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
CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1953

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)
FIDIUM MANAGER SERVICES, LLC

508 OLD MAGNOLIA ROAD
CONROE, TX 77304

508 OLD MAGNOLIA ROAD
CONROE, TX 77304

2b Employer Identification Number (EIN)
33-2118191

2c Plan Sponsor's telephone number
833-224-1300

2d Business code (see instructions)
517000

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	LYNNELLE LONG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	DAVID HERRICK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name CONSOLIDATED COMMUNICATIONS, INC.

c Plan Name CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

4b EIN 02-0636475

4d PN 006

5	Total number of participants at the beginning of the plan year	**5**	3132
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)**	1228
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1069
b	Retired or separated participants receiving benefits	**6b**	1134
c	Other retired or separated participants entitled to future benefits	**6c**	825
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3028
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	70
f	Total. Add lines **6d** and **6e**.	**6f**	3098
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 1E 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] **A** (Insurance Information) – Number Attached _____
- (4) [X] **C** (Service Provider Information)
- (5) [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
CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FIDIUM MANAGER SERVICES, LLC

D Employer Identification Number (EIN)
33-2118191

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**	414638967
b Actuarial value	**2b**	416162246

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	1136	290446954	290446954
b For terminated vested participants	820	49090330	49090330
c For active participants	1228	163575831	173756896
d Total	3184	503113115	513294180

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	3574000
c Target normal cost	**6c**	3574000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/14/2026
Date

LOUIS PALACIOS
Type or print name of actuary

26-08101
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

214-530-4200
Telephone number (including area code)

500 NORTH AKARD STREET, SUITE 4300
DALLAS, TX 75201
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)		6412713
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		6412713
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of 4.15 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		69312
	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		2876
	c Total available at beginning of current plan year to add to prefunding balance		72188
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	81.07 %
15	Adjusted funding target attainment percentage	15	82.20 %
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	87.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2025	2450000	0			
07/14/2025	2450000	0			
10/14/2025	2450000	0			
01/13/2026	2450000	0			
09/10/2026	4150000	0			
			Totals ► 18(b)	13950000	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	13266802

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	3574000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	97131934	9662011
b Waiver amortization installment		

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**	13236011

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

36 Additional cash requirement (line 34 minus line 35)	**36**	13236011
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	13266802
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	30791
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**	

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
CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIDIUM MANAGER SERVICES, LLC

D Employer Identification Number (EIN)
33-2118191

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BROAD PEAK INVESTMENT ADVISERS PTE
103 PENANG ROAD 06-07 VISIONCREST
SINGAPORE 238467 CN

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

BREVAN HOWARD CAPITAL MANAGMENT LP
4TH FLOOR, ONE ESPLANADE
ST. HELIER JE

(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?
15 49 50 11	NONE	947518	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOWERS WATSON INVESTMENT SERVICE IN

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?
27 50	NONE	279265	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 50 65	NONE	129242	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

BLACKROCK INSTITUTIONAL TRUST COMPA

94-3112180

(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 24 28 50 51	NONE	49619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEST & COMPANY LLC

37-0980065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	21400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FIDIUM MANAGER SERVICES, LLC

D Employer Identification Number (EIN)
33-2118191

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:	CF WTW DIVERSIFIED EQUITY FUND		
b Name of sponsor of entity listed in (a):	TOWERS WATSON INVESTMENT SERVICES, INC		
c EIN-PN 82-6695738-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	184964189
a Name of MTIA, CCT, PSA, or 103-12 IE:	CF WTW GT LONG CREDIT FUND		
b Name of sponsor of entity listed in (a):	TOWERS WATSON INVESTMENT SERVICES, INC		
c EIN-PN 82-6695738-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	552008
a Name of MTIA, CCT, PSA, or 103-12 IE:	CF LONG US GOVT BOND INDX NL (CM1D)		
b Name of sponsor of entity listed in (a):	STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-142	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	873116
a Name of MTIA, CCT, PSA, or 103-12 IE:	COLLECTIVE SHORT TERM INVESTMENT FU		
b Name of sponsor of entity listed in (a):	NORTHERN TRUST INVESTMENTS, N.A.		
c EIN-PN 45-6138589-084	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8269742
a Name of MTIA, CCT, PSA, or 103-12 IE:	CF BLACKROCK TSY US 20 YR KEY RATE		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY NA		
c EIN-PN 45-3856189-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12620396
a Name of MTIA, CCT, PSA, or 103-12 IE:	CF BLACKROCK TSY US 25 YR KEY RATE		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY NA		
c EIN-PN 45-3856224-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25447608
a Name of MTIA, CCT, PSA, or 103-12 IE:	CF BLACKROCK TSY US 10 YR KEY RATE		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY NA		
c EIN-PN 47-4226866-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12679559

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK TSY US 15 YR KEY RATE

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY NA

c EIN-PN 45-3856099-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15953852

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BROAD PEAK FUND II LTD CL A4 NR

b Name of sponsor of entity listed in (a): BROAD PEAK INVESTMENT ADVISERS PTE, LTD

c EIN-PN 98-0704623-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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
CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIDIUM MANAGER SERVICES, LLC

D Employer Identification Number (EIN)
33-2118191

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	6091	11393
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3600000	6600000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3018385	27718
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		152203
(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)	19512	19563
(5) Partnership/joint venture interests	1c(5)		141921890
(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)	413944852	261360470
(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)		45556235

		(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	420588840	455649472
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	3106190	78029
1k Total liabilities (add all amounts in lines 1g through1j)	1k	3106190	78029
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	417482650	455571443

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)	13950000	
(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)		13950000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6864	
(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)		6864
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	911	
(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)		911
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	-865839	
(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)		-865839
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	8996834	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		8996834

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		47270217
(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)		-290
c Other income	2c		29725
d Total income. Add all **income** amounts in column (b) and enter total	2d		69388422
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27272396	
(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)		27272396
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)	472037	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	21400	
(5) Investment advisory and investment management fees	2i(5)	447311	
(6) Bank or trust company trustee/custodial fees	2i(6)	129242	
(7) Actuarial fees	2i(7)	86915	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2870328	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4027233
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		31299629
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		38088793
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: WEST & COMPANY, LLC **(2)** EIN: 37-0980065

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587454.

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
CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIDIUM MANAGER SERVICES, LLC

D Employer Identification Number (EIN)
33-2118191

Part I Distributions

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

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

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

EIN(s): 36-3046063

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** | 21

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 49.9 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 1.8 % Other: 48.3 %

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_____.

West & Company, LLC
CERTIFIED PUBLIC ACCOUNTANTS

501 East Evergreen Avenue
P.O. Box 1308
Effingham, Illinois 62401

(217) 347-5181
www.westcpa.com

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of the
Consolidated Communications Retirement Plan

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

We have performed audits of the financial statements of Consolidated Communications Retirement 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 statement of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Consolidated Communications Retirement 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 a certification from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Consolidated Communications Retirement 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 Consolidated Communications Retirement Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Consolidated Communications Retirement 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 Consolidated Communications Retirement 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 schedules of assets (held at the end of year) as of December 31, 2025, and schedule of reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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).



Effingham, IL
October 14, 2026

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Summary of principal plan provisions applicable to Texas employees

Plan Sponsor

Consolidated Communications, Inc.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

The plan is closed to all non-bargaining new hires after May 1, 2005. The plan is closed to all bargaining new hires after January 1, 2008. Bargaining employees are eligible to participate under the plan on the later of the following: (1) the date on which he becomes a full-time employee; or (2) one year of service.

Credited Service

The number of years and completed months of service from date of hire to date of termination, adjusted for certain periods of unpaid absence. Except in the case of a Grandfathered Participant or a Bargaining employee, any service after April 30, 2005 shall not be included. For Grandfathered participants, credited service after April 30, 2005 was frozen as of December 31, 2009.

Vesting Service

Total service from date of hire to date of termination, less any absence in excess of 12 months that is excluded from credited service, using elapsed time.

Final Average Compensation/Salary

The monthly average of the five consecutive years' compensation out of the last ten years that gives the highest average. Compensation includes base pay plus any compensation deferred under a Section 125 or Section 401(k) plan. Compensation is limited to $220,000 (indexed beginning in 2006) as required.

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit for Employees who became Participants prior to January 1, 2002

Traditional Retirement Formula:

1. Normal Retirement Date: The first of the month coincident with or next following age 65 and five years of vesting service credited service.
2. Monthly Benefit:

   Non-bargaining:

   1.57% of final average monthly compensation times credited service; plus

   1.00% of final average monthly compensation times credited service completed between April 30, 2005 and the earlier of December 31, 2009 and date of termination for Grandfathered participants.

   Note: For Non-bargaining employees, credited service is the service completed as of April 30, 2005.

   Bargaining:

   1.57% of final average monthly compensation times credited service, with credited service and average monthly compensation frozen as of December 31, 2010.

Normal Form of Retirement Income: Ten years certain and life.

Cash Balance Formula (Bargaining only):

The Cash Balance Formula is the sum of A and B:

A. Monthly Cash Balance Account times an Interest Credit (reduced by any distributions made during the month).

   Interest Credits are based upon the monthly average yield of 30-year U.S. Treasury Bonds. This rate will change each year to the prior year's November rate.

B. Contribution Credits of 4.00% of Monthly Compensation, for compensation earned after December 31, 2010. Contribution credits were discontinued as of June 30, 2017.

The accrued Cash Balance Formula is payable as a monthly annuity or in the form of a single lump sum payment.

SCHEDULE SB ATTACHMENTS

Cash Balance Benefit for Employees who became participants on or after January 1, 2002

Cash Balance Formula:

Effective January 1, 2002 the plan was amended to adopt a cash balance formula for all participants who begin service after January 1, 2002.

The Cash Balance Formula is the sum of A and B:

A. Monthly Cash Balance Account times an Interest Credit (reduced by any distributions made during the month).

   Interest Credits are based upon the monthly average yield of 30-year U.S. Treasury Bonds. This rate will change each year to the prior year's November rate.

B. Contribution Credits times Monthly Compensation.

Contribution Credits are based upon the participant's age plus years of credited service using the following schedule:

Age + Years of Credited Service	Percentage of Compensation
Less than 35	3.5%
35 – 49	4.5%
50 – 64	5.5%
65 or over	6.5%

Provided that Contribution Credit accruals stop after April 30, 2005.

The accrued Cash Balance Formula is payable as a monthly annuity or in the form of a single lump sum payment.

Late Retirement

Employees who became a participant prior to January 1, 2002:

For benefits accrued prior to 12/31/2010:

If retirement occurs after the normal retirement date, the late retirement income will be based on the greater of:

1. The Traditional Retirement Formula normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date.

   or

2. The income provided by the single-sum value of the Traditional Retirement Formula income payable as of normal retirement date if employment had then terminated, accumulated with interest to actual retirement.

For benefits accrued after 12/31/2010:

Cash Balance Formula account value.

Employees who became a participant on or after January 1, 2002:

Cash Balance Formula account value.

Accrued Benefits

Employees who became a participant prior to January 1, 2002:

For benefits accrued prior to 12/31/2010:

The participant's accrued benefit at any given date is determined under the normal retirement formula shown above, but is based on frozen credited service, and frozen final average monthly compensation.

For benefits accrued after 12/31/2010:

Cash Balance Formula account value converted to monthly annuity at age 65 using plan assumptions.

Employees who became a participant on or after January 1, 2002:

Cash Balance Formula account value converted to monthly annuity at age 65 using plan assumptions.

Early Retirement Benefit

Eligibility: Age 50 and 15 years of vesting service

Employees who became a participant prior to January 1, 2002:

For benefits accrued prior to 12/31/2010:

Accrued monthly benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments.

For benefits accrued after 12/31/2010:

Cash Balance Formula account value.

Employees who became a participant on or after January 1, 2002:

Cash Balance Formula account value.

SCHEDULE SB ATTACHMENTS

Early Retirement Factors (Traditional Retirement Formula)

	Non Bargaining Employees		Bargaining Employees
	Accruals Prior to	Accruals After	Accruals Prior to
Age	May 1, 2005	May 1, 2005	December 31, 2010
65	100.0%	100.0%	100.0%
64	100.0%	100.0%	100.0%
63	100.0%	100.0%	100.0%
62	100.0%	100.0%	100.0%
61	100.0%	94.0%	100.0%
60	100.0%	88.0%	100.0%
59	98.0%	82.0%	98.0%
58	96.0%	76.0%	96.0%
57	93.0%	70.0%	93.0%
56	90.0%	64.0%	90.0%
55	87.0%	58.0%	87.0%
54	63.0%	52.0%	63.0%
53	60.0%	46.0%	60.0%
52	58.0%	40.0%	58.0%
51	55.0%	34.0%	55.0%
50	53.0%	28.0%	53.0%

Disability Benefit

Eligibility: Total and permanent disability of participant prior to normal retirement date.

Waiting Period: Benefits will not commence until the employee has been disabled for six months and has filed a request for disability benefits with the employer.

SCHEDULE SB ATTACHMENTS

Benefit:

Employees who became a participant prior to January 1, 2002:

For benefits accrued prior to 12/31/2010:

The monthly income that can be provided by the greater of (a) the present value of the accrued benefit, or (b) a multiple of the final average monthly compensation. If the employee is at least age 50, the multiple is 30; otherwise, the multiple is 12. This income is payable for ten years certain and life.

For benefits accrued after 12/31/2010:

Cash Balance Formula account value.

Employees who became a participant on or after January 1, 2002:

Cash Balance Formula account value.

Vested Benefits Upon Termination of Service

Vesting: A participant is 100% vested upon completion of five years of vesting service.

Benefit:

Employees who became a participant prior to January 1, 2002:

For benefits accrued prior to 12/31/2010:

The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, the participant may elect to receive an actuarially reduced benefit commencing prior to normal retirement date. The participant may also elect to receive an actuarially reduced benefit in order to provide a death benefit for the period between termination and the date retirement payments commence. Such death benefit is equal to the actuarial present value of the deferred accrued benefit, determined as of the termination date, accumulated with interest until the date of death.

For benefits accrued after 12/31/2010:

Cash Balance Formula account value.

Employees who became a participant on or after January 1, 2002:

Cash Balance Formula account value.

SCHEDULE SB ATTACHMENTS

Death Benefits for Participants in Active Service

Eligibility: None

Benefit:

Employees who became a participant prior to January 1, 2002:

The participant's beneficiary will receive an income payable for ten years certain and life that can be provided by the greater of a or b below:

(a) The present value of the accrued benefit.

(b) The smaller of (1) or (2) below:

(1) A multiple of the final average monthly compensation. If the employee is at least 50, the multiple is 30. Otherwise, the multiple is 12.

(2) 100 times the monthly retirement income the participant would have received had he remained in the service of the employer until his normal retirement date and his last regular rate of compensation had continued unchanged.

Employees who became a participant on or after January 1, 2002:

Cash Balance Formula account value.

Optional Forms of Retirement Income in Lieu of Normal Form

Option 1: A modified income payable for life;

Option 2: A modified income payable as long as the participant and the joint pensioner survive. Two-thirds of this amount will be payable during the lifetime of the survivor upon the death of either of them;

Option 3: A modified income payable as long as the participant survives. Upon the death of the participant, 50% of this amount will be payable during the lifetime of the joint pensioner;

Option 4:

Employees who became a participant prior to January 1, 2002:

For benefits accrued prior to 12/31/2010:

A lump-sum payment equal to the present value of the participant's accrued retirement income. This option is available only if the lump-sum payment does not exceed $60,000.

For benefits accrued after 12/31/2010:

A lump-sum payment equal to the value of the participant's accrued cash balance account.

Employees who became a participant on or after January 1, 2002:

A lump-sum payment equal to the value of the participant's accrued cash balance account.

Note: If the single-sum value of the retirement income is less than $1,000, the benefit will be paid in a lump sum.

Plan Name:	Consolidated Communications Retirement Plan
EIN / PN:	33-2118191/001
Plan Sponsor:	Fidium Manager Services, LLC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Special Provisions for Top-Heavy Plans

1. The plan is top heavy in any plan year that the value of accrued benefits for "Key Employees" (as defined in the Internal Revenue Code) is 60% or more of the total value of accrued benefits under the plan.

2. Vesting: For years that the plan is top heavy the minimum vesting percentage is equal to 20% after two years of vesting service, increasing by 20% per year until it is 100% after six years of vesting service.

3. Minimum Accrued Benefit: There is a minimum accrued benefit equal to 2% of five-year-average pay times the number of years of service after January 1, 1984, that the plan is top heavy, up to a maximum of ten years.

4. The plan is not currently top heavy.

Changes in Plan Provisions since Last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions applicable to Illinois employees

Plan Sponsor

Consolidated Communications, Inc.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

Each full-time hourly-paid employee becomes a participant on the first day of the month coincident with or next following the completion of one year of Continuous Service and attainment of age 21. Salaried employees opting not to participate in the Stock Option Plan (as part of the Salaried Plan termination) became participants on December 31, 1997.

Credited Service

A year of Credited Service is credited for each calendar year in which 1,800 hours are completed. One month of credit is given for each 150 hours, if less than 1,800 hours are completed, but no greater than the number of months worked in the year.

Vesting Service

Years and fractional years (based on days) of employment. In some cases, periods of severance will be counted.

Final Average Compensation/Salary

The average of the highest five consecutive calendar years' earnings among the ten calendar years immediately preceding retirement or termination.

Covered Compensation

A 35-year average of the Maximum Taxable Wages (MTW) under social security. The MTW is the annual limit on wages subject to the FICA tax for social security. The 35-year period ends with the year the employee reaches eligibility for an unreduced social security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the years of termination is used. Covered compensation is used for salaried employees who opted not to participate in the Stock Option Plan.

SCHEDULE SB ATTACHMENTS

Accrued Benefit

For benefits accrued prior to May 1, 2013:

For hourly-paid employees, 1.3% of the participant's Final Average Earnings, multiplied by the participant's number of years of Credited Service with no additional years of service credited after April 30, 2013 (with fractional credit for completed months). In addition, a supplemental benefit of $2.00 per month for each year of Credited Service is provided to all employees who were age 50 and over as of April 1, 1990 and who were actively employed at that date.

For salary-paid employees, the sum of 1.3% of the participant's Final Average Earnings up to the covered compensation and 1.5% of the participant's Final Average Earnings (if any) which is in excess of the covered compensation, multiplied by the participant's number of years of Credited Service with no additional years of service credited after April 30, 2013 (with fractional credit for completed months). In addition, a supplemental benefit of $3.00 per month for each year of Credit Service, not exceeding 10 years, to all employees who terminate employment on or after January 1, 1998.

For benefits accrued on or after May 1, 2013:

Effective May 1, 2013, the normal retirement benefit is the following cash balance formula equal to the sum of A and B below:

A. Monthly Cash Balance Account times an Interest Credit (reduced by any distributions made during the month).

   Interest credits are based upon the monthly average yield of the 30-year U.S. Treasury Bonds. This rate will change each year to the prior year's November rate.

B. Contribution credits of 4.00% of monthly compensation, for compensation earned after May 1, 2013. Contribution credits were discontinued as of March 31, 2019.

Normal Retirement

A participant's Normal Retirement Date is the first day of the month on or next following age 65. The monthly amount of normal retirement benefit is equal to the accrued benefit.

Late Retirement

A participant may remain in employment after his normal retirement date. Upon actual retirement, his monthly benefit is based on his average earnings and service on his late retirement date.

Plan Name:	Consolidated Communications Retirement Plan
EIN / PN:	33-2118191/001
Plan Sponsor:	Fidium Manager Services, LLC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Early Retirement

A participant may retire early at any time after attainment of age 55, and receive his accrued benefit determined as of the early retirement date reduced by 4/12 of 1% for each month the commencement date precedes the first of the month or the next following age 60.

If a participant has attained the age of 55 and his aggregate number of years of attained age and years of Credited Service equals or exceeds 85, then he may receive his unreduced accrued benefit determined as of the early retirement date.

Disability Retirement

An employee who has completed 20 years of vesting service and becomes totally disabled by reason of physical or mental illness is entitled to receive his accrued benefit as of his date of disability retirement.

Vested Benefits Upon Termination of Service

If a participant's employment is terminated for reasons other than retirement, death, or disability after completing 5 years of vesting service, he may receive, commencing at normal retirement date, his accrued benefit.

Death Benefits for Participants in Active Service

An employee or former employee who has completed 5 years of vesting service is deemed to have elected death benefit coverage unless such coverage is rejected with spousal consent. If the participant dies after the death benefit coverage is in effect and before retirement benefits commence, a benefit shall be paid to his eligible spouse equal to 50% of the amount of benefit which would have been paid to him has he terminated on the date before his death and elected to commence benefit payments on the date first eligible thereafter. Under the coverage described above, the benefit ultimately payable to the participant or his spouse shall be reduced to reflect the cost of the death protection.

Normal Form of Retirement

For unmarried participants, the normal form is a single-life annuity. For married participants, the normal form is a 50% joint and survivor annuity.

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

Subject to certain conditions, a participant may elect to have his retirement income paid under one of the following forms which are actuarially equivalent to the normal form for unmarried participants.

1. Single Life Annuity (available to married participants)
2. Ten-Year Certain and Life Annuity (not available to vested terminations)
3. Contingent Retirement Income Annuity (not available to vested terminations)
4. Level-Income Annuity (not available to vested terminations)

Changes in Plan Provisions Since last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions applicable to Pittsburgh employees

Plan Sponsor

Consolidated Communications, Inc.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

Employees of North Pittsburgh Telephone Company participate after age 21 and one year of service. Effective November 1, 2004, employees hired on or after November 1, 2004 are excluded from participation in the plan.

Final Average Compensation/Salary

Average earnings are equal to the average of total monthly earnings during the five highest non-overlapping 12 month periods, not necessarily consecutive, preceding the participant's retirement date. In addition, no monthly earnings will be counted toward average earnings after December 31, 2006 for non-union participants and after June 30, 2012 for union participants.

Normal Retirement

Normal retirement occurs at age 65.

For benefits accrued prior to July 1, 2012

Effective November 1, 2004, the normal retirement benefit is equal to 1.46% of average earnings multiplied by years of service. In addition, no additional years of service will be credited after December 31, 2006 for non-union participants and June 30, 2012 for union participants.

SCHEDULE SB ATTACHMENTS

For benefits accrued on or after July 1, 2012

Effective July 1, 2012, the normal retirement benefit is the following cash balance formula equal to the sum of A and B for Bargaining participants:

A. Monthly Cash Balance Account times an Interest Credit (reduced by any distributions made during the month).

   Interest Credits are based upon the monthly average yield of 30-year U.S. Treasury Bonds. This rate will change each year the prior year's November rate.

B. Contribution Credits of 4.00% of Monthly Compensation, for compensation earned after July 1, 2012.

Effective April 1, 2015, the cash balance benefit for Pittsburgh employees was frozen.

The accrued Cash Balance Formula is payable as a monthly annuity or in the form of a single lump sum payment.

Late Retirement

A participant may remain in employment after his normal retirement date. Upon actual retirement, his monthly benefit is based on his average earnings and service on his late retirement date.

Early Retirement

For non-union participants, early retirement is permitted after age 55 and 5 years of service, or after age and service total 76.

For non-union participants, the early retirement benefit is based on average earnings and service at the time of retirement. The benefit is reduced by 5% per year early if paid prior to normal retirement. However, if a participant's age and service total 76, no benefit reduction is made.

For union participants, early retirement is permitted after age 55 with total age and service of 85 (Rule of 85) for those who had not attained age and service of 76 (Rule of 76) as of September 30, 2008. For affected participants, the Rule of 85 provision will apply only to benefits accrued after September 30, 2008.

Disability Retirement

Active participants receiving benefits under the separate Company-sponsored long term disability income plan will receive a normal retirement benefit as above.

The benefit, however, will be based on average earnings and service at the time benefits commence under the insurance plan.

Plan Name:	Consolidated Communications Retirement Plan
EIN / PN:	33-2118191/001
Plan Sponsor:	Fidium Manager Services, LLC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Vested Benefits Upon Termination of Service

If a participant's employment is terminated for reasons other than retirement, death, or disability after completing 3 years of vesting service, he may receive, commencing at normal retirement date, his accrued benefit.

The accrued benefit is payable in full at normal retirement or will be reduced if payments begin on an early retirement date. Terminated vested participants may retire after attainment of age 55. No benefit reduction is made for terminated vested participants with 25 years of service.

Death Benefits for Participants in Active Service

Upon the death of a vested active participant prior to attainment of early retirement eligibility, a benefit shall be paid to his eligible spouse equal to 50% of the amount of benefit which would have been paid to him has he terminated on the date before his death and elected to commence benefit payments on the date first eligible thereafter. Under the coverage described above, the benefit ultimately payable to the participant or his spouse shall be reduced to reflect the cost of the death protection.

Upon the death of a participant before retirement but after attainment of early retirement eligibility, the surviving spouse will receive 50% of the accrued benefit reduced for early retirement and a 50% joint and survivor annuity.

Normal Form of Retirement

The benefit is payable for the lifetime of the participant. The married participant is deemed to have elected a 50% joint and survivor option. This benefit is actuarial equivalent to the normal retirement benefit.

Optional Forms of Retirement Income in Lieu of Normal Form

Effective March 28, 2005, lump sum payment will automatically be made to a retiring participant or a surviving spouse when the present value of the benefit is less than $1,000. If the present value is between $1,000 and $10,000, the participant may elect the lump sum payment. Lump sum payments will not be made upon vested termination of employment, unless the participant is eligible for early retirement.

Changes in Plan Provisions Since last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions applicable to SureWest employees

Plan Sponsor

Consolidated Communications, Inc.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

All employees of SureWest Communications and all of its subsidiaries who have met the Plan's eligibility requirements and have entered the Plan prior to the Freeze Date. Each Covered Employee is eligible for coverage on the first day of the month immediately following the date they become an employee of the Company.

Credited Service:

Years of service up to the Freeze Date.

Final Average Compensation/Salary

The annual average of a Participant's highest five consecutive calendar years of compensation during the last ten years of service prior to the Freeze Date.

Freeze Date

March 31, 2007

Normal Retirement Benefit:

Date
Normal retirement occurs at age 65.

Benefit
For participants who entered the Plan prior to January 1, 2004: 1.75% of Final Average Compensation times Credited Service.

For participants who entered the Plan on or after January 1, 2004: 1.35% of Final Average Compensation times Credited Service.

SCHEDULE SB ATTACHMENTS

Early Retirement

Date
The date the Participant attains age 55 and completed 5 years of service.

Benefit
An amount based upon a Participant's Normal Retirement Benefit with the following adjustments:

(i) Unreduced if age plus service exceeds 85;

(ii) Reduced 3% for each year Early Retirement Date precedes Normal Retirement Date, or reduced 3% times the number of points under 85, whichever reduction produces the higher benefit.

Service for purposes of determining the adjustments above continues after the Freeze Date.

Disability Retirement

Date
The date the Participant elects, not later than the Normal Retirement Date and not earlier than the Early Retirement Date, provided the Participant has completed at least 5 years of service and has terminated employment with the Company because of Disability.

Benefit
The early retirement benefit payable based on Final Average Compensation at the time of disablement and Credited Service through the period of Disability and up to the Freeze Date.

Vested Benefits Upon Termination of Service

A Participant will be 100% vested in their accrued retirement benefit provided they have completed five or more years of service or are age 65 or older. Service for vesting purposes continues after the Freeze Date.

Death Benefit:

Before Retirement and Before age 55:
A Surviving Spouse will be eligible to receive a monthly benefit equal to what the Surviving Spouse would have received under the point and 50% survivor annuity. The benefit is determined based on the benefit earned at the time of death and is payable to the surviving spouse on the first day of the month following the date the Participant would have been eligible for early retirement benefits had the Participant terminated on the date of their death.

SCHEDULE SB ATTACHMENTS

Before Retirement and After Age 55:
The amount of the benefit payable to your surviving spouse is equal to 50% of your retirement benefit earned to the date of death.

After Retirement:
As provided under the elected form of payment of retirement benefit.

In addition, the Participant's beneficiary will receive a single sum death benefit equal to ½ of the Participant's annual rate of compensation at the date of their retirement (to a maximum of $5,000).

Normal Form of Retirement

The benefit is payable for the lifetime of the participant. The married participant is deemed to have elected a 50% joint and survivor option. This benefit is actuarial equivalent to the normal retirement benefit.

Optional Forms of Retirement Income in Lieu of Normal Form

1. Single Life Annuity
2. Contingent Retirement Income Annuity (50%, 66-2/3%, 75% or 100%)
3. Lump Sum (if the present value of the normal retirement benefit is less than $50,000)

Note: The lump sum option is available immediately even if the Participant has not yet attained age 55. Participants can also elect an immediate life annuity or, if they are married, an immediate joint and survivor annuity, instead of a lump sum.

Small Benefits

If the actuarial value of the retirement benefit payable to the participant or surviving spouse is $1,000 or less, the Plan Administrator can require the Participant to receive their benefit in the form of a lump sum.

Changes in Plan Provisions Since last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions applicable to former participants of the FairPoint Communications Northern New England Pension Plan for Management Employees

Plan Sponsor

Consolidated Communications, Inc.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

The plan is closed to new hires after January 1, 2006.

Credited Service

Years and partial years of employment. Special rules may apply for participants with service prior to January 1, 2002.

Accrued Benefit

The greatest of (a) cash balance benefit, (b) highest-average pay benefit, or (c) grandfathered benefit. Cash balance pay credits were discontinued as of June 30, 2006.

Cash Balance Interest Credits

The lesser of: (a) 1% plus the average annual yield on US Treasury debt securities with a constant maturity of one year, and (b) the "applicable interest rate" as defined by IRS Code Section 417(e)(3)(A)(ii)(II).

Early Retirement

A participant is eligible for early retirement with 15 years of Credited Service and 75 points (age plus Credited Service). A participant is eligible for an unreduced pension at age 55. The pension is reduced by 3% per year that the Participant's age at the Annuity Starting Date is prior to age 55.

Deferred Vested Pension

A participant who is an Eligible Employee on or after the Plan Effective Date who is not eligible for an early retirement benefit is eligible for a Deferred Vested Pension upon either 3 years of vesting service. The benefit payable is actuarially reduced for commencement prior to age 65.

Plan Name:	Consolidated Communications Retirement Plan
EIN / PN:	33-2118191/001
Plan Sponsor:	Fidium Manager Services, LLC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Disability Benefit

Eligibility: A Participant who is an Eligible Employee on or after the Plan Effective Date is eligible for a Disability Pension if he or she becomes totally disabled as a result of sickness or injury after earning Credited Service of at least 15 years.

Benefit: Immediate commencement of unreduced pension.

Death Benefits

Spouse or other designated beneficiaries of vested active participants who die before payments commence, and designated beneficiaries of vested former participants. For participants who terminated before 2002, only spouses are eligible for this benefit. The benefit amount is the greater of: (a) the cash balance benefit, or (b) the survivor benefit payable assuming the participant had terminated employment and elected the 50% Joint & Survivor form of benefit.

Optional Forms of Retirement Income in Lieu of Normal Form

Option 1: A modified income payable for life

Option 2: A modified income payable as long as the participant survives, with a guaranteed payout for 5 or 10 years

Option 3: A modified income payable as long as the participant survives. Upon the death of the participant, 33%, 50%, 67%, or 100% of this amount will be payable during the lifetime of the joint pensioner

Option 4: A modified income payable as long as the participant survives. Upon the death of the participant, 50%, 75%, or 100% of this amount will be payable during the lifetime of the joint pensioner, with pop-up to 100% of the life annuity option amount if the beneficiary predeceases the participant.

Option 5: A lump-sum payment equal to the present value of the participant's immediate retirement income.

Option 6: A combination of a lump-sum payment and an annuity payable under Option 1, 2, 3, or 4 above, where the lump-sum payment is 10%, 20%, 30%, 40%, or 50% of the benefit.

Changes in Plan Provisions since Last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions applicable to former participants of the FairPoint Communications Northern New England Pension Plan for Represented Employees

Plan Sponsor

Consolidated Communications, Inc.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

The plan is closed to new hires after December 31, 2018.

Net Credited Service

The number of years, months, and days of continuous employment while he or she is an Eligible Employee after the Plan Effective Date. Net Credited Service also includes Net Credited Service credited to the participant under affiliate and former plans as of the Plan Effective Date. No service was accrued during the period from October 14, 2014 to February 22, 2015. Effective 2/22/2015, there is a maximum of 30 years of service allowed in the calculation of the Participant's benefit.

Pension Band

Each active employee covered under the collective bargaining agreement is assigned a Pension Band under the contract and an associated dollar benefit amount.

Service Pension

A participant who is an Eligible Employee on or after the Plan Effective Date is eligible for a Service Pension after either (a) 30 years of Net Credited Service and any age, (b) 25 years of Net Credited Service and age 50, (c) 20 years of Net Credited Service and age 55, (d) 15 years of Net Credited Service and age 60, or (e) 10 years of Net Credited Service and age 65. A participant is eligible for an unreduced pension (a) with an Annuity Starting Date on or after a Participant has attained Early Retirement Age or has been credited with 30 years of Net Credited Service, or (b) If the Participant becomes totally disabled as a result of sickness or injury. Otherwise, the pension is reduced by one-half of 1% for each calendar month or part thereof by which the Participant's age at the Annuity Starting Date is less than his or her Early Retirement Age.

SCHEDULE SB ATTACHMENTS

Deferred Vested Pension

A participant who is an Eligible Employee on or after the Plan Effective Date who is not eligible for a Service Pension is eligible for a Deferred Vested Pension upon either (a) 5 years of ERISA Service after age 18, or (b) attainment of Normal Retirement Age while an Employee. The deferred vested pension commences on the later of the Participant's Normal Retirement Age or the day following Separation from Service. Mandatory commencement occurs at age 701/2. If the Participant has Net Credited Service of at least 15 years, the Participant may elect early commencement on the later of the day following the Participant's Separation from Service or the first of the month next following (a) 25 Net Credited Service years and age 50, (b) 20 Net Credited Service years and age 55, or (c) Age 60. If commencement precedes Normal Retirement Age, the monthly amount is the amount otherwise payable at Normal Retirement Age multiplied by (a) the applicable early retirement factor, and (b) the applicable joint and survivor reduction factor.

Disability Benefit

Eligibility: A Participant who is an Eligible Employee on or after the Plan Effective Date is eligible for a Disability Pension if he or she becomes totally disabled as a result of sickness or injury (a) after earning Net Credited Service of at least 15 years, but (b) before Normal Retirement Age and before becoming eligible for a Service Pension.

Benefit: Immediate commencement of unreduced pension.

Death Benefits

Upon the death of a married vested participant who has not yet begun receiving benefits, the participant's surviving spouse will receive the amount the Beneficiary would have received following the Participant's death if the Participant's Separation from Service had occurred on the day of his or her death. In the event of the Participant's death occurring prior to the Annuity Starting Date but after Separation from Service, the Participant's surviving spouse will receive the amount the Beneficiary would have received following the Participant's death if the Participant died on the day following the Beneficiary's Annuity Starting Date.

Optional Forms of Retirement Income in Lieu of Normal Form

Option 1: A modified income payable for life

Option 2: A modified income payable as long as the participant survives, with a guaranteed payout for 5 or 10 years

Option 3: A modified income payable as long as the participant survives. Upon the death of the participant, 50%, 75%, or 100% of this amount will be payable during the lifetime of the joint pensioner;

Changes in Plan Provisions since Last Actuarial Valuation.

None.

Plan Name:	Consolidated Communications Retirement Plan
EIN / PN:	33-2118191/001
Plan Sponsor:	Fidium Manager Services, LLC
Valuation Date:	January 1, 2025

CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents:			
	Interest Bearing Cash	152,203 shares	$ 152,203	$ 152,203
	Common/Collective Trust Funds:			
	CF Blackrock TSY U.S. 20 YR Key Rate	3,429,293 shares	12,274,613	12,620,396
	CF Blackrock TSY U.S. 25 YR Key Rate	6,753,343 shares	26,460,094	25,447,608
	CF Blackrock TSY U.S. 10 YR Key Rate	2,202,631 shares	10,162,153	12,679,559
	CF Blackrock TSY U.S. 15 YR Key Rate	3,969,976 shares	13,798,314	15,953,852
*	CF WTW Diversified Equity Fund CL Z	8,686,171 shares	150,670,946	184,964,189
*	Collective Short Term Investment Fund	8,269,742 shares	8,269,742	8,269,742
*	CF WTW GT Long Credit Fund CL Z	45,571 shares	514,220	552,008
	CF Long U.S. Govt Bond Indx NL (CM1D)	22,576 shares	828,416	873,116
			222,978,498	261,360,470
	Hedge Funds:			
	CF Brevan Howard Fund LTD CL I	28,325 shares	5,036,455	4,972,540
	CF Brevan Howard Fund LTD CL L2	10,770 shares	1,346,231	1,329,147
*	CF WTW Liquid Diversifiers Fund LTD. Series Z Shares Initial Shares	24,125 shares	27,372,890	30,409,769
*	CF WTW Liquid Diversifiers Fund LTD. Series Z Shares OCT25	6,000 shares	6,000,000	6,191,786
*	CF WTW Liquid Diversifiers Fund LTD. Series Z Shares SEP25	2,500 shares	2,500,000	2,652,993
			42,255,576	45,556,235
	Private Investment Funds:			
	Lombard/Securis QP GVA	5,060,329 shares	6,722,807	9,109,133
*	WTW GT Diversified Credit Fund	46,870,685 shares	46,870,685	66,969,720
*	WTW Real Assets Fund, L.P.	63,673,065 shares	63,673,065	65,843,037
			117,266,557	141,921,890
	Common Stock:			
	BP ORD USD0.25	281 shares	1,383	1,636
	Omnicom Group Inc Com	222 shares	15,900	17,927
			17,283	19,563
	Total assets held for investment purposes		382,670,117	449,010,361
	Less: investments held in 401(h) account		(2,686,221)	(3,155,651)
	Total		$ 379,983,896	$ 445,854,710

* Represents a party-in-interest to the Plan as defined by ERISA.

See Report of Independent Auditors

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	4	3	3	0	0	0	0	0	10
40-44	0	4	1	7	14	17	1	0	0	0	44
45-49	1	8	13	27	115	45	14	0	0	0	223
50-54	1	3	23	34	200	71	39	11	0	0	382
55-59	0	7	14	25	134	62	79	21	4	0	346
60-64	2	3	6	8	46	30	51	23	2	5	176
65-69	1	0	3	2	10	11	4	5	4	1	41
70 & over	0	0	0	0	0	2	0	2	0	2	6
Total	5	25	64	106	522	238	188	62	10	8	1,228

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

Plan Name: Consolidated Communications Retirement Plan
EIN / PN: 33-2118191/001
Plan Sponsor: Fidium Manager Services, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Frozen Plans as of January 1, 2025

Number and average annual frozen benefit distributed by attained age and attained years of credited service

	Attained Years of Credited Service[2]										
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	4	3	3	0	0	0	0	0	10
	-	-	-	-	-	-	-	-	-	-	-
40-44	0	4	1	7	13	14	1	0	0	0	40
	-	-	-	-	-	-	-	-	-	-	6,312
45-49	1	8	13	26	114	34	13	0	0	0	209
	-	-	-	12,780	16,903	5,567	-	-	-	-	12,747
50-54	1	3	23	34	200	64	30	11	0	0	366
	-	-	7,056	13,672	17,173	11,373	11,274	-	-	-	14,563
55-59	0	7	14	25	132	52	77	21	4	0	332
	-	-	-	14,885	17,295	12,034	22,503	15,437	-	-	16,755
60-64	2	3	6	8	45	25	48	23	2	5	167
	-	-	-	-	16,706	11,047	23,668	24,587	-	-	18,785
65-69	1	0	3	2	10	6	4	5	4	1	36
	-	-	-	-	-	-	-	-	-	-	17,368
70 & over	0	0	0	0	0	2	0	2	0	2	6
	-	-	-	-	-	-	-	-	-	-	-
Total	5	25	64	105	517	197	173	62	10	8	1,166
	-	3,188	7,110	13,200	16,731	9,962	19,764	20,148	-	-	15,242

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

Plan Name: Consolidated Communications Retirement Plan
EIN / PN: 33-2118191/001
Plan Sponsor: Fidium Manager Services, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[3]										
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	3	3	0	0	0	0	0	6
	-	-	-	-	-	-	-	-	-	-	-
40-44	0	0	0	1	7	10	1	0	0	0	19
	-	-	-	-	-	-	-	-	-	-	-
45-49	0	0	0	4	5	23	11	0	0	0	43
	-	-	-	-	-	22,382	-	-	-	-	19,369
50-54	0	0	0	1	9	27	23	9	0	0	69
	-	-	-	-	-	28,074	33,437	-	-	-	29,670
55-59	0	0	0	0	5	23	14	11	4	0	57
	-	-	-	-	-	25,276	-	-	-	-	37,368
60-64	0	0	0	1	4	12	7	5	1	4	34
	-	-	-	-	-	-	-	-	-	-	36,205
65-69	0	0	0	0	0	6	1	2	0	1	10
	-	-	-	-	-	-	-	-	-	-	-
70 & over	0	0	0	0	0	1	0	0	0	1	2
	-	-	-	-	-	-	-	-	-	-	-
Total	0	0	0	10	33	102	57	27	5	6	240
	-	-	-	-	14,190	22,837	30,503	61,466	-	-	28,963

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

Plan Name: Consolidated Communications Retirement Plan
EIN / PN: 33-2118191/001
Plan Sponsor: Fidium Manager Services, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.37%	5.33%

Cash Balance Interest Credits

- Interest credits: 4.75%

Annual Rates of Increase

- Compensation: Not applicable
- Future Social Security wage bases: Not applicable

Administrative "and investment" expenses: $3,574,000

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

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	
• Healthy	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024.
• Disabled	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Former Consolidated Communications Retirement Plan

Termination (not due to disability or retirement) rates

Sample rates per 100 at which participants are assumed to leave the company are shown below:

Representative Termination Rates

Age	Rate
20	23.944
25	23.944
30	23.944
35	16.268
40	8.535
45	5.211
50	6.062
55	11.65
60	17.52
65	0.000

Disability rates

50% of the Wyatt 1985 Disability Study table

Sample rates per 100 at which participants are assumed to become disabled are shown below:

Age	Rate
25	0.022
30	0.032
35	0.049
40	0.079
45	0.130
50	0.224
55	0.423
60	0.602
65	0.770

SCHEDULE SB ATTACHMENTS

Retirement

The rates per 100 at which participants are assumed to retire by are shown below:

Age	CCI Legacy Rate
50	3.530
51	3.317
52	3.166
53	3.083
54	2.925
55	2.635
56	3.945
57	6.041
58	8.017
59	9.455
60	10.632
61	11.930
62	12.981
63	15.486
64	20.418
65	25.647
66	28.299
67	27.867
68	29.901
69	31.401
70	100.000

Benefit commencement date:

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit — SureWest: The later of age 55 or termination of employment.
  All Others: The later of age 60 or termination of employment.
- Disability benefit — Upon disablement
- Retirement benefit — Upon termination of employment

SCHEDULE SB ATTACHMENTS

Form of payment

Participants are assumed to elect the normal form, except that it was assumed that 100% of those eligible to receive a lump-sum distribution upon termination of employment would elect the lump sum.

For SureWest, of those eligible to receive a lump sum, 30% elected a lump sum.

Lump Sum Assumptions

417(e) mortality and 5.75%

Percent married and Spouse Age

For Illinois Employees:

For purposes of valuing the pre-retirement surviving spouse's benefit, 90% of eligible participants are assumed to be married and male spouses are assumed to be 2 years older than female spouses.

For Texas Employees:

For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married and male spouses are assumed to be 2 years older than female spouses.

For Pittsburgh Employees:

For purposes of valuing the pre-retirement surviving spouse's benefit, 70% of eligible participants are assumed to be married and male spouses are assumed to be 2 years older than female spouses.

For SureWest Employees:

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible male participants and 50% of female participants are assumed to be married and male spouses are assumed to be 2 years older than female spouses.

Covered pay

N/A

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.

SCHEDULE SB ATTACHMENTS

Former FairPoint Communications Northern New England Pension Plan for Management Employees

Benefit commencement dates:

• Future deferred vested	65
• Current deferred vested	The later of age 55 or earliest permitted commencement date.
• Disability benefit	Upon disablement
• Retirement benefit	Upon termination of employment

Form of payment:	**Lump Sum**	**Life Annuity**
• Retirement	95%	5%
• Termination	95%	5%
• Disability	95%	5%
• Death	95%	5%
• Current Deferred Vested	95%	5%

Lump sum assumptions	GATT mortality and 4.75% interest rate
Percent married and Spouse Age	For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married, and male spouses are assumed to be 2 years older than female spouses.
Cash balance conversions	417(e) mortality and 4.75%

SCHEDULE SB ATTACHMENTS

Disability rates

50% of the Wyatt 1985 Disability Study table

Sample rates per 100 at which participants are assumed to become disabled are shown below:

Age	Rate
25	0.022
30	0.032
35	0.049
40	0.079
45	0.130
50	0.224
55	0.423
60	0.602
65	0.770

Termination (not due to disability or retirement) rates

Sample rates per 100 at which participants are assumed to leave the company are shown below:

Representative Termination Rates

Age	
20	23.944
25	23.944
30	23.944
35	16.268
40	8.535
45	5.211
50	6.062
55	11.65
60	17.52

SCHEDULE SB ATTACHMENTS

Retirement

The rates per 100 at which participants are assumed to retire by are shown below:

Age	FRP Mgmt Rate
50	5.024
51	6.576
52	8.141
53	9.702
54	11.511
55	14.269
56	18.536
57	22.123
58	25.437
59	28.821
60	29.695
61	29.230
62	31.283
63	35.693
64	38.476
65	44.346
66	50.932
67	57.518
68	63.584
69	81.792
70	100.000

SCHEDULE SB ATTACHMENTS

Former FairPoint Communications Northern New England Pension Plan for Represented Employees

Benefit commencement dates

• Future deferred vested	65
• Current deferred vested	The later of age 55 or earliest permitted commencement date.
• Disability benefit	Upon disablement
• Retirement benefit	Upon termination of employment

Form of payment:	**Life Annuity**	**10-Yr Certain & Life**	**Joint & 50% Survivor**
• Retirement	65%	0%	35%
• Termination	65%	0%	35%
• Disability	65%	0%	35%
• Death	65%	0%	35%
• Current Deferred Vested	65%	35%	0%

Lump sum assumptions N/A

Percent married and Spouse Age For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married, and male spouses are assumed to be 2 years older than female spouses.

SCHEDULE SB ATTACHMENTS

Disability rates

50% of the Wyatt 1985 Disability Study table

Sample rates per 100 at which participants are assumed to become disabled are shown below:

Age	Rate
25	0.022
30	0.032
35	0.049
40	0.079
45	0.130
50	0.224
55	0.423
60	0.602
65	0.770

Termination (not due to disability or retirement) rates

Sample rates per 100 at which participants are assumed to leave the company are shown below:

Representative Termination Rates

Age	
20	23.944
25	23.944
30	23.944
35	16.268
40	8.535
45	5.211
50	6.062
55	11.65
60	17.52

SCHEDULE SB ATTACHMENTS

Retirement

The rates per 100 at which participants are assumed to retire by are shown below:

Age	FRP Rep Rate
50	7.135
51	7.669
52	8.208
53	8.724
54	9.217
55	9.844
56	9.996
57	10.376
58	11.371
59	12.880
60	15.235
61	18.064
62	20.574
63	22.789
64	25.100
65	28.130
66	30.333
67	32.062
68	35.143
69	38.014
70	100.000

Methods

Valuation date

First day of plan year

Funding target

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

Target normal cost

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

SCHEDULE SB ATTACHMENTS

Decrement Timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 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.
Benefits not valued	WTW is not aware of any other significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. The following assumptions were made for missing or apparently inconsistent data elements:

- For SureWest participants with no termination date in the data, the dates were estimated in order to calculate their age-55 benefit.
- For beneficiaries with no benefit amount in the data, benefit amounts were set to:
    - Elected joint percentage for beneficiaries of annuitants
    - Benefit available upon pre-retirement death at assumed retirement age for beneficiaries of non-annuitants

Accumulated other comprehensive (income)/loss amounts shown in the report are shown prior to adjustment for deferred taxes. Any deferred tax effects in AOCI should be determined in consultation with the Company's tax advisors and auditors.

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

SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	34,097,208	15.00000	34,097,208	3,179,239
2. Shortfall	01/01/2024	(908,635)	14.00000	(846,546)	(82,668)
3. Shortfall	01/01/2023	71,690,206	13.00000	63,881,272	6,565,440
Total				97,131,934	9,662,011

Plan Name: Consolidated Communications Retirement Plan
EIN / PN: 33-2118191/001
Plan Sponsor: Fidium Manager Services, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

Other than the prescribed changes in mortality and interest rates, the following change were made:

- The administrative expense assumption was changed from $3,235,000 in 2024 to $3,574,000 in 2025.

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed. The resulting average age at retirement rounded for Schedule SB item 22 is 61.

Plan Name:	Consolidated Communications Retirement Plan
EIN / PN:	33-2118191/001
Plan Sponsor:	Fidium Manager Services, LLC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,809,015	1,625,808	26,024,929	29,459,752
2026	3,748,654	1,349,503	25,487,001	30,585,158
2027	5,420,632	1,610,403	24,956,797	31,987,832
2028	7,012,760	1,751,024	24,395,607	33,159,391
2029	8,355,304	2,089,275	23,792,760	34,237,339
2030	9,613,625	2,363,058	23,170,445	35,147,128
2031	10,690,065	2,552,315	22,557,113	35,799,493
2032	11,619,735	2,844,492	21,937,660	36,401,887
2033	12,384,952	3,021,760	21,288,016	36,694,728
2034	13,033,650	3,132,422	20,595,620	36,761,692
2035	13,603,379	3,294,788	19,886,741	36,784,908
2036	13,967,014	3,541,581	19,164,036	36,672,631
2037	14,285,996	3,710,093	18,416,594	36,412,683
2038	14,492,163	3,737,283	17,645,141	35,874,587
2039	14,605,323	3,823,578	16,851,052	35,279,953
2040	14,563,648	3,935,861	16,036,456	34,535,965
2041	14,546,104	4,030,922	15,204,174	33,781,200
2042	14,488,193	4,079,924	14,357,650	32,925,767
2043	14,298,773	4,090,588	13,500,883	31,890,244
2044	14,141,941	4,058,645	12,638,309	30,838,895
2045	13,895,687	4,046,115	11,774,655	29,716,457
2046	13,589,457	4,000,729	10,914,849	28,505,035
2047	13,208,195	3,919,848	10,063,957	27,192,000
2048	12,827,467	3,848,104	9,227,091	25,902,662
2049	12,405,362	3,756,943	8,409,334	24,571,639
2050	11,956,054	3,662,074	7,615,727	23,233,855
2051	11,485,582	3,564,560	6,851,176	21,901,318
2052	10,988,088	3,458,592	6,120,359	20,567,039
2053	10,464,218	3,328,186	5,427,573	19,219,977
2054	9,914,975	3,186,619	4,776,525	17,878,119
2055	9,345,093	3,037,166	4,170,174	16,552,433
2056	8,762,598	2,880,046	3,610,651	15,253,295
2057	8,165,657	2,719,119	3,099,187	13,983,963
2058	7,565,332	2,555,573	2,636,192	12,757,097
2059	6,957,731	2,390,342	2,221,332	11,569,405
2060	6,355,910	2,223,646	1,853,478	10,433,034
2061	5,762,180	2,056,509	1,530,816	9,349,505
2062	5,182,061	1,890,308	1,250,954	8,323,323
2063	4,620,853	1,726,853	1,010,998	7,358,704
2064	4,083,564	1,566,846	807,720	6,458,130
2065	3,574,662	1,411,378	637,643	5,623,683
2066	3,098,015	1,261,685	497,148	4,856,848
2067	2,656,803	1,118,837	382,606	4,158,246
2068	2,253,378	983,935	290,491	3,527,804

Plan Name: Consolidated Communications Retirement Plan
EIN / PN: 33-2118191/001
Plan Sponsor: Fidium Manager Services, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

2069	1,889,270	857,923	217,466	2,964,659
2070	1,565,040	741,540	160,427	2,467,007
2071	1,280,335	635,287	116,561	2,032,183
2072	1,033,965	539,437	83,359	1,656,761
2073	823,945	453,995	58,641	1,336,581
2074	647,650	378,727	40,552	1,066,929

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 15
Reconciliation of differences between valuation results and amounts used to calculate AFTAP
as of January 1, 2025

The AFTAP reported on line 15 is the final certified AFTAP for the plan year and does not correspond to the valuation results reported on this SB.

Date of AFTAP certification/ recertification	AFTAP	Description and the amount of each adjustment to the funding target, AVA, carryover balance, prefunding balance
March 31, 2025	82.20%	• A receivable contribution of $1,400,000 made 9/12/2025 and discounted to 1/1/2025 was included in the AVA shown on the schedule SB but was not included in the AVA for the AFTAP calculation since it was made after the AFTAP was certified. The AVA for the AFTAP calculation was $414,810,416. • Annuity purchases for NHCEs during 2023 of $40,231,505 were added to the AVA and Funding Target for calculation of the AFTAP.

CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY SCHEDULES

For the Years Ended December 31, 2025 and 2024

West & Company, LLC
CERTIFIED PUBLIC ACCOUNTANTS

Consolidated Communications Retirement Plan
Financial Statements and Supplemental Schedules
Years Ended December 31, 2025 and 2024

Contents

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

Supplemental Schedules

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) ……..……20
Schedule H, Line 4j - Schedule of Reportable Transactions ……..……21

West & Company, LLC
CERTIFIED PUBLIC ACCOUNTANTS

501 East Evergreen Avenue
P.O. Box 1308
Effingham, Illinois 62401

(217) 347-5181
www.westcpa.com

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of the
Consolidated Communications Retirement Plan

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

We have performed audits of the financial statements of Consolidated Communications Retirement 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 statement of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Consolidated Communications Retirement 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 a certification from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Consolidated Communications Retirement 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 Consolidated Communications Retirement Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Consolidated Communications Retirement 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 Consolidated Communications Retirement 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 schedules of assets (held at the end of year) as of December 31, 2025, and schedule of reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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).



Effingham, IL
October 14, 2026

Consolidated Communications Retirement Plan
Statements of Net Assets Available for Benefits

	December 31, 2025	December 31, 2024
ASSETS		
Investments at fair value:		
Interest bearing cash	$ 151,135	$ -
Common stock	19,426	19,376
Common/collective trusts	259,525,804	367,633,621
Hedge funds	45,236,445	33,519,279
Private investment funds	140,921,900	9,894,237
Total investments at fair value	445,854,710	411,066,513
Net assets held in 401(h) account	3,077,897	2,791,833
Receivables:		
Contributions receivable	6,600,000	3,600,000
Pending trade sales	-	3,000,000
Accrued interest and dividends	27,523	18,256
Total receivables	6,627,523	6,618,256
Cash, non-interest bearing	11,313	6,048
Total assets	455,571,443	420,482,650
LIABILITIES		
Pending security purchases	-	3,000,000
Amounts related to obligation of 401(h) account	3,077,897	2,791,833
Total liabilities	3,077,897	5,791,833
Net assets available for benefits	$ 452,493,546	$ 414,690,817

See accompanying notes to financial statements

Consolidated Communications Retirement Plan
Statements of Changes in Net Assets Available for Benefits

	2025	2024
ADDITIONS		
Investment income:		
Interest and dividends	$ 461,446	$ 323,451
Other income	29,516	153,174
Net appreciation in fair value of investments	54,554,557	17,154,968
Total investment income	55,045,519	17,631,593
Employer contributions	13,950,000	3,600,000
Total additions	68,995,519	21,231,593
DEDUCTIONS		
Deductions from net assets:		
Benefits paid to participants	27,193,826	27,063,443
Administrative expenses	3,998,964	4,007,205
Total deductions	31,192,790	31,070,648
Net increase (decrease)	37,802,729	(9,839,055)
Net assets available for benefits:		
Beginning of year	414,690,817	424,529,872
End of year	$ 452,493,546	$ 414,690,817

See accompanying notes to financial statements

1. Description of Plan

The following brief description of the Consolidated Communications Retirement Plan ("the Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan provides for retirement, death and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Certain terminology used herein refers to the federal Form 5500, Annual Return/Report of Employee Benefit Plan, filed with the Department of Labor.

The Plan is a defined-benefit pension plan sponsored by Fidium Manager Services, LLC (the "Company" or "Fidium"), formerly Consolidated Communications, Inc. and its affiliates ("CCI"), and covers certain current and former employees of participating employers, including both bargaining and non-bargaining employee groups. The Plan is closed to new entrants and benefit accruals have been frozen for all participant groups. Accordingly, no additional pension benefits accrue under the Plan.

On December 27, 2024, Consolidated Communications Holdings, Inc. ("Consolidated") was acquired by affiliates of Searchlight Capital Partners, L.P. ("Searchlight"). As a result, Consolidated became a wholly owned subsidiary of an affiliate of Searchlight and is now a privately held company. Effective January 1, 2025, sponsorship of the Plan was transferred from CCI to Fidium pursuant to an Employee Services and Transfer Agreement. The transfer did not affect participants' accrued benefits under the Plan.

A detailed description of the Plan provisions, including but not limited to, eligibility requirements, retirement, vesting and benefit provisions, is available to participants in the Plan document and Summary Plan Description. Those documents are available from the Plan Administrator.

Administration

The Northern Trust Company ("Northern Trust") serves as the Custodian and Trustee of the Plan. Towers Watson Investment Services serves as the investment manager. Fidium serves as the Plan Sponsor. Day-to-day administration of the Plan is performed by Willis Towers Watson ("WTW") under agreement with the Plan Administrator, the Consolidated Communications Pension Committee (the "Pension Committee"). Effective January 1, 2024, the Fiduciary Services Committee of WTW US LLC ("WTW Fiduciary Services Committee") assumed co-fiduciary responsibilities of the Plan. The Pension Committee has overall responsibility for the operation and administration of the Plan.

Funding

The Company contributes amounts to the Plan sufficient to satisfy to the minimum funding requirements of ERISA and the Internal Revenue Code ("IRC"), as determined by the Plan's enrolled actuary. Although it has not expressed any intention to do so, the Company reserves the right to discontinue contributions or terminate the Plan at any time, subject to the provisions of ERISA and other applicable laws.

Priorities Upon Plan Termination

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits, and the amount of benefit protection is subject to certain limitations established under federal law, including maximum guarantees that are adjusted periodically. Vested benefits are guaranteed at the level in effect on the date of a plan's termination. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least sixty-five years old at the time of retirement or plan termination (whichever comes later). For younger annuitants, or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted. Amendments to a plan which have been in existence five years are fully covered if the total benefit falls below the ceiling. Benefits relating to amendments which have not been in effect five years are covered to the extent of the greater of (a) 20% per year of the benefit which would otherwise have been covered, or (b) $20 per month, multiplied by the number of years (up to five) the amendment has been in effect.

In the event the Plan is terminated, participants generally become fully vested in their accrued benefits to the extent required by ERISA and the assets of the Plan will be allocated among the participants and beneficiaries in accordance with the priorities mandated by ERISA. Such benefits are only payable by either the Trust or by the PBGC. Whether or not a particular participant's accumulated Plan benefits will be paid or at what level depends on both the priority of the benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

A more complete description of plan termination provisions, PBGC coverage, and ERISA-mandated allocation priorities is contained in the Plan document and Summary Plan Description.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management and the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, the disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for additional discussion of fair value measurements.

Investments purchased and sold are recorded on a trade date basis, with a liability recorded for purchases pending settlement and a receivable recorded for sales pending settlement. Interest income is recorded on

an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes realized gains and losses on investments sold during the year as well as unrealized gains and losses on investments held at year-end.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Expenses

Expenses paid by the Plan generally consist of the investment management fees, trustee and custodial fees, actuarial fees, PBGC premiums, legal fees and certain administrative expenses. Certain investment related expenses are included in net appreciation (depreciation) of fair value of investments. Certain administrative expenses are paid directly by the Company and, accordingly, are not reflected in these financial statements. The Company provides accounting and other administrative services for the Plan at no charge.

Reclassification

Certain amounts in the 2024 financial statements have been reclassified to conform to the 2025 presentation. The Plan revised the classification of certain alternative investments to separately present hedge funds and private investment funds within the statement of net assets available for benefits and related fair value disclosures to better reflect the nature of the underlying investment strategies. Accordingly, certain investments previously included within common/collective trusts have been reclassified to hedge funds and private investment funds. These reclassifications had no effect on total investments at fair value, net assets available for benefits, or changes in net assets available for benefits.

Subsequent Events

The Company has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 14, 2026, the day the financial statements were available to be issued.

3. 401(h) Account

The Plan provides for the payment of certain ancillary postretirement medical benefits for retired participants and their eligible dependents. Contributions for retiree medical benefits are separately designated within the pension trust in accordance with Section 401(h) of the IRC for the sole purpose of providing payments of retiree medical benefits. Assets designated for retiree medical benefits may not be used for any other purpose, including the payment of pension benefits under the Plan. The 401(h) account participates in the overall investment program of the Plan. Separate assets are not specifically identified or maintained for the account. Accordingly, investment income, investment expenses and changes in fair value are allocated to the 401(h) account based on the account's proportionate share of total Plan assets. The obligations associated with retiree medical benefits are not included in the actuarial present value of accumulated plan benefits presented in these financial statements, but are reflected as obligations in the financial statements of the Company. Retiree medical benefits are payable only to the extent assets are available within the 401(h) account. If the assets designated for retiree medical benefits become insufficient, additional benefits are not payable from Plan assets designated for pension benefits, although such benefits may be paid directly by the Company. Participants do not have a vested right to retiree medical benefits provided through the 401(h) account. In addition, no specific Plan assets are earmarked for individual

participants or beneficiaries with respect to retiree medical benefits.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future payments, including lump-sum distributions, attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (i) retired or terminated employees or their beneficiaries, (ii) beneficiaries of employees who have died, and (iii) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent that they are deemed attributable to employee service rendered as of the valuation date.

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary Willis Towers Watson; and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated plan benefits is as follows:

	December 31, 2024
Vested benefits:	
Participants currently receiving benefits	$ 252,847,037
Participants with deferred benefits	39,026,779
Active participants	130,376,088
	422,249,904
Non-vested benefits	8,843,156
Total actuarial present value of accumulated plan benefits	$ 431,093,060

The change in the actuarial present value of accumulated plan benefits is as follows:

	Year Ended December 31, 2024
Actuarial present value of accumulated plan benefits as of January 1, 2024	$ 453,977,372
Increase (decrease) during the year attributable to:	
Actuarial gains	(2,725,257)
Interest due to the decrease in the discount period	28,623,606
Benefits paid	(27,228,410)
Change in actuarial assumptions	(21,554,251)
Net decrease	(22,884,312)
Actuarial present value of accumulated plan benefits as of January 1, 2025	$ 431,093,060

Significant actuarial assumptions used in the valuation are as follows:

Discount rate: 7.00%

Expected long-term rate of return of assets: 7.00%

Cash balance interest crediting rate: 4.75%

Administrative expenses: $3,574,000 annually

Mortality: Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” tables, respectively, projected generationally using the IRS-adjusted Scale MP-2021 in accordance with Treasury Regulation §1.430(h)(3)-1.

Retirement rate: Vary by participant group and age, generally ranging approximately from 3.5% to 7.1% at age 50 and increasing to approximately 25.6% to 44.3% at age 65.

Additional assumptions: Additional actuarial assumptions include retirement, termination, disability, benefit commencement, form-of-payment election, marital status, and spouse age assumptions. These assumptions are based principally on plan-specific experience studies and demographic analyses performed by the Plan's actuary.

Changes in Actuarial Assumptions since Prior Valuation: The discount rate increased to 7.00% for 2025 from 6.50% for 2024, reflecting current valuation assumptions. In addition, the assumed annual administrative expense assumption increased from $3,235,000 to $3,574,000. Mortality assumptions were updated to reflect the annually prescribed mortality basis.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the

Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

5. Tax Status

The Plan received a favorable determination letter from the IRS dated May 23, 2017, stating that the Plan, as then designed, satisfied the applicable qualification requirements of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan's administrators and tax counsel believe that the Plan continues to be designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan's administrator to evaluate uncertain tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine examinations by taxing authorities. However, there are currently no examinations for any tax periods in progress. Tax years prior to 2020 are generally no longer subject to examination by the IRS.

6. Investments

Northern Trust certified the completeness and accuracy of certain investment information as of and for the years ending December 31, 2025 and 2024. Such information includes investments held by Northern Trust and related investment income, including net appreciation (depreciation) in fair value of investments, interest income, dividend income, and certain investment-related expenses. In accordance with ERISA Section 103(a)(3)(C), the Plan's auditors did not perform auditing procedures with respect to the investment information certified by the Trustee and relied upon the certification in forming their audit opinion on the financial statements and supplemental schedules.

7. 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 and liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets 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.

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Interest bearing cash: Valued at carrying value, which approximates fair value due to the short-term nature of the underlying investments.

Common stock: Valued using quoted market prices in active markets on the reporting date.

Common/collective trusts: Investments in common/collective trust funds are valued at the net asset value ("NAV") of units held by the Plan as reported by the trustee. The net asset value is used as a practical expedient to estimate fair value. 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 net asset value. Purchases and sales may occur daily. Were the Plan to initiate a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Hedge funds: Hedge fund investments consist primarily of interests in privately offered investment funds that pursue diversified alternative investment strategies. These investments are valued at the NAV of the Plan's ownership interest in each fund, as provided by the fund managers or administrators. The NAV is used as a practical expedient to estimate fair value. Redemption provisions vary by fund and may include monthly, quarterly, or other periodic redemption opportunities, subject to advance notice requirements and, in certain circumstances, withdrawal restrictions imposed by the fund managers.

Private investment funds: Private investment funds consist primarily of interests in limited partnerships and other privately held investment vehicles that invest in alternative credit strategies, real assets, and insurance-linked securities. These investments are valued at the NAV of the Plan's ownership interest in each fund, as reported by the respective general partner, investment manager, or fund administrator. The NAV is used as a practical expedient to estimate fair value. Redemption provisions vary by fund and may include monthly, quarterly, or other periodic redemption opportunities, subject to advance notice requirements and, in certain circumstances, withdrawal restrictions imposed by the fund managers.

The valuation methodologies may produce fair value estimates that may differ from values that would have been obtained had a readily available market existed for all investments. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	December 31, 2025			
	Total	**Level 1**	**Level 2**	**Level 3**
Investments in the fair value hierarchy				
Interest bearing cash	$ 152,203	$ 152,203	$ -	$ -
Common stock	19,563	19,563	-	-
Total investments in the fair value hierarchy	171,766	$ 171,766	$ -	$ -
Investments measured at net asset value: (A)				
Common collective trusts	261,360,470			
Hedge funds	45,556,235			
Insurance-linked securities funds	9,109,133			
Alternative Credit Funds	66,969,720			
Real Assets Funds	65,843,037			
Less: Investments held in 401(h) account	(3,155,651)			
Investments at fair value	$ 445,854,710			

	December 31, 2024			
	Total	**Level 1**	**Level 2**	**Level 3**
Investments in the fair value hierarchy				
Common stock	$ 19,512	$ 19,512	$ -	$ -
Total investments in the fair value hierarchy	19,512	$ 19,512	$ -	$ -
Investments measured at net asset value: (A)				
Common collective trusts	370,225,288			
Hedge funds	33,755,577			
Insurance-linked securities funds	9,963,987			
Less: Investments held in 401(h) account	(2,897,851)			
Investments at fair value	$ 411,066,513			

(A) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Changes in Fair Value Level: The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. Transfers between levels, if any, are recognized at the beginning of the reporting period in which the transfer occurs. For the years ended December 31, 2025 and 2024, there were no significant transfers in or out of levels 1, 2, or 3.

The Plan did not hold any Level 3 investments as of December 31, 2025 or 2024. The Plan did not have any assets or liabilities measured at fair value on a non-recurring basis at December 31, 2025 and 2024.

The following table summarizes investments for which the fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024. There are no unfunded commitments related to these investments. Management believes the redemption terms associated with these investments are ordinary and do not represent restrictions that would prevent the Plan from redeeming its investments at NAV under normal circumstances.

Investment	Fair Value December 31, 2025	Fair Value December 31, 2024	Redemption Frequency	Redemption Notice Period
CF Blackrock TSY U.S. 20 YR Key Rate (a)	$ 12,620,396	$ 12,284,004	Daily	None
CF Blackrock TSY U.S. 25 YR Key Rate (a)	25,447,608	25,080,134	Daily	None
CF Blackrock TSY U.S. 10 YR Key Rate (a)	12,679,559	9,069,226	Daily	None
CF Blackrock TSY U.S. 15 YR Key Rate (a)	15,953,852	13,808,656	Daily	None
CF Brevan Howard Fund (b)	4,972,540	5,036,455	Monthly	3 months
CF Brevan Howard Fund L2 (b)	1,329,147	1,346,232	Monthly	3 months
CF Broad Peak Fund (c)	-	4,659,577	Quarterly	45 days
CF WTW Diversified Equity Fund CL Z (d)	184,964,189	-	Daily	5 days
CF WTW Diversified Equity Fund (d)	-	161,958,459	Daily	5 days
CF WTW GT Diversified Credit Fund (e)	-	61,702,668	Monthly	30 days
WTW GT Diversified Credit Fund (e)	66,969,720	-	Monthly	30 days
CF WTW GT Long Credit Fund CL Z (f)	552,008	-	Weekly	7 days
CF WTW GT Long Credit Fund (f)	-	514,220	Weekly	7 days
CF WTW GT Real Asset Fund (g)	-	73,866,400	Quarterly	180 days
WTW GT Real Asset Fund, L.P. (g)	65,843,037	-	Quarterly	180 days
CF WTW Liquid Diversifiers Fund Initial Shares (h)	30,409,769	7,503,311	Monthly	45 days
CF WTW Liquid Diversifiers Fund Oct 2025 (h)	6,191,786	-	Monthly	45 days
CF WTW Liquid Diversifiers Fund Sep 2025 (h)	2,652,993	-	Monthly	45 days
CF WTW Liquid Diversifiers Fund Jan 2024 (h)	-	6,379,427	Monthly	45 days
CF WTW Liquid Diversifiers Fund Jun 2024 (h)	-	13,490,152	Monthly	45 days
Lombard/Securis QP GVA (i)	9,109,133	9,963,987	Semi-annually	180 days
CF Long U.S. Govt Bond Indx NL (CM1D) (j)	873,116	828,564	Daily	None
Collective Short Term Investment Fund (k)	8,269,742	6,453,380	Daily	None

(a) The fund seeks to provide total returns that track or outperform its designated Treasury benchmark across a specified maturity segment.

(b) The fund's objective is to generate consistent long-term appreciation through active leveraged trading and investment on a global basis.

(c) The fund's objective is to deliver, over a multi-year period, superior returns in varying market conditions.

(d) The fund's objective is to generate total returns above the return of the MSCI All Country World Index on a medium to long-term basis. The assets of the fund will generally consist of common stocks and other equity-type securities.

(e) The fund's objective is to seek an attractive risk-adjusted total return on a medium and long-term basis by primarily investing in a portfolio of alternative credit-oriented investment funds and/or managed accounts.

(f) The fund's objective is to achieve a total return from current income and capital appreciation by investing in a diversified portfolio of fixed-income securities with a focus on U.S. investment grade corporate debt securities. The fund's benchmark is the Bloomberg Long Corporate Index.

(g) The fund's objective is to achieve long-term Real Returns through current income and long-term capital appreciation with low correlation to the broader public equity and debt markets. The fund's benchmark is the Consumer Price Index for All Urban Consumers +3% per annum.

(h) The fund seeks to maintain an attractive risk adjusted return over a full market cycle, have low correlation to public equity and credit markets over a full market cycle and have less volatility than public equity markets.

(i) The fund's objective is to carry exposure to insurance risks, diversified across non-correlated insurance perils in different geographic areas.

(j) The fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the Bloomberg U.S. Long Government Bond Index over the long term.

(k) The fund's objective is to provide an investment vehicle for cash reserves while offering a competitive rate of return. The fund uses high quality securities with the emphasis on providing liquidity for redemption of units daily while preserving principal.

8. 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 reasonably possible that changes in the values of investments will occur in the near term and such changes could materially affect the amounts reported on the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is determined using actuarial assumptions regarding, among other things, discount rates, expected long-term asset returns, mortality, retirement patterns, and other demographic factors. Due to uncertainties inherent in the estimation process, it is reasonably possible that changes in these assumptions or differences between actual experience and assumptions could occur in the near term and could materially affect the actuarial present value of accumulated plan benefits reported in the financial statements. Such changes could also affect the funded status of the Plan and future funding requirements.

9. Related Parties and Parties-In-Interest-Transactions

Certain Plan investments consist of shares of common/collective trusts managed by Northern Trust, the trustee of the Plan, and by investment managers that provide investment management services to the Plan. Fees paid to the trustee and investment managers are paid in accordance with applicable service agreements. These transactions constitute parties-in-interest transactions under ERISA; however, they are exempt from the prohibited transaction provisions of ERISA. The Plan also transacts with certain parties who may perform services to the Plan. Such parties may qualify as parties-in-interest under ERISA.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31, 2025	December 31, 2024
Net assets available for benefits per the financial statements	$ 452,493,546	$ 414,690,817
Net assets held in 401(h) account included as assets or liabilities in Form 5500	3,077,897	2,791,833
Net assets available for benefits per the Form 5500	$ 455,571,443	$ 417,482,650

The net assets of the 401(h) account included in the Form 5500 are not available to pay pension benefits and can be used only to pay retiree medical benefits (Note 3).

The following is a reconciliation of the changes in the net assets available for benefits per the financial statements to the Form 5500:

	Year Ended December 31, 2025		
	Amounts Per Financial Statements	401(h) Account	Amounts Per Form 5500
Investment gain	$ 55,045,519	$ 392,903	$ 55,438,422
Employer contributions	13,950,000	-	13,950,000
Administrative expenses	3,998,964	28,269	4,027,233
Benefit payments	27,193,826	78,570	27,272,396
Net increase	37,802,729	286,064	38,088,793

11. Subsequent Actuarial Valuation

The Plan measures the actuarial present value of accumulated plan benefits using an annual actuarial valuation performed as of the beginning of each plan year. The actuarial valuation of the Plan as of January 1, 2026 was received by Plan management prior to the release of these financial statements and certain information reported by the actuary in that valuation is presented below for subsequent event disclosure purposes.

The actuarial present value of accumulated plan benefits as of January 1, 2026 is as follows:

Vested benefits:	
Participants currently receiving benefits	$ 264,215,355
Participants with deferred benefits	42,845,897
Active participants	118,709,700
	425,770,952
Non-vested benefits	5,734,923
Total actuarial present value of accumulated plan benefits	$ 431,505,875

The change in the actuarial present value of accumulated plan benefits is as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2025	$ 431,093,060
Increase (decrease) during the year attributable to:	
Actuarial gains	(1,638,388)
Interest due to the decrease in the discount period	29,224,730
Benefits paid	(27,193,826)
Change in actuarial assumptions	20,299
Net increase	412,815
Actuarial present value of accumulated plan benefits as of January 1, 2026	$ 431,505,875

Changes in Actuarial Assumptions since Prior Valuation: Other than the prescribed changes in mortality and interest rates, the following changes were reflected in the January 1, 2026 valuation:

- The amount included in target normal cost for plan-related expenses was updated based on the actuarial methodology described in the valuation report.
- Lump sum conversion interest rates were updated to better reflect current market conditions.

SUPPLEMENTAL SCHEDULES

CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents:			
	Interest Bearing Cash	152,203 shares	$ 152,203	$ 152,203
	Common/Collective Trust Funds:			
	CF Blackrock TSY U.S. 20 YR Key Rate	3,429,293 shares	12,274,613	12,620,396
	CF Blackrock TSY U.S. 25 YR Key Rate	6,753,343 shares	26,460,094	25,447,608
	CF Blackrock TSY U.S. 10 YR Key Rate	2,202,631 shares	10,162,153	12,679,559
	CF Blackrock TSY U.S. 15 YR Key Rate	3,969,976 shares	13,798,314	15,953,852
*	CF WTW Diversified Equity Fund CL Z	8,686,171 shares	150,670,946	184,964,189
*	Collective Short Term Investment Fund	8,269,742 shares	8,269,742	8,269,742
*	CF WTW GT Long Credit Fund CL Z	45,571 shares	514,220	552,008
	CF Long U.S. Govt Bond Indx NL (CM1D)	22,576 shares	828,416	873,116
			222,978,498	261,360,470
	Hedge Funds:			
	CF Brevan Howard Fund LTD CL I	28,325 shares	5,036,455	4,972,540
	CF Brevan Howard Fund LTD CL L2	10,770 shares	1,346,231	1,329,147
*	CF WTW Liquid Diversifiers Fund LTD. Series Z Shares Initial Shares	24,125 shares	27,372,890	30,409,769
*	CF WTW Liquid Diversifiers Fund LTD. Series Z Shares OCT25	6,000 shares	6,000,000	6,191,786
*	CF WTW Liquid Diversifiers Fund LTD. Series Z Shares SEP25	2,500 shares	2,500,000	2,652,993
			42,255,576	45,556,235
	Private Investment Funds:			
	Lombard/Securis QP GVA	5,060,329 shares	6,722,807	9,109,133
*	WTW GT Diversified Credit Fund	46,870,685 shares	46,870,685	66,969,720
*	WTW Real Assets Fund, L.P.	63,673,065 shares	63,673,065	65,843,037
			117,266,557	141,921,890
	Common Stock:			
	BP ORD USD0.25	281 shares	1,383	1,636
	Omnicom Group Inc Com	222 shares	15,900	17,927
			17,283	19,563
	Total assets held for investment purposes		382,670,117	449,010,361
	Less: investments held in 401(h) account		(2,686,221)	(3,155,651)
	Total		$ 379,983,896	$ 445,854,710

* Represents a party-in-interest to the Plan as defined by ERISA.

See Report of Independent Auditors

CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category 1 - Single Transaction in Excess of 5%						
*	WTW Real Assets Fund, L.P.	$ 63,673,065		$ 63,673,065	$ 63,673,065	$ -
*	CF WTW GT Real Asset Fund		$ 63,673,065	$ 42,454,891	$ 63,673,065	$ 21,218,174
Category 3 - Series of Transactions by Issue in Excess of 5%						
*	CF WTW GT Real Asset Fund (4 sales)		$ 76,252,702	$ 51,022,848	$ 76,252,702	$ 25,229,854
*	Collective Short Term Investment Fund (90 purchases)	$ 98,680,138		$ 98,680,138	$ 98,680,138	$ -
*	Collective Short Term Investment Fund (73 sales)		$ 96,863,776	$ 96,863,776	$ 96,863,776	$ -

* Represents a party-in-interest to the Plan as defined by ERISA.

There were no category 2 or 4 reportable transactions during 2025.

Column (e) and (f) for Lease Rental and Expense Incurred with Transaction have been omitted as they are not applicable.

See Report of Independent Auditors

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
CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1953

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)
FIDIUM MANAGER SERVICES, LLC

503 OLD MAGNOLIA ROAD

CONROE TX 77304

2b Employer Identification Number (EIN) 33-2118191

2c Plan Sponsor's telephone number 833-224-1300

2d Business code (see instructions) 517000

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	Signature of plan administrator	Date: 10/14/2026	Enter name of individual signing as plan administrator: LYNNELLE LONG
SIGN HERE	Signature of employer/plan sponsor	Date: 10/14/2026	Enter name of individual signing as employer or plan sponsor: DAVID HERRICK
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

518401 12-22-25

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name CONSOLIDATED COMMUNICATIONS, INC.

c Plan Name CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

4b EIN 02-0636475

4d PN 006

5 Total number of participants at the beginning of the plan year	5	3132
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)	1228
a (2) Total number of active participants at the end of the plan year	6a(2)	1069
b Retired or separated participants receiving benefits	6b	1134
c Other retired or separated participants entitled to future benefits	6c	825
d Subtotal. Add lines **6a(2), 6b,** and **6c**	6d	3028
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	70
f Total. Add lines **6d** and **6e**	6f	3098
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)	
(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 1E 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information - Small Plan)
- (3) [ ] **A** (Insurance Information) - Number Attached ____
- (4) [X] **C** (Service Provider Information)
- (5) [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 _____

CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2025
(Unaudited)

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category 1 - Single Transaction in Excess of 5%						
*	WTW Real Assets Fund, L.P.	$ 63,673,065		$ 63,673,065	$ 63,673,065	$ -
*	CF WTW GT Real Asset Fund		$ 63,673,065	$ 42,454,891	$ 63,673,065	$ 21,218,174
Category 3 - Series of Transactions by Issue in Excess of 5%						
*	CF WTW GT Real Asset Fund (4 sales)		$ 76,252,702	$ 51,022,848	$ 76,252,702	$ 25,229,854
*	Collective Short Term Investment Fund (90 purchases)	$ 98,680,138		$ 98,680,138	$ 98,680,138	$ -
*	Collective Short Term Investment Fund (73 sales)		$ 96,863,776	$ 96,863,776	$ 96,863,776	$ -

* Represents a party-in-interest to the Plan as defined by ERISA.

There were no category 2 or 4 reportable transactions during 2025.

Column (e) and (f) for Lease Rental and Expense Incurred with Transaction have been omitted as they are not applicable.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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
CONSOLIDATED COMMUNICATIONS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FIDIUM MANAGER SERVICES, LLC

D Employer Identification Number (EIN)
33-2118191

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**	414,638,967
b Actuarial value	**2b**	416,162,246

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,136	290,446,954	290,446,954
b For terminated vested participants	820	49,090,330	49,090,330
c For active participants	1,228	163,575,831	173,756,896
d Total	3,184	503,113,115	513,294,180

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**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	3,574,000
c Target normal cost	**6c**	3,574,000

Statement by Enrolled Actuary

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

SIGN HERE

Louis Palacios

Signature of actuary

10/8/2026

Date

Louis Palacios

Type or print name of actuary

2608101

Most recent enrollment number

Willis Towers Watson US LLC

Firm name

214-530-4200

Telephone number (including area code)

PO Box 674401

HOUSTON TX 77267

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6,412,713
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	6,412,713
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.15%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		69,312
	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		2,876
	c Total available at beginning of current plan year to add to prefunding balance		72,188
	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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	81.07 %
15	Adjusted funding target attainment percentage	15	82.20 %
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	87.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2025	2,450,000	0			
07/14/2025	2,450,000	0			
10/14/2025	2,450,000	0			
01/13/2026	2,450,000	0			
09/10/2026	4,150,000	0			
			Totals ► 18(b)	13,950,000	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	13,266,802

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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**	3,574,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	97,131,934	9,662,011
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**	13,236,011

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

36 Additional cash requirement (line 34 minus line 35)	**36**	13,236,011
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	13,266,802

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

a Total (excess, if any, of line 37 over line 36)	**38a**	30,791
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