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
PRYSMIAN PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1952

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)
PRYSMIAN CABLES AND SYS USA, LLC

4 TESSENEER DRIVE
HIGHLAND HEIGHTS, KY 41076-9167

2b Employer Identification Number (EIN)
13-3064555

2c Plan Sponsor's telephone number
859-572-8000

2d Business code (see instructions)
332610

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.	10/15/2026	ANN MAIER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1718
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)**	280
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	235
b	Retired or separated participants receiving benefits	**6b**	939
c	Other retired or separated participants entitled to future benefits	**6c**	384
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1558
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	78
f	Total. Add lines **6d** and **6e**.	**6f**	1636
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:

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
PRYSMIAN PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PRYSMIAN CABLES AND SYS USA, LLC

D Employer Identification Number (EIN)
13-3064555

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

1 Coverage Information:

(a) Name of insurance carrier
AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	0599	0	01/01/2025	12/31/2025

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

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

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

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

AXA EQUITABLE LIFE INSURANCE CO.
PO BOX 4998
SYRACUSE, NY 13221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	289650
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	5661		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	5661
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	295311
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	52914		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	11077		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	63991
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	231320

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
PRYSMIAN PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PRYSMIAN CABLES AND SYS USA, LLC

D Employer Identification Number (EIN)
13-3064555

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**	75991999
b Actuarial value	**2b**	75807572

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	970	57050412	57050412
b For terminated vested participants	445	11476287	11476287
c For active participants	248	11248499	11649489
d Total	1663	79775198	80176188

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	892000
c Target normal cost	**6c**	892000

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

10/07/2026
Date

MAX MURPHY
Type or print name of actuary

26-08791
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

216-937-4119
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	1861550
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1861550
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.22 %	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)		1683214
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 5.06 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		87864
c	Total available at beginning of current plan year to add to prefunding balance		1771078
d	Portion of (c) to be added to prefunding balance		1771078
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	1771078

Part III Funding Percentages

14	Funding target attainment percentage	14	92.34 %
15	Adjusted funding target attainment percentage	15	92.34 %
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	97.03 %
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
04/15/2026	375420	0			
07/15/2026	375420	0			
09/10/2026	750840	0			
			Totals ► 18(b)	1501680	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	1385195

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**	62

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**	892000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	6139694	609678
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**	1501678

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1501678	1501678

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1385195

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1385195
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1385195
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
PRYSMIAN PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PRYSMIAN CABLES AND SYS USA, LLC

D Employer Identification Number (EIN)
13-3064555

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

FIDELITY MANAGMENT CO

04-2723880

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

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

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

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

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

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

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

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

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

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

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

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

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

FIDELITY MANAGEMENT CO

04-2723880

(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?
14 15 17 25 27 28 50	ADMIN CONSULTING	487524	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 27 50	INV ADV/ACTUARY/CONSULT	269800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ELLIOTT DAVIS

90-2857750

(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	AUDIT	41500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HIGHLAND CONSULTING

81-4312679

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	CONSULTING	36228	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK

94-2948313

(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	INV ADVISORY	8550	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: ELLIOTT DAVIS, LLC	**b** EIN:	57-0381582
c	Position: AUDITOR		
d	Address: 2151 PICKENS ST STE 200 COLUMBIA, SC 29201	**e** Telephone:	803-256-0002

Explanation: AUDITING FIRM HAS NOT CHANGED. ELLIOT DAVIS, LLC INTERNAL STRUCTURE CHANGE HAS RESULTED IN A NEW EIN FOR THE FIRM.

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
PRYSMIAN PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PRYSMIAN CABLES AND SYS USA, LLC

D Employer Identification Number (EIN)
13-3064555

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:	TREASURY US 5 YEAR KEY RATE NL		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 47-4104495-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3377765
a Name of MTIA, CCT, PSA, or 103-12 IE:	TREASURY US 10 YEAR KEY RATE DUR NL		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
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)	3443117
a Name of MTIA, CCT, PSA, or 103-12 IE:	TREASURY US 20 YEAR KEY RATE DUR NL		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
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)	1275923
a Name of MTIA, CCT, PSA, or 103-12 IE:	TREASURY US 15 YEAR KEY RATE DUR NL		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
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)	2314576
a Name of MTIA, CCT, PSA, or 103-12 IE:	TREASURY US 25PLUS YEAR KEY RATE NL		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
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)	1406253
a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA INTERMEDIATE US GOV BOND NL		
b Name of sponsor of entity listed in (a):	STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-144	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6947480
a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA LONG US GOV BOND INDEX NL		
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)	7958579

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUP REAL ASSETS FUND

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC

c EIN-PN 82-6695738-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13265089

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUP TRUST DC FUND

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC

c EIN-PN 82-6695738-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12939168

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUP TRUST EQ 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) 21068394

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
PRYSMIAN PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PRYSMIAN CABLES AND SYS USA, LLC

D Employer Identification Number (EIN)
13-3064555

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2375000	1501680
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6829	6386
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	472976	837256
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	72331050	73996344
(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)	562031	619381
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	289650	231320
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	76037536	77192367
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	2071	1905
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2071	1905
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	76035465	77190462

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)	1501680	
(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)		1501680
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	89166	
(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)		89166
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	47982	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		47982
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	231320	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	289650	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-58330
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6979661
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		980504
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		7081
d Total income. Add all **income** amounts in column (b) and enter total	2d		9547744
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7163977	
(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)		7163977
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)	60136	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	41500	
(5) Investment advisory and investment management fees	2i(5)	216569	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	59760	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	850805	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1228770
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8392747
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1154997
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: ELLIOTT DAVIS, LLC, **(2)** EIN: 90-2857750

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 332610.

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
PRYSMIAN PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PRYSMIAN CABLES AND SYS USA, LLC

D Employer Identification Number (EIN)
13-3064555

Part I Distributions

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

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

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

EIN(s): 36-1561860

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 15

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: 65.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 33.0 %
High-Yield Debt: _____ % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 1.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Prysmian Pension Plan

Report on Financial Statements

For the years ended December 31, 2025 and 2024

Prysmian Pension Plan

Contents

Page

Independent Auditor's Report 1-4

Financial Statements

Statements of Net Assets Available for Benefits 5

Statements of Changes in Net Assets Available for Benefits 6

Statement of Accumulated Plan Benefits 7

Statement of Changes in Accumulated Plan Benefits 8

Notes to the Financial Statements 9-17

Supplemental Schedule

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 18

Schedule H, Line 4j - Schedule of Reportable Transactions 19

elliott davis

Independent Auditor's Report

U.S. Employee Benefit Plans Administrative Committee
Prysmian Pension Plan
Highland Heights, Kentucky

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

We have performed audits of the financial statements of Prysmian Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, the related statement of changes in accumulated plan benefits for the year 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 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from Fidelity Management Trust Company as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 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 (U.S. GAAP).

"Elliott Davis" is the brand name under which Elliott Davis, LLC (doing business in North Carolina and D.C. as Elliott Davis, PLLC) and Elliott Davis Advisory, LLC and its subsidiary entities provide professional services. Elliott Davis, LLC and Elliott Davis Advisory, LLC and its subsidiary entities practice as an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations and professional standards. Elliott Davis, LLC is a licensed independent CPA firm that provides attest services to its customers. Elliott Davis Advisory, LLC and its subsidiary entities provide tax and business consulting services to their customers. Elliott Davis Advisory, LLC and its subsidiary entities are not licensed CPA firms. The entities falling under the Elliott Davis brand are each individual firms that are separate legal and independently owned entities and are not responsible or liable for the services and/or products provided by any other entity providing services and/or products under the Elliott Davis brand. Our use of the terms "our firm" and "we" and "us" and terms of similar import, denote the alternative practice structure conducted by Elliott Davis, LLC and Elliott Davis Advisory, LLC.

Opinion, Continued

- The information in the accompanying financial statements related to assets held by and certified to by Fidelity Management Trust Company 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 the 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 U.S. GAAP, 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 Section103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for within 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 judgement made by a reasonable user based on the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements, Continued

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 U.S. GAAP.

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 U.S. GAAP.

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, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j – 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 DOL'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.

Other Matter - Supplemental Schedules Required by ERISA, Continued

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 DOL'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 DOL'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 Fidelity Management Trust Company 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).



Columbia, South Carolina
October 15, 2026

Prysmian Pension Plan

Statements of Net Assets Available for Benefits

As of December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value (see Note 5)	$ 75,452,981	$ 73,366,057
Investment at estimated fair value (see Note 5 & 7)	231,320	289,650
Receivables		
Dividend receivable	6,386	6,829
Company contributions	1,501,680	2,375,000
Total receivables	1,508,066	2,381,829
Total assets	77,192,367	76,037,536
Liabilities		
Accrued expenses	1,905	2,071
Net assets available for benefits	$ 77,190,462	$ 76,035,465

See Notes to the Financial Statements

Prysmian Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 7,908,916	$ 3,143,719
Interest and dividends	137,148	118,111
Total investment income	8,046,064	3,261,830
Company contributions	1,501,680	2,375,000
Total additions	9,547,744	5,636,830
Deductions		
Benefits paid to participants	7,163,977	7,338,509
Administrative expenses	1,228,770	1,688,009
Total deductions	8,392,747	9,026,518
Net increase (decrease)	1,154,997	(3,389,688)
Net assets available for benefits, beginning of year	76,035,465	79,425,153
Net assets available for benefits, end of year	$ 77,190,462	$ 76,035,465

See Notes to the Financial Statements

Prysmian Pension Plan

Statement of Accumulated Plan Benefits

As of December 31, 2024

Actuarial present value of accumulated plan benefits	
Vested benefits	
Active employees	$ 11,145,472
Terminated vested participants	11,335,438
Retired participants and beneficiaries currently receiving benefits	55,694,419
Total vested benefits	78,175,329
Nonvested benefits	395,370
Total actuarial present value of accumulated plan benefits	$ 78,570,699

See Notes to the Financial Statements

Prysmian Pension Plan

Statement of Changes in Accumulated Plan Benefits

For the year ended December 31, 2024

Actuarial present value of accumulated plan benefits as of January 1, 2024	$	85,786,057
Increase (decrease) during the year attributable to		
Benefits accumulated and actuarial gains		(1,403,124)
Increase for interest due to the decrease in the discount period		4,108,245
Benefits paid to Plan participants and beneficiaries		(7,338,509)
Change in actuarial assumptions		(2,581,970)
Net decrease		(7,215,358)
Actuarial present value of accumulated plan benefits as of December 31, 2024	$	78,570,699

See Notes to the Financial Statements

Note 1. Description of the Plan

The following description of the Prysmian Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a frozen noncontributory defined benefit retirement plan of Prysmian Cables and System USA, LLC (the "Company") subject to the Employee Retirement Income Security Act of 1974 (ERISA). Historically, the Plan covered certain and former hourly rated and salaried employees at certain existing and closed facilities of the Company and its affiliated companies. Prysmian Cables and Systems USA, LLC (formerly maintained by GK Technologies, Inc.) is the Plan Sponsor. General Cable Corporation, Prysmian Cables and Systems, USA, LLC and affiliated companies are participating employers. The Retirement Committees, appointed by the Board of Directors of the Company, control and manage the operation and administration of the plan. The amount of the annual contribution made by the Company is based upon the recommendations of Willis Towers Watson, an independent actuary. The trustee of the Plan is Fidelity Management Trust Company (the "trustee"). Fidelity Management Trust Company and AXA Equitable Life Insurance Company serve as custodians of the Plan's asset (the "custodians").

On December 21, 2023, the board of directors of the Plan Sponsor approved the merger of the Prysmian Cables and Systems Pension Plan assets into the General Cable Master Pension Plan effective December 31, 2023. The General Cable Master Pension Plan was amended and restated to incorporate the benefit provisions of the merged plan and the Plan was renamed the Prysmian Pension Plan, effective January 1, 2024. The merger did not impact participant benefits, as all provisions were preserved. Effective March 1, 2024, accrued benefits under the Plan were frozen for all participants.

Pension benefits:

Benefits are determined based on the participant's hypothetical account balance. Participant entitlement to pension benefits upon retirement varies among locations. Employees who are vested Plan participants and have attained the normal retirement age (the later of age 65 of fifth anniversary of participation) are entitled to a monthly benefit equal to the years of credited service multiplied by a benefit multiplier which varies among the locations or according to a formula. Participants are entitled to early retirement at reduced benefit amounts. Both the early retirement dates and the percentage reduction of benefits vary among locations. The normal form of benefit payment is a life annuity for participants without spouses, and a qualified option form providing an actuarially reduced benefit for participants with spouses. Participants with spouses have the option to receive a life annuity benefit without survivor benefits. The plan also provides death and disability benefits.

In 2019 and 2018, hourly rated employees of the following plant locations were eligible to participate in the Plan: Lawrenceburg, Kentucky (hired prior to September 1, 2009); Altoona, Pennsylvania (hired prior to March 27, 2011); Manchester, New Hampshire (hired prior to April 1, 2008); and Lincoln, Rhode Island (hired prior to April 1, 2009). The Plan also includes employees at the Chino, California and Lebanon, Indiana regional distribution center locations (hired prior to August 1, 2009). Former employees of certain closed plant locations are also eligible to receive their vested Plan benefits.

Note 1. Description of the Plan, Continued

Contributions:

The Plan is funded solely by contributions from the Company. The Company's funding policy, subject to the minimum and maximum funding requirements of ERISA and the Internal Revenue Code ("IRC"), is to contribute such amounts as determined on an actuarial basis to provide assets sufficient to meet the Plan's benefit obligations. The Company contributed $1,501,680 and $2,375,000 to the Plan for the years ended December 31, 2025 and 2024, respectively. At December 31, 2025 and 2024, there was an employer contributions receivable for the Plan of $1,501,680 and $2,375,000, respectively. The Plan met the minimum funding requirement for both 2025 and 2024 Plan years. The Plan's AFTAP percentages for the years ended January 1, 2025 and 2024 were 92.34% and 97.83%, respectively. Therefore, there were no benefit payment restrictions.

Vesting:

Participant vesting varies among locations. However, for each of the locations, participants are either 100% vested after completion of five calendar years of 1,000 hours worked each year or vested on a seven-year graded schedule.

Note 2. Summary of Significant Accounting Policies

Basis of accounting:

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

Use of estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets available for benefits and the actuarial present value of accumulated plan benefits as the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's U.S. Employee Benefit Plans Administrative Committee determines the Plan's valuation policies utilizing information provided by the trustee. See Note 5 for discussion of fair value measurements.

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

Payment of benefits:

Benefits payments to participants are recorded when paid.

Note 2. Summary of Significant Accounting Policies, Continued

Expenses:

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of the Plan are recorded by the trustee and custodian and included in administrative expenses. These administrative fees incurred include fiduciary (trustee), investment management, actuarial, and other professional service and administrative fees. Certain administrative functions are performed by employees of the Plan Sponsor. Neither the Plan Sponsor nor the employees of the Plan Sponsor receive compensation from the Plan.

Subsequent events:

The Plan has evaluated subsequent events through October 15, 2026, which is the date these financial statements were available to be issued.

Recently issued accounting pronouncements:

Accounting standards that have been issued or proposed by the Financial Accounting Standards Board (FASB) or other standards-setting bodies are not expected to have a material impact on the Plan's financial statements.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to services rendered by the participants. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries and (b) beneficiaries of participants who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated participants or their beneficiaries are determined according to the Plan, generally based on years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, Willis Towers Watson, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death or withdrawal) between the valuation date and the expected date of payment.

Note 3. Actuarial Present Value of Accumulated Plan Benefits, Continued

The actuary's estimate of the present value of accumulated plan benefits is made as of the beginning of the Plan year, January 1, 2025. The Plan administrator estimates that there were no material changes in the present value of accumulated plan benefits from December 31, 2024 to January 1, 2025. The following were significant actuarial assumptions used in the Plan's valuations as of January 1, 2025 and January 1, 2024:

Funding method:	Unit of credit
Investment return:	5.34% as of January 1, 2025, which increased from 5.06% in the prior year valuation
Discount rate:	5.50%, which increased from 5.00% in the prior year valuation
Mortality rates:	The mortality table used was the Pri-2012 Private Retirement Plans tables for males and females with separate rates for employees, retirees and contingent survivors, with blue collar adjustment, projected generationally from 2012 using Scale MP-2021, which remained the same from the prior valuation.
Retirement age:	Graded table beginning at age 50 varying by age and gender; vested terminated participants are assumed to begin receipt of benefits at age 62

As disclosed above, the discount rate increased from 5.00% to 5.50% resulting in a decrease in actuarial assumptions of $2,581,970 in the accompanying statement of changes in accumulated plan benefits.

The foregoing actuarial assumptions are based upon 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.

Note 4. Trustee and Custodian Certifications

The following is a summary of the Plan's asset information as of December 31, 2025 and 2024, and for the years then ended, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the trustee and custodian and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee and custodian that the information provided to the plan administrator by the trustee and custodian related to the following assets is complete and accurate. Accordingly as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

	2025	2024
Investments at fair value:		
Mutual funds	$ 1,456,637	$ 1,035,007
Collective trust funds	73,996,344	72,331,050
Total investments at fair value	75,452,981	73,366,057
Investment at estimated fair value:		
AXA Equitable contract	231,320	289,650
	$ 75,684,301	$ 73,655,707

The trustee and custodian also certified to the completeness and accuracy of $7,908,916 and $3,143,719 of net appreciation in fair value of investments and $137,148 and $118,111 of interest and dividends for the years ended December 31, 2025 and 2024, respectively.

Note 5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Note 5. Fair Value Measurements, Continued

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 maximize the use of relevant 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.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust funds*:* Valued at NAV of units held. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidation will be carried out in an orderly business manner.

AXA Equitable Contract*:* Valued at NAV of units held. NAV as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets:

	December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 1,456,637	$ -	$ -	$ 1,456,637
Investments measured at NAV (a)				74,227,664
Investments, at fair value				$ 75,684,301

	December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 1,035,007	$ -	$ -	$ 1,035,007
Investments measured at NAV (a)				72,620,700
Investments at fair value				$ 73,655,707

Note 5. Fair Value Measurements, Continued

(a) Certain investments that were measured at NAV per share or its equivalent have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth a summary of the Plan's investments reported at NAV as a practical expedient to estimate fair value:

	December 31, 2025			
Investment	**Fair value**	**Unfunded commitment**	**Redemption frequency**	**Redemption notice periods**
Collective trust funds	$ 73,996,344	$ -	Daily	None
AXA equitable contract	231,320	-	Daily	None
	$ 74,227,664	$ -		

	December 31, 2024			
Investment	**Fair value**	**Unfunded commitment**	**Redemption frequency**	**Redemption notice periods**
Collective trust funds	$ 72,331,050	$ -	Daily	None
AXA equitable contract	289,650	-	Daily	None
	$ 72,620,700	$ -		

Note 6. Master Trust

Prior to 2024, substantially all of the Plan's investments, excluding the AXA Equitable contract and money market fund, were held in a Master Trust established for the investment of assets of the General Cable Master Pension Plan and the Prysmian Cables and Systems Pension Plan. Each participating plan held an undivided interest in the Master Trust, and the assets were maintained by Fidelity Management Trust Company. Effective December 31, 2023, the Plan ceased participating in the Master Trust in connection with a plan merger (see Note 1).

The Plan had no investment interest in the Master Trust as of December 31, 2025 or 2024. The Master Trust remained in existence following the Plan's withdrawal, however, activity was minimal for 2024. For the year ended December 31, 2024, the Master Trust reported $404 of investment income, consisting entirely of interest and dividends, and benefit payments and other expenses of $404, resulting in a net decrease in net assets of $0. There was no activity during 2025.

Note 7. AXA Equitable Contract

The Plan has an immediate participation guarantee contract with AXA Equitable Life Insurance Company dated January 1, 1982. Under the terms of the contract, contributions are deposited in separate funds of AXA Equitable Life Insurance Company and investments in stocks, bonds or short-term accounts are made by AXA Equitable Life Insurance Company. All earnings on deposited funds, reported as interest income, are credited to the funds as earned. The investment in this immediate participation guarantee contract is carried at fair value using NAV as a practical expedient.

Note 8. Related-Party and Party in Interest Transactions

Certain Plan investments are managed by Fidelity Management Trust Company and AXA Equitable Life Insurance Company. Fidelity Management Trust Company is the trustee and custodian and AXA Equitable Life Insurance Company is a custodian, as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. As described in Note 2, the Plan made direct payments to the third party administrator, independent auditor, investment advisors, and actuary totaling $1,228,770 and $1,688,009 in 2025, and 2024 respectively, which were not covered by revenue sharing. The Company pays directly any other fees related to the Plan's operations.

Note 9. Plan Termination

The Plan Sponsor has been established with the expectation that it will continue indefinitely. However, since future conditions cannot be foreseen, the Plan Sponsor reserves the right to amend, modify, or terminate the Plan at any time. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. 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 under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Note 10. Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor in a letter dated November 22, 2016, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

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

Note 11. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the 2025 statement of net assets available for benefits.

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

Prysmian Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 13-3064555, Plan No. 002

As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and part or maturity value	(d) Cost	(e) Current value
Investments at fair value:				
*	AXA	Equitable Contract	$ 231,320	$ 231,320
	Blackrock Trust Company	Treas Non-Lend Fund	3,260,226	3,377,765
	Blackrock Trust Company	US Treas 10 Year Keyrate A	3,661,908	3,443,117
	Blackrock Trust Company	US Treas 20 Year Keyrate A	1,604,801	1,275,923
	Blackrock Trust Company	US Treas 15 Year Keyrate A	2,703,445	2,314,576
	Blackrock Trust Company	US Treas 25+ Year Keyrate A	1,986,930	1,406,253
*	Fidelity	Government Money Market Fund K6	619,381	619,381
*	Fidelity	Government Portfolio	837,256	837,256
	State Street Global Advisors	Intermediate US Government Bond I Ending Fund	6,365,727	6,947,480
	State Street Global Advisors	Long US Government Bond Index Non Fund	8,045,999	7,958,579
*	Willis Towers Watson	Real Assets Fund	13,265,089	13,265,089
*	Willis Towers Watson	Div Credit Fund	12,939,168	12,939,168
*	Willis Towers Watson	Diversified EQ Fund	14,283,789	21,068,394
			$ 69,805,039	$ 75,684,301

* Indicates a party-in-interest to the Plan

Prysmian Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions EIN 13-3064555, Plan No. 002

For the year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity In Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Asset On Transaction Date	(i) Net Gain or (Loss)
Single transactions in excess of 5% of plan assets								
Willis Towers Watson	Div Credit Fund	$ -	$ 12,939,168	$ -	$ -	$ 10,532,250	$ 12,939,168	$ 2,406,918
Willis Towers Watson	Div Credit Fund	12,939,168	-	-	-	12,939,168	12,939,168	-
Willis Towers Watson	Real Assets Fund	-	13,265,089	-	-	12,137,909	13,265,089	1,127,180
Willis Towers Watson	Real Assets Fund	13,265,089	-	-	-	13,265,089	13,265,089	-
AXA	Equitable Contract	-	231,320	-	-	544,488	231,320	(313,168)
AXA	Equitable Contract	231,320	-	-	-	231,320	231,320	-
		$ 26,435,577	$ 26,435,577	$ -	$ -	$ 49,650,224	$ 52,871,154	$ 3,220,930
Series of transactions in same security in excess of 5% of plan assets								
Fidelity	Government Portfolio - Buy	$ 8,965,323	$ -	$ -	$ -	$ 8,965,323	$ 8,965,323	$ -
Fidelity	Government Portfolio - Sell	-	8,601,044	-	-	8,601,044	8,601,044	-
Willis Towers Watson	Div Credit Fund - Buy	12,939,168	-	-	-	12,939,168	12,939,168	-
Willis Towers Watson	Div Credit Fund - Sell	-	14,439,168	-	-	11,833,087	14,439,168	2,606,081
Willis Towers Watson	Diversified EQ Fund - Sell	-	4,850,000	-	-	3,575,120	4,850,000	1,274,880
Willis Towers Watson	Real Assets Fund - Buy	13,265,089	-	-	-	13,265,089	13,265,089	-
Willis Towers Watson	Real Assets Fund - Sell	-	13,923,340	-	-	12,788,302	13,923,340	1,135,038
AXA	Equitable Contract - Buy	231,320	-	-	-	231,320	231,320	-
AXA	Equitable Contract - Sell	-	231,320	-	-	544,488	231,320	(313,168)
Fidelity	Government Money Market Fund K6 - Buy	57,464	-	-	-	57,464	57,464	-
		$ 35,458,364	$ 42,044,872	$ -	$ -	$ 72,800,405	$ 77,503,236	$ 4,702,831
Transactions with the same party in excess of 5% of plan assets								
Fidelity Management Trust Company	Div Credit Fund - Buy	$ -	$ 12,939,168	$ -	$ -	$ 10,532,250	$ 12,939,168	$ 2,406,918
Fidelity Management Trust Company	Div Credit Fund - Sell	12,939,168	-	-	-	12,939,168	12,939,168	-
Fidelity Management Trust Company	Real Assets Fund - Buy	-	13,265,089	-	-	12,137,909	13,265,089	1,127,180
Fidelity Management Trust Company	Real Assets Fund - Sell	13,265,089	-	-	-	13,265,089	13,265,089	-
Fidelity Management Trust Company	Equitable Contract - Buy	-	231,320	-	-	544,488	231,320	(313,168)
Fidelity Management Trust Company	Equitable Contract - Sell	231,320	-	-	-	231,320	231,320	-
		$ 26,435,577	$ 26,435,577	$ -	$ -	$ 49,650,224	$ 52,871,154	$ 3,220,930

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	1	1	1	1	0	0	0	0	4
45-49	1	5	2	1	4	10	8	0	0	0	31
50-54	1	7	8	2	11	12	11	6	0	0	58
55-59	1	13	14	8	6	7	8	5	0	0	62
60-64	2	7	11	7	12	8	10	2	3	3	65
65-69	0	0	2	2	11	1	5	1	0	3	25
70 & over	0	0	0	0	0	0	2	0	0	1	3
Total	5	32	38	21	45	39	44	14	3	7	248

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

Plan Name: Prysmian Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: Prysmian Cables and Systems (US) Inc
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

• Applicable month	September
• Interest rate basis	Segment Rates from Fourth Month Preceding Valuation Date

Interest rates

	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.34%	5.31%

Annual rates of increase

• Compensation	Not applicable
• Future Social Security wage bases	None
• Statutory limits on compensation	None
• Assumed cost of living adjustments	None
• Return on participant directed offset accounts	6.75%

Plan-related expenses $892,000 for 2025. This assumption is equal to the actual non-PBGC premium administrative expenses for the prior year plus current year expected PBGC premiums.

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

Same mortality table and improvement scale as healthy mortality demographic assumption.

Termination rates (not due to disability, retirement, or mortality)

The rates at which participants withdraw by age are given below:

Attained Age	Rates (%)
40 and Under	8.00
41	7.60
42	7.20
43	6.80
44	6.40
45	6.00
46	5.60
47	5.20
48	4.80
49	4.40
50 and Older	4.00

SCHEDULE SB ATTACHMENTS

Disability

- Former General Cable Master Pension Plan

Rates varying by age representation rates are shown below:

Attained Age	Rates (%)
20	0.07
25	0.08
30	0.10
35	0.13
40	0.17
45	0.25
50	0.42
55	0.76
60	1.50

- Former Prysmian Cables and Systems Pension Plan

The 1985 Pension Disability Tables Class 2 for males and females respectively for Abbeville Hourly Participants with all rates multiplied by 1.111. Rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
20	0.000640	0.000550
25	0.000930	0.000960
30	0.001340	0.001650
35	0.001990	0.002520
40	0.003140	0.003570
45	0.005050	0.005220
50	0.008300	0.008540
55	0.015020	0.014900
60	0.022660	0.017930
65	0.030280	0.020950
70	0.037810	0.025670

SCHEDULE SB ATTACHMENTS

Retirement

- Former General Cable Master Pension Plan

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Age	Manchester NH (%)	Other Locations (%)
Under 50	0	0
50-53	2	2
54-61	4	4
62	20	20
63	20	20
64	10	10
65-68	25	25
69	50	50
70	0	100

All deferred vested participants are assumed to retire at age 62.

- Former Prysmian Cables and Systems Pension Plan

Rates varying by age and gender are shown below.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Unisex (Male & Female)
Under 50	0
50 – 53	2
54-61	4
62	20
63	20
64	10
65-68	25
69	50
70 and above	100

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married.

Spouse age

Male spouses are assumed to be 3 years older than female spouses.

Covered pay

Plan Compensation is actual earnings provided by the employer for the prior year adjusted by the compensation increase rate.

SCHEDULE SB ATTACHMENTS

Benefit commencement dates

- 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 — The later of age 62 or current age
- Disability benefit — Upon disablement
- Retirement benefit — Upon termination of employment

Form of payment

It is assumed that future retirees and terminations will elect the following forms of payment:

Payment Form	Former General Cable Master Pension Plan	Former Prysmian Cables and Systems Pension Plan
Life Annuity	5%	40%
50% Joint and Survivor Annuity	0%	40%
100% Joint and Survivor Annuity	20%	20%
Lump Sum	75%	N/A

Calculation of lump sum

Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4). The PPA 2025 unisex optional combined mortality with static projection to commencement using 2025 IRS adjusted Scale MP-2021 and September segment rates are used to determine lump sums.

Participant data

Participant data was supplied by Fidelity as of the valuation date.

Tax policy

The actuarial valuation performed for the plan year ending December 31, 2025 is used to determine the maximum deductible contribution for the tax year ending December 31, 2025.

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

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.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with Prysmian regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with General Cable and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor, through its third party administrator Fidelity, 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.

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

Prysmian Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions EIN 13-3064555, Plan No. 002

For the year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity In Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Asset On Transaction Date	(i) Net Gain or (Loss)
Single transactions in excess of 5% of plan assets								
Willis Towers Watson	Div Credit Fund	$ -	$ 12,939,168	$ -	$ -	$ 10,532,250	$ 12,939,168	$ 2,406,918
Willis Towers Watson	Div Credit Fund	12,939,168	-	-	-	12,939,168	12,939,168	-
Willis Towers Watson	Real Assets Fund	-	13,265,089	-	-	12,137,909	13,265,089	1,127,180
Willis Towers Watson	Real Assets Fund	13,265,089	-	-	-	13,265,089	13,265,089	-
AXA	Equitable Contract	-	231,320	-	-	544,488	231,320	(313,168)
AXA	Equitable Contract	231,320	-	-	-	231,320	231,320	-
		$ 26,435,577	$ 26,435,577	$ -	$ -	$ 49,650,224	$ 52,871,154	$ 3,220,930
Series of transactions in same security in excess of 5% of plan assets								
Fidelity	Government Portfolio - Buy	$ 8,965,323	$ -	$ -	$ -	$ 8,965,323	$ 8,965,323	$ -
Fidelity	Government Portfolio - Sell	-	8,601,044	-	-	8,601,044	8,601,044	-
Willis Towers Watson	Div Credit Fund - Buy	12,939,168	-	-	-	12,939,168	12,939,168	-
Willis Towers Watson	Div Credit Fund - Sell	-	14,439,168	-	-	11,833,087	14,439,168	2,606,081
Willis Towers Watson	Diversified EQ Fund - Sell	-	4,850,000	-	-	3,575,120	4,850,000	1,274,880
Willis Towers Watson	Real Assets Fund - Buy	13,265,089	-	-	-	13,265,089	13,265,089	-
Willis Towers Watson	Real Assets Fund - Sell	-	13,923,340	-	-	12,788,302	13,923,340	1,135,038
AXA	Equitable Contract - Buy	231,320	-	-	-	231,320	231,320	-
AXA	Equitable Contract - Sell	-	231,320	-	-	544,488	231,320	(313,168)
Fidelity	Government Money Market Fund K6 - Buy	57,464	-	-	-	57,464	57,464	-
		$ 35,458,364	$ 42,044,872	$ -	$ -	$ 72,800,405	$ 77,503,236	$ 4,702,831
Transactions with the same party in excess of 5% of plan assets								
Fidelity Management Trust Company	Div Credit Fund - Buy	$ -	$ 12,939,168	$ -	$ -	$ 10,532,250	$ 12,939,168	$ 2,406,918
Fidelity Management Trust Company	Div Credit Fund - Sell	12,939,168	-	-	-	12,939,168	12,939,168	-
Fidelity Management Trust Company	Real Assets Fund - Buy	-	13,265,089	-	-	12,137,909	13,265,089	1,127,180
Fidelity Management Trust Company	Real Assets Fund - Sell	13,265,089	-	-	-	13,265,089	13,265,089	-
Fidelity Management Trust Company	Equitable Contract - Buy	-	231,320	-	-	544,488	231,320	(313,168)
Fidelity Management Trust Company	Equitable Contract - Sell	231,320	-	-	-	231,320	231,320	-
		$ 26,435,577	$ 26,435,577	$ -	$ -	$ 49,650,224	$ 52,871,154	$ 3,220,930

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
PRYSMIAN PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PRYSMIAN CABLES AND SYSTEMS (US) INC

D Employer Identification Number (EIN)
13-3064555

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**	75,991,999
b Actuarial value	**2b**	75,807,572

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	970	57,050,412	57,050,412
b For terminated vested participants	445	11,476,287	11,476,287
c For active participants	248	11,248,499	11,649,489
d Total	1,663	79,775,198	80,176,188

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**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	892,000
c Target normal cost	**6c**	892,000

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

Max Murphy

Signature of actuary

10/7/2026

Date

Max Murphy

Type or print name of actuary

2608791

Most recent enrollment number

Willis Towers Watson US LLC

Firm name

216-937-4119

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	1,861,550
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,861,550
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.22%	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)		1,683,214
	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 5.06%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		87,864
	c Total available at beginning of current plan year to add to prefunding balance		1,771,078
	d Portion of (c) to be added to prefunding balance		1,771,078
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	1,771,078

Part III Funding Percentages

14	Funding target attainment percentage	14	92.34 %
15	Adjusted funding target attainment percentage	15	92.34 %
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	97.03 %
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
04/15/2026	375,420	0			
07/15/2026	375,420	0			
09/10/2026	750,840	0			
			Totals ▶ 18(b)	1,501,680	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	1,385,195

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	892,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	6,139,694	609,678
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**	1,501,678

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,501,678	1,501,678

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,385,195
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1,385,195
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1,385,195
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	183,188	287,575	6,308,184	6,778,947
2026	284,745	599,458	6,080,322	6,964,525
2027	400,794	648,321	5,841,618	6,890,733
2028	496,535	680,715	5,597,213	6,774,463
2029	590,895	710,408	5,347,733	6,649,036
2030	669,547	751,887	5,092,941	6,514,375
2031	721,644	776,559	4,832,927	6,331,130
2032	775,314	793,213	4,569,112	6,137,639
2033	825,774	829,814	4,302,950	5,958,538
2034	873,349	863,941	4,034,177	5,771,467
2035	908,329	875,342	3,766,335	5,550,006
2036	931,582	880,674	3,501,365	5,313,621
2037	953,117	883,328	3,239,686	5,076,131
2038	972,157	876,496	2,982,829	4,831,482
2039	987,035	865,284	2,732,243	4,584,562
2040	998,300	849,972	2,489,315	4,337,587
2041	1,002,315	837,587	2,255,355	4,095,257
2042	996,333	825,989	2,031,545	3,853,867
2043	983,862	809,624	1,818,942	3,612,428
2044	964,577	788,779	1,618,445	3,371,801
2045	940,475	766,637	1,430,759	3,137,871
2046	912,893	741,002	1,256,424	2,910,319
2047	882,024	708,193	1,095,789	2,686,006
2048	847,809	674,648	949,009	2,471,466
2049	810,552	639,516	816,042	2,266,110
2050	770,952	603,025	696,638	2,070,615
2051	729,750	566,135	590,371	1,886,256
2052	687,186	528,392	496,659	1,712,237
2053	643,839	490,812	414,777	1,549,428
2054	600,100	454,453	343,889	1,398,442

Plan Name: Prysmian Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: Prysmian Cables and Systems (US) Inc
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	556,219	418,669	283,085	1,257,973
2056	512,582	383,825	231,411	1,127,818
2057	469,590	350,316	187,902	1,007,808
2058	427,600	318,156	151,594	897,350
2059	386,913	287,482	121,559	795,954
2060	347,812	258,403	96,918	703,133
2061	310,522	231,000	76,865	618,387
2062	275,222	205,341	60,670	541,233
2063	242,068	181,481	47,686	471,235
2064	211,172	159,454	37,347	407,973
2065	182,633	139,269	29,160	351,062
2066	156,500	120,915	22,713	300,128
2067	132,802	104,355	17,659	254,816
2068	111,527	89,525	13,713	214,765
2069	92,641	76,342	10,643	179,626
2070	76,076	64,705	8,261	149,042
2071	61,724	54,501	6,419	122,644
2072	49,459	45,615	4,999	100,073
2073	39,117	37,928	3,909	80,954
2074	30,523	31,322	3,077	64,922

Plan Name: Prysmian Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: Prysmian Cables and Systems (US) Inc
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x * l_x / l_{50}$
50	0.02	1000000	1.000000	0.020000	1.000000
51	0.02	980,000	0.980000	0.019600	0.999600
52	0.02	960,400	0.960400	0.019208	0.998816
53	0.02	941,192	0.941192	0.018824	0.997664
54	0.04	922,368	0.922368	0.036895	1.992315
55	0.04	885,473	0.885473	0.035419	1.948042
56	0.04	850,054	0.850054	0.034002	1.904122
57	0.04	816,052	0.816052	0.032642	1.860599
58	0.04	783,410	0.783410	0.031336	1.817512
59	0.04	752,074	0.752074	0.030083	1.774894
60	0.04	721,991	0.721991	0.028880	1.732778
61	0.04	693,111	0.693111	0.027724	1.691191
62	0.20	665,387	0.665387	0.133077	8.250796
63	0.20	532,309	0.532309	0.106462	6.707099
64	0.10	425,848	0.425848	0.042585	2.725424
65	0.25	383,263	0.383263	0.095816	6.228020
66	0.25	287,447	0.287447	0.071862	4.742877
67	0.25	215,585	0.215585	0.053896	3.611054
68	0.25	161,689	0.161689	0.040422	2.748713
69	0.50	121,267	0.121267	0.060633	4.183703
70	1.00	60,633	0.060633	0.060633	4.244336
Average age at retirement					62.15955
Rounded for Schedule SB item 22					62

Plan Name: Prysmian Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: Prysmian Cables and Systems (US) Inc
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

Prysmian Cables and Systems (US), Inc.

Plan

Prysmian Pension Plan

Effective December 31, 2023 the Prysmian Cables and Systems Pension Plan (EIN: 57-1061511 PN: 004) merged into the General Cable Master Pension Plan (EIN: 13-3064555 PN:002) and the plan was subsequently renamed to Prysmian Pension Plan

Former Plan: Prysmian Cables and Systems Pension Plan

Plan Provisions

The plan was originally effective June 1, 1989. The plan was amended and restated January 1, 2016.

Covered employees	Effective July 1, 1990 all salaried employees of Tri-State Utility, Inc. became members of the Plan. Effective January 1, 1991 eligible non-bargaining employees at Prysmian's Lexington, South Carolina Plant became members of the Plan. Effective January 1, 1999, all hourly non-bargaining employees at Prysmian's Abbeville, South Carolina Facility became members of the Plan. Effective December 31, 2003, membership to the Plan is frozen. Therefore, no employee hired after January 1, 2003 will become a member.
Participation date	Completion of 12 consecutive month period in which the employee completes at least 1,000 hours of service and attainment of age 21. (Participants of the prior plan enter immediately.)

Definitions

Vesting service	All service after age 18. An employee shall accrue one month Vesting Service for each month of service.
Pension service	A member shall receive one month of credited service for each calendar month in which he receives compensation. Service begins on the later of January 1, 1989 or the date that the membership requirements are satisfied. Maximum service is limited to 40 years.

	Members of the Lexington, South Carolina plant who joined the Plan on January 1, 1991 and members of the Abbeville, South Carolina Facility who joined the Plan on January 1, 1999 will receive credited service from their date of hire. Effective December 31, 2003, Pension Service is frozen.
Pensionable pay	For Plan years prior to January 1, 2004: Base Salary. For Plan years after January 1, 2004: Lesser of Base Salary in effect on January 1 and the earnings limit for that plan year. The earnings limit for each plan year is the January 1, 2004 salary rate increased each year thereafter by the lesser of the actual increase in salary rate (calculated by comparing the rate in effect on January 1 of the prior year) and the cost of living increase during that year.
Average earnings	Final Average Salary is the annual average during the highest 60 consecutive months of the final 120 months of employment. Pensionable earnings in excess of the 401(a)17 limit is not considered in the calculation of benefits. Effective February 28, 2007, average annual salary is frozen. The Offset Base equals the lesser of the final 3 year average compensation or Covered Compensation. In determining the final 3 year average, compensation in excess of the taxable wage base for that year will not be considered.
Normal retirement date (NRD)	First month coincident with of following attainment of age 65.
Monthly pension benefit	One-twelfth of 1.5% of average earnings for 35 years of pension service, plus .75% of average earnings for each year in excess of 35 years, less 50% of the Social Security benefit prorated for less than 35 years of pension service.
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Eligibility for Benefits

Normal retirement	Attainment of age 65.

SCHEDULE SB ATTACHMENTS

Early retirement	Age 55 and completion of 5 years of Vesting Service or age 50 and completion of 25 years Vesting Service.
Postponed retirement	Retirement after normal retirement date.
Vested termination	5 years of Vesting Service.
Disability	Salaried Members: None Abbeville Hourly Members: Awarded a “Disability Insurance Benefit” under the Federal Social Security Act and have at least 10 years Credited Service.
Supplemental benefit	An employee who was an active member of the prior plan on May 31, 1989 and members who were receiving benefits under the long term disability plan of the employer on June 1, 1989 shall be entitled to a supplemental monthly benefit at normal or postponed retirement date.
Special additional benefit for Abbeville participants	An employee who was active a Member of the Abbeville Hourly Plan on December 31, 1998 may be entitled to an additional pension benefit.
Preretirement death benefit	Same as early retirement for immediate benefit. 5 years of vesting service for deferred benefit.
Postretirement death	Former Abbeville Hourly Plan participants who retire under the normal, early or disability retirement provisions.

Benefits Paid Upon the Following Events

Normal retirement	(a) 1% times Average Annual Salary times Credited Service limited to 40 years minus (b) ½ % times the Offset Base times Credited Service limited to 40 years.
Early retirement	The Normal Retirement Benefit amount, which would have been payable at Normal Retirement reduced as follows: The amount computed in (a) will be reduced by ¼ of 1% for each month that the Early Retirement Date precedes the Normal Retirement. The amount in (b) is reduced by 5/12 of

	1% for each month the Early Retirement Date precedes Normal Retirement. Supplemental benefit: The Supplemental Benefit amount reduced by ¼ of 1% for each month the Early Retirement Date precedes Normal Retirement Date. Abbeville Hourly Members: Unreduced benefit for members who attain age 55 with 30 years of Vesting Service.
Postponed retirement	The greater of the Normal Retirement Benefit considering service to actual retirement date or the benefit at Normal Retirement Date actuarially increased to the actual retirement date.
Vested termination	Accrued retirement benefit as of termination date, payable at age 65, or at age 55, if participant is eligible for Early Retirement. If payments commence before age 65, the amount computed in 1 will be reduced 1/3 of 1% for each of the first 60 months and ½ of 1% for each of the next 60 months the Early Retirement Date precedes Normal Retirement. The offset calculated in 2 is reduced by 5/12 of 1% for each month the Early Retirement Date precedes Normal Retirement.
Disablement	Salaried Members: An employee who becomes Totally Disabled shall continue to accrue Vesting Service and Credited Service through December 31, 2003 and upon his actual retirement will be entitled to receive a benefit computed under the assumption that his base salary rate continued throughout his disability. None for members who become disabled after December 31, 2003. Former Abbeville Hourly Members: An employee who becomes Totally Disabled shall be entitled to receive a monthly benefit based on the Abbeville Hourly Plan formula and years of Credited Service as of December 31, 1998.
Supplemental benefit	Eligible participants shall be entitled to a monthly benefit at Normal or Deferred Retirement Date equal to the prior plan benefit determined as if the prior plan had remained in effect until the member's normal retirement

age (credited service used in determining the benefit is defined in the prior plan), less the sum of (a), (b), and (c) below:

(a) the monthly benefit accrued under the prior plan as of May 31, 1989, purchased from the Allstate Life Insurance Company, payable at normal retirement date,

(b) the monthly benefit under the current plan benefit formula (as described above under normal retirement benefit), and

(c) the account balance, as of the date the member terminates employment, converted to a deferred annuity payable monthly at normal retirement date. The account balance is determined by assuming that a contribution of 4% of pensionable earnings is made each plan year starting with the 1989 plan year. The investment return of this account balance us assumed to be equal to the 1-year constant maturity rate for Treasury securities in November of the preceding plan year.

The conversion of this account balance to an annuity is based on the GATT 2003 mortality table and the annual rate of interest on the 30-year Treasury securities for the month of November of the plan year preceding termination or retirement.

Credited Service, for purposes of determining the benefit payable had the prior plan been in effect, is frozen as of December 31, 2003. Also, effective December 31, 2003, the account balance described in (c) above is calculated assuming no further contributions after December 31, 2003.

Special additional benefit for Abbeville participants

Eligible participants are entitled to an additional pension benefit equal to the positive difference, if any, between the retirement benefit under the rules of the Abbeville Hourly Plan in effect on December 31, 1998 ($20.50 a month for each year of Credited Service) and the sum of (a) and (b) below:

(a) the monthly benefit under the current plan benefit formula (as described above under Normal Retirement Benefit), and

(b) the account balance, as of the date the Member terminates employment, converted to a deferred annuity payable monthly at Normal Retirement Date. The account balance is determined by assuming that a contribution of 4% of pensionable earnings is made in each plan year starting with the 1999 plan year. The investment return of this account balance is assumed to be equal to the 1-year constant maturity rate for Treasury securities in November of the preceding plan year.

The conversion of this account balance to an annuity is based on the GATT 2003 mortality table and the annual rate of interest on 30-year Treasury securities for the month of November of the plan year preceding termination or retirement.

Credited Service, for purposes of determining the benefit payable had the Abbeville plan been in effect, is frozen as of December 31, 2003. Also effective December 31, 2003, the account balance described in (b) above is calculated assuming no further contributions after December 31, 2003.

Preretirement death

The surviving spouse of a member who dies after meeting the eligibility requirements shall be paid a monthly benefit equal to 50% of the benefit the member would have received had he retired the day before his death, further reduced by 1/24 of 1% for each month in excess of 60 that the spouse is younger than the member.

If a vested participant is not eligible to retire at his date of death, benefits payments to the spouse are deferred until the earliest date he would have been eligible for Early Retirement.

Supplemental Benefit: Same as above.

Postretirement death

$4,500 Lump sum death benefit.

Other Plan Provisions

Forms of payment

Normal Form of Benefit: Life Annuity for single participants. For married participants, an automatic joint and survivor option providing 90% of the Normal Retirement Benefit to the employee and 50% of the Normal Retirement Benefit to the surviving spouse upon the employee's death. If the spouse is more than 60 months younger than the employee, the spouse's benefit is reduced by 1/24 of 1% for each month that the difference exceeds 60 months.

Optional Forms: 50%, 66-2/3%, 75%, 100% continuation to the Contingent Annuitant upon the death of the Retiree. A member may elect to have the social security adjustment described below included with the life annuity or any optional form of payment.

Social security adjustment: An increased benefit is payable until attainment of age 62. At that time it is reduced by the amount of the expected Social Security benefit.

Optional form conversion factors: The plan document contains conversion factors for joint and survivor and contingent annuities, small lump sums

	and the social security adjustment option. Otherwise, actuarial equivalence is based on the UP84 Mortality Table and 7% interest.
Pension increases	Not applicable
Plan participants' contributions	None required or permitted.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the last actuarial valuation report.

Plan: Prysmian Pension Plan (previously known as General Cable Master Pension Plan)

General Plan Provisions – Location specific provisions may supersede in some cases

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted in 2020.

Covered employees	Hourly-rated employees and certain salaried employees who are in a participating unit. Also any participant who participated in the Retirement Income Guarantee Plan (RIGP) prior to its freeze and merger into this plan on December 31, 1994. At the Manchester, NH location no new participants enter the plan effective April 1, 2008 and benefits were frozen on December 31, 2008 for some participants based on their elections. At the Lincoln, RI location no new participants enter the plan effective April 1, 2009. At the Lawrenceburg, KY location no new participants enter the plan effective September 1, 2009. At the Chino, CA and Lebanon, IN locations no new participants enter the plan effective August 1, 2009. At the Altoona location no new participants enter the plan effective March 27, 2011. Benefit accruals for all remaining accruing locations, except Manchester and Lincoln, were frozen in July, 2016. However, all active participants

SCHEDULE SB ATTACHMENTS

	at the impacted locations earned a full year of service for 2016. Benefit accruals for the Lincoln location were frozen on December 31, 2020 and benefit accruals for the Manchester location were frozen on March 1, 2024.
Participation date	In general, the plan is closed to new entrants. All full-time employees participated on their hire date until each location was frozen.

Definitions

Vesting service	One year for each 1,000-hour calendar year of employment.

SCHEDULE SB ATTACHMENTS

Pension service	Years and months of service as a covered employee, however, after 1,000 hours is earned in a given year, a full year of service is earned except the year of hire and termination. Pension service froze during 2016 for all locations except Lincoln and Manchester. Pension service froze effective December 31, 2020 for the Lincoln location and March 1, 2024 for the Manchester location.
Normal retirement date (NRD)	The first of the month coinciding with or next following the later of the attainment of age 65 or the fifth anniversary of participation.
Monthly pension benefit	Each location is based on a dollars per month per year of service formula.
Monthly preretirement death benefit	50% of the participant's monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Permanent and total disability after the completion of 10 years of service, and participant is receiving a Social Security disability benefit.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.

SCHEDULE SB ATTACHMENTS

Early retirement	The monthly pension benefit determined as of the early retirement date, reduced 6.0% for each year of payment before age 65.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date.
Deferred vested termination	The monthly pension benefit determined as of the termination date, reduced 6.0% for each year of payment before age 65.
Disablement	The monthly pension benefit determined as of the date of the disablement, payable immediately without reduction for early commencement.
Preretirement death	The monthly preretirement death benefit payable on behalf of an active employee is reduced by 6.0% for each year that payment precedes the date the participant would have been 65 years old.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% or 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity.

Lump sums are available for participants who were actively employed on or after January 1, 2015.

Actuarial equivalence is based on 417(e) for lump sums. Actuarial equivalence for annuity forms of payment is based on the RP-2000 mortality table blended 50/50 males/females and 6.50% interest and the following chart:

(1)	10-Year C&L	Interest and mortality mentioned above plus 3.00%
(2)	50% J&S	Interest and mortality mentioned above plus 6.00%
(3)	66 2/3% J&S	Interest and mortality mentioned above plus 5.50%

	(4)	75% J&S	Interest and mortality mentioned above plus 5.50%
	(5)	100% J&S	Interest and mortality mentioned above plus 5.00%

Pension Increases	None
Plan participants' contributions	None
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Future Plan Changes

Willis Towers Watson is not aware of any future plan changes that are required to be reflected other than scheduled pension increases contained in the Collective Bargaining Agreement.

Changes in Benefits Valued Since Prior Year

None.

SCHEDULE SB ATTACHMENTS

Carol Cable Locations

Plan Provisions

Covered employees	Each employee who is represented by USW Local 4543 is eligible to join the plan. No new participants enter the plan effective April 1, 2009. Benefit accruals are frozen effective December 31, 2020.
Participation date	Age 21 with one year of service.

Definitions

Pensionable pay	Straight time pay up to 40 hours per week. Does not include bonuses, overtime pay, shift differential, vacation, or holiday pay.
Average earnings	1/36th of the Participant's highest aggregate Monthly Earning received for the three consecutive years preceding Normal Retirement Date.
Monthly pension benefit	The monthly pension payable to a Participant commencing on his Normal Retirement Date will be the sum of the following amounts: (i) 25% of the Participant's Average Monthly Earnings less any amount provided by any other Pension Plan as listed in Appendix A of the plan document, (ii) $2.00 times each full year of the Participant's Benefit Service after January 1, 1975, (iii) $17.00 times each full and partial year of Benefit Service completed by the Participant Benefit accruals are frozen effective December 31, 2020.

Eligibility for Benefits

Disability	Permanent and total disability after the completion of 15 years of service, and participant is receiving a Social Security disability benefit.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Early retirement	The monthly pension benefit determined as of the early retirement date, reduced according to Appendix C of the old Carol Cable Plan Document, or 3% for each year after the attainment of age 60 with 15 years of service.
Disablement	The greater of $150 per month less social security entitlement, or the regular monthly pension benefit determined as of the date of the disablement.

Other Plan Provisions

Actuarial equivalence	RP2000 mortality table blended 50% male / 50% female with a 6.50% interest rate.
Normal form of payment	The normal form of payment for unmarried participants is a 10 year certain and life annuity.
Postretirement death benefit	Up to $10,750 lump sum (depending on date of retirement) if participant dies more than one month after retirement.
Optional form of payment	Social Security level income option to age 62.

SCHEDULE SB ATTACHMENTS

Lawrenceburg

Definitions	
Monthly pension benefit	$30.00 per month per year of service.

Eligibility for Benefits	
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Deferred vested termination	Termination for reasons other than death or retirement with graded vesting from three to seven years of service.

Benefits Paid Upon the Following Events	
Early retirement	The monthly pension benefit determined as of the early retirement date, reduced 3.0% for each year of payment before age 65.

Altoona

Definitions	
Monthly pension benefit	$24.50 per month per year of service.

Chino and Lebanon

Definitions	
Monthly pension benefit	$21.00 per month per year of service.

Eligibility for Benefits	
Disability	None

SCHEDULE SB ATTACHMENTS

Manchester

Definitions

Monthly pension benefit	$26.00 per month per year of service on March 1, 2024. Benefit accruals became frozen on the same date.

Eligibility for Benefits

Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.

Benefits Paid Upon the Following Events

Early retirement	The monthly pension benefit determined as of the early retirement date, reduced actuarially for payment before age 65.
Deferred vested termination	The monthly pension benefit determined as of the termination date, reduced actuarially for payment before age 65.

Prysmian Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 13-3064555, Plan No. 002

As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and part or maturity value	(d) Cost	(e) Current value
Investments at fair value:				
*	AXA	Equitable Contract	$ 231,320	$ 231,320
	Blackrock Trust Company	Treas Non-Lend Fund	3,260,226	3,377,765
	Blackrock Trust Company	US Treas 10 Year Keyrate A	3,661,908	3,443,117
	Blackrock Trust Company	US Treas 20 Year Keyrate A	1,604,801	1,275,923
	Blackrock Trust Company	US Treas 15 Year Keyrate A	2,703,445	2,314,576
	Blackrock Trust Company	US Treas 25+ Year Keyrate A	1,986,930	1,406,253
*	Fidelity	Government Money Market Fund K6	619,381	619,381
*	Fidelity	Government Portfolio	837,256	837,256
	State Street Global Advisors	Intermediate US Government Bond I Ending Fund	6,365,727	6,947,480
	State Street Global Advisors	Long US Government Bond Index Non Fund	8,045,999	7,958,579
*	Willis Towers Watson	Real Assets Fund	13,265,089	13,265,089
*	Willis Towers Watson	Div Credit Fund	12,939,168	12,939,168
*	Willis Towers Watson	Diversified EQ Fund	14,283,789	21,068,394
			$ 69,805,039	$ 75,684,301

* Indicates a party-in-interest to the Plan

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	3,754,300	15.00000	3,754,300	350,053
2.	Shortfall	01/01/2024	(3,030,926)	14.00000	(2,823,806)	(275,754)
3.	Shortfall	01/01/2023	5,845,979	13.00000	5,209,200	535,379
Total					6,139,694	609,678

Plan Name: Prysmian Pension Plan
EIN / PN: 13-3064555 / 002
Plan Sponsor: Prysmian Cables and Systems (US) Inc
Valuation Date: January 1, 2025