Pension Option Factors

Age of Participant at Retirement	Option			
	100%	75%	66-2/3%	50%
45-49	.93	.95	.95	.96
50-54	.91	.93	.94	.95
55-59	.89	.92	.92	.94
60-64	.86	.89	.90	.92
65 and above	.83	.87	.88	.91

Additional age adjustments apply for participants whose spouse has an age difference of greater than three years, subject to maximum adjustments as outlined in the plan document.

Additionally, Non-Administrative employees who are participants and joined the plan through a merged prior plan may be entitled to actuarially equivalent benefits in the following forms: single life annuity, 5, 10, or 15-year certain annuity, joint and survivor annuity with or without popup.

Pension Increases

None

SCHEDULE SB ATTACHMENTS

Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining the AFTAP.
Benefits not valued	All benefits described in the Plan Provisions were valued as described. WTW is not aware of any significant benefits to be valued that were not.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in the benefits valued since the prior year.

Plan Name	**UPPER PENINSULA POWER COMPANY RETIREMENT PLAN**
Plan Sponsor EIN	**38-1280574**
ERISA Plan #	**#003**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X