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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of 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
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1981

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)
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

4 IRVING PLACE, 15TH FLOOR SOUTH
NEW YORK, NY 10003

2b Employer Identification Number (EIN) 13-5009340

2c Plan Sponsor's telephone number 212-460-4600

2d Business code (see instructions) 221100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	NICOLE LEON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	NICOLE LEON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	19901
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)**	13782
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	13837
b	Retired or separated participants receiving benefits	**6b**	2049
c	Other retired or separated participants entitled to future benefits	**6c**	3822
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	19708
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	516
f	Total. Add lines **6d** and **6e**.	**6f**	20224
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	19655
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	156
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 Characteristics Codes in the instructions:

2E 2F 2G 2I 2J 2K 2O 2R 2T 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 13 **A** (Insurance Information)
- **(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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

2022

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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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
METLIFE

(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
13-5581829	65978	35686	0	01/01/2022	12/31/2022

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

(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
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(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. Specify nature of costs ▶	6d	

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	9300000
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	9300000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ CONTRACT TERMINATION	7e(4)	9300000		
	(5) Total deductions			7e(5)	9300000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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
MET LIFE

(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
13-5581829	65978	37765	6908	01/01/2022	12/31/2022

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

(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

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	(c) Amount	**(d)** Purpose	

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	(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. Specify nature of costs ▶	6d	

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	575000
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	575000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ CONTRACT TERMINATION	7e(4)	575000		
	(5) Total deductions			7e(5)	575000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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OMB No. 1210-0110

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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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
METLIFE

(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
13-5581829	65978	38223	6908	01/01/2022	12/31/2022

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

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

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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. Specify nature of costs ▶	6d	

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	6800000
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	6800000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6800000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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
METLIFE

(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
13-5581829	65978	38246	6908	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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. Specify nature of costs ▶	6d	

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	4824000
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6) Total additions		7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	4824000
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶	7e(4)		
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	4824000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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
METLIFE

(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
13-5581829	65978	39356	6908	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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. Specify nature of costs ▶	6d	

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	2406940
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2406940
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2406940

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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
METLIFE

(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
13-5581829	65978	39356A	6908	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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. Specify nature of costs ▶	6d	

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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	4340000		
	▶ CONTRACT INCEPTION				
	(6) Total additions			7c(6)	4340000
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4340000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	4340000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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
METLIFE

(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
13-5581829	65978	39356B	6908	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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. Specify nature of costs ▶	6d	

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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	2365000		
	▶ CONTRACT INCEPTION				
	(6) Total additions			7c(6)	2365000
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2365000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2365000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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
METLIFE

(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
13-5581829	65978	39356C	6908	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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. Specify nature of costs ▶	6d	

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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	1510000		
	▶ CONTRACT INCEPTION				
	(6) Total additions			7c(6)	1510000
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1510000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1510000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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
METLIFE

(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
13-5581829	65978	39356D	6908	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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. Specify nature of costs ▶	6d	

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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	1510000		
	▶ CONTRACT INCEPTION				
	(6) Total additions			7c(6)	1510000
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1510000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1510000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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
METLIFE

(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
13-5581829	65978	39356E	6908	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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. Specify nature of costs ▶	6d	

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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	2980000		
	▶ CONTRACT INCEPTION				
	(6) Total additions			7c(6)	2980000
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2980000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2980000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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
NEW YORK LIFE

(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
13-5582869	66915	GA34409-02	6908	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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. Specify nature of costs ▶	6d	

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	5602800
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	5602800
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ CONTRACT ACTIVITY	7e(4)	3158863		
	(5) Total deductions			7e(5)	3158863
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2443937

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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
NEW YORK LIFE

(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
13-5582869	66915	GA34409-003	6908	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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. Specify nature of costs ▶	6d	

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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	4841000		
	▶ CONTRACT INCEPTION				
	(6) Total additions			7c(6)	4841000
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4841000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	4841000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2022

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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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
NEW YORK LIFE

(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
13-5582869	66915	GA34409-004	6908	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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. Specify nature of costs ▶	6d	

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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	4790000		
	▶ CONTRACT INCEPTION				
	(6) Total additions			7c(6)	4790000
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4790000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	4790000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN	004

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	13-5009340

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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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)

VANGUARD ADVISORS, INC.

23-2811930

(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?
26	NONE	2077226	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VANGUARD GROUP INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 25 33 52	NONE	1332037	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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?
16	NONE	55061	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)

CALLAN LLC

82-2748926

(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?
16	NONE	30000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORNINGSTAR

36-3297908

(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?
16 36	NONE	21775	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE VANGUARD GROUP, INC.	99	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TD AMERITRADE, INC. 06-0988655	UP TO $25 PER QUARTER, PER ACTIVE BROKERAGE PARTICIPANT; UP TO $50 ONE TIME PER PARTICIPANT BROKERAGE SET-UP FEE AS COMPENSATION FOR VANGUARD'S INITIAUONGOING ENHANCEMENTS TO INTEGRATE TD A T'S BROKERAGE SERVICE.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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: VANGUARD INST TTL BOND MKT INDEX TR

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-6321044-001	C	295909419

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INST INTL STK MKT INDEX TR

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
81-6317280-001	C	296544689

a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET CORE BOND CIF

b Name of sponsor of entity listed in (a): WELLINGTON MANAGEMENT COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6913417-165	C	23757382

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY OTC COMMIGLED POOL

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-143	C	163202807

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2015 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
90-0735891-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2020 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
90-0735899-001	C	88759141

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2025 TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
90-0735963-001	C	125796142

a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT 2030 TR PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735964-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	121786392
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT 2035 TR PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735965-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	102633791
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT 2040 TR PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735971-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	88940534
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT 2045 TR PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735972-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	124680727
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT 2050 TR PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735976-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	99340147
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT 2055 TR PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735978-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55536854
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT 2060 TR PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 45-3799736-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30556842
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT INCOME TR PL		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735883-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	116841034
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT 2065 TR PLUS		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 82-6204383-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4848161
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD INST 500 INDEX TRUST		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 81-6327546-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1159226480

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC INST EXT MARKET INDEX TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 81-6324211-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262715093

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RET 2070 TRUST PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 88-6095930-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61899

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

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)	1340462	5515087
(2) Participant contributions	1b(2)	164154	1744
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	76752646	76712613
(9) Value of interest in common/collective trusts	1c(9)	3890292435	3161137534
(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)	1537662185	1423879989
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	31480975	40295173
(15) Other	1c(15)	139746925	103740851

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	58518351	60133003
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5735958133	4871415994
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1613790	2201472
k Total liabilities (add all amounts in lines 1g through1j)	1k	1613790	2201472
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5734344343	4869214522

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)	70163864	
(B) Participants	2a(1)(B)	187327013	
(C) Others (including rollovers)	2a(1)(C)	46127854	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		303618731
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3308765	
(F) Other	2b(1)(F)	693216	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4001981
(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)	61326200	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		61326200
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4956311	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4359456	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		596855
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6060341	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		6060341

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-715021911
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-137922682
c Other income	2c		-47193204
d Total income. Add all **income** amounts in column (b) and enter total	2d		-524533689
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	337033950	
(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)		337033950
f Corrective distributions (see instructions)	2f		5253
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3556929	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3556929
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		340596132
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-865129821
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: COHNREZNICK **(2)** EIN: 22-1478099

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

		Yes	No	Amount
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		75000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

D Employer Identification Number (EIN)
13-5009340

Part I Distributions

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

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

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

EIN(s): 23-2186884

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** |

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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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_____

The Consolidated Edison Thrift Savings Plan

Financial Statements
(With Supplementary Information)
And Independent Auditor's Report
December 31, 2022 and 2021

The Consolidated Edison Thrift Savings Plan
Table of Contents
December 31, 2022 and 2021

	Page
Financial Statements:	
Independent Auditor's Report	1-3
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-16
Supplemental Schedule:	
Schedule of Assets (Held at End of Year)(Schedule H, Line 4i)	17-22

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

Independent Auditor's Report

To the Plan Administrator
The Consolidated Edison Thrift Savings Plan

Opinion

We have audited the financial statements of The Consolidated Edison Thrift Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2022 and Schedule of Reportable Transactions (Schedule H, Line 4j) for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and is derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



New York, New York
October 10, 2023

The Consolidated Edison Thrift Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	2022	2021
Assets		
Investments, at fair value	$3,871,864,437	$4,737,047,811
Investments, at contract value	917,322,113	920,653,060
Total investments	4,789,186,550	5,657,700,871
Receivables		
Employee contributions	1,744	164,154
Employer contributions	5,515,087	1,340,462
Notes receivable from participants	76,712,613	76,752,646
Total receivables	82,229,444	78,257,262
Total assets	4,871,415,994	5,735,958,133
Liabilities		
Payable for securities purchased	1,789,243	1,195,267
Administrative expenses payable	412,229	418,523
Total liabilities	2,201,472	1,613,790
Net assets available for benefits	$4,869,214,522	$5,734,344,343

The accompanying notes are an integral part of these financial statements.

The Consolidated Edison Thrift Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years ended December 31, 2022 and 2021

	2022	2021
Investment income/(loss)		
Net appreciation/(depreciation) in fair value of investments	$(898,202,008)	$628,227,081
Interest	19,100,821	16,308,855
Dividends	46,646,605	59,003,325
Total investment income/(loss)	(832,454,582)	703,539,261
Interest income on notes receivable from participants	3,308,765	3,486,021
Employee contributions	188,320,410	176,138,418
Employer contributions	70,163,864	67,209,499
Rollover contributions	46,127,854	83,539,033
Total contributions	304,612,128	326,886,950
Benefits paid to participants	(336,537,499)	(358,400,157)
Administrative expenses	(4,058,633)	(3,666,833)
Increase/(decrease) in net assets	(865,129,821)	671,845,242
Net assets available for benefits:		
Beginning of year	5,734,344,343	5,062,499,101
End of year	$4,869,214,522	$5,734,344,343

The accompanying notes are an integral part of these financial statements.

1. Description of the Thrift Savings Plan

The following description of The Consolidated Edison Thrift Savings Plan (the "Thrift Savings Plan") provides only general information. Participants should refer to the Thrift Savings Plan document for a more complete description of the Thrift Savings Plan's provisions.

General

The Thrift Savings Plan is a defined contribution plan. Other than a small number of employees in certain unregulated affiliated companies, all full-time and part-time eligible collectively bargained and non-collectively bargained employees in the Consolidated Edison, Inc. ("CEI") Controlled Group are eligible to participate. The eligible groups are the employees on the management payroll of Consolidated Edison Company of New York, Inc. ("CECONY Management Employees"), employees on the management payroll of Orange and Rockland Utilities, Inc. ("O&R Management Employees"), employees on the payroll of Con Edison Clean Energy Business, Inc. ("CEB Employees"), employees on the payroll of Con Edison Transmission, Inc. ("CET Employees"), weekly employees who are members of Local 1-2, Utility Workers Union of America, AFL-CIO ("Local 1-2" or "CECONY Weekly Employees"), or Local 3, International Brotherhood of Electrical Workers, AFL-CIO ("Local 3" or "CECONY Weekly Employees"), O&R hourly employees who are members of Local 503, International Brotherhood of Electrical Workers, and AFL-CIO ("O&R Hourly Employees"). Once each eligible employee in an eligible group meets the service requirement, if any, he or she is referred to as a participant.

Thrift Savings Plan Administration

Vanguard Fiduciary Trust Company ("Vanguard" or the "Trustee") is the recordkeeper and trustee for the Thrift Savings Plan. Vanguard, Fidelity Institutional Asset Management, Transamerica Asset Management, Inc. and Western Asset Management Company, LLC serve as investment managers for the Thrift Savings Plan.

Contributions

Pursuant to Sections 401(k) and (m) of the Internal Revenue Code of 1986, as amended (the "Code"), the Thrift Savings Plan permits participants to invest a portion of their compensation on a pre-tax basis and/or after-tax basis. CECONY Management, O&R Management, CET, CEB, Local 1-2 participants, Local 3 participants, and O&R Hourly Employees may also contribute to the Plan on a Roth 401(k) after-tax basis. The contributions to the Thrift Savings Plan are held in a trust fund maintained by the Trustee. The Trustee maintains a separate account for each participant that is updated daily.

Participants may contribute rolled over amounts representing distributions from other qualified defined benefit or defined contribution plans. Each participant who has attained age

50 before the end of Plan year is eligible to make a catch-up contribution, which is a pre-tax contribution to the Thrift Savings Plan that exceeds the otherwise annual pre-tax dollar limit.

Beginning in July 2013, CECONY and O&R have adopted a defined contribution pension formula ("DCPF") that provides an employer compensation credit to a participant in an amount based on a point system. Based on an employee's age and years of credited service, he or she receives a credit between 4% and 7% of his or her compensation. Employees who are covered under the DCPF and whose compensation exceeds the annual social security taxable wage base receive an additional flat 4% compensation credit on the excess compensation.

CECONY Management, O&R Management, CET, and CEB Employees under the Code Section 401(k) Formula: Each CECONY Management, O&R Management, CET, and CEB. Employee may choose to contribute from 1% to 50% of his or her regular compensation. CECONY Management, O&R Management, CET and CEB Employees who are covered under the career average or final average pension formulas in the Consolidated Edison Retirement Plan ("Retirement Plan") receive a match of up to 3% of compensation (50% match on up to 6% of employee contributions). CECONY Management, O&R Management, CET and CEB Employees who are covered under the cash balance pension formula in the Retirement Plan or the defined contribution pension plan in the Thrift Savings Plan, receive an employer matching contribution of up to 6% of compensation (100% on the first 4% of employee contributions, plus an additional 50% on the next 4% of employee contributions).

Local 1-2 Participants: Effective January 1, 2018, Local 1-2 employee contributions will be based on a percentage of the employee's straight-time pay, including premium pay. Each employee may contribute up to, but no more than, 50% of his or her straight-time pay. Local 1-2 participants who are covered under the cash balance pension formula of the Retirement Plan or the DCPF (see below) receive an employer matching contribution equal to 100% of the Participating Contributions on the first 6% of their contributions subject to contractual weekly and annual maximums. For employees covered under the final average pay formula in the Retirement Plan, the Company's match is 50% of the Participating Contributions made by the participant on the first 6% of their contributions. Refer to the Local 1-2 Collective Bargaining Agreement for a more complete description of the Plan's provisions.

Local 3 Participants: Effective January 1, 2018, Local 3 employee contributions will be based on a percentage of the employee's gross pay. Each employee may contribute a minimum of 1% up to a maximum of 50% of his or her gross pay. Local 3 participants who are covered under the cash balance pension formula of the Retirement Plan receive an employer matching contribution equal to 75% of the Participating Contributions made by the participant on the first 6% of their contributions subject to contractual weekly and annual maximums. For employees covered under the final average pay formula in the Retirement Plan, the Company's match is 50% of the Participating Contributions made by the participant on the first 6% of their contributions subject to contractual weekly and annual maximums. The Company match is 100% of Participating Contributions for participants covered under

the DCPF (see below) on the first 6% of their contributions subject to contractual weekly and annual maximums. Refer to the Local 3 Collective Bargaining Agreement for a more complete description of the Plan's provisions.

O&R Hourly Participants: An O&R Hourly participant can contribute from 2% to 50% of his or her regular compensation, of which the first 6% receives a 50% employer matching contribution. O&R Hourly Participants covered under the cash balance pension formula of the Retirement Plan and the DCPF (see below) can contribute from 2% to 50% of his or her regular compensation, of which the first 4% receives a 100% employer matching contribution. Refer to the O&R Hourly Collective Bargaining Agreement for a more complete description of the Plan's provisions.

Direct Contribution Formula: Certain CEB Employees are covered under a Direct Contribution formula (DCF). These participants are not covered by the Retirement Plan or the DCPF. Instead, the Company will contribute to the Thrift Savings Plan, each pay period, an amount equal to 3% of compensation on behalf of each participant.

Defined Contribution Pension Formula: Certain Local 3, Local 1-2 and Local 503 Employees are covered under the DCPF. These participants are not covered by the Retirement Plan. Instead, the Company will contribute to the Thrift Savings Plan, at the end of each calendar quarter, an amount equal to a compensation credit that is based on a participant's age and service and that ranges from 4% to 7% of compensation on behalf of each participant.

Beginning January 1, 2017, each full-time and some part-time employees hired by and on the management payroll of CECONY, O&R, or CET ("Management Employee") are automatically covered under the DCPF.

Additionally, on or after July 1, 2017, each Management Employee and Local 1-2 who is covered under the cash balance pension formula in the Retirement Plan ("Cash Balance Participant") is given a "Pension Choice," as here explained. A Pension Choice means that for a certain period, each Cash Balance Participant has a choice between remaining in the Retirement Plan for future pension accruals or transferring out of the Retirement Plan and into the DCPF in the Thrift Savings Plan for future accruals. The window for Local 1-2 to switch closed on June 20, 2020. The window for management employees to switch is closed on December 31, 2021. O&R Hourly Participants have a Pension Choice period that began June 2020 and will end on May 31, 2023. Members have a choice to begin participation in the DCPF beginning with the first quarter following their Pension Choice election. Those who do not exercise a choice during this period will remain covered under the cash balance pension formula in the Retirement Plan.

Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Employee Stock Ownership Plan ("ESOP")

The Thrift Savings Plan provides for a separate Employee Stock Ownership Plan ("ESOP") and a separate ESOP Trust Fund, which are components within the Thrift Savings Plan's Trust Fund. Each participant who receives an employer contribution is eligible to participate in the ESOP. Only employer matching contributions and dividends issued on shares held in the ESOP Trust Fund will be contributed to the ESOP. Participants are permitted to transfer assets from their ESOP accounts to their Thrift Savings Plan accounts. Employer contributions made into the DCPF may not be invested in the ESOP.

Vesting

Pre-tax, after-tax, and Roth 401(k) after-tax contributions by participants and earnings on such contributions are 100% vested at all times. CEI Employees, with the exception of Local 503 employees who are immediately vested in both 401(k) employer and DCPF contributions, become 100% vested in employer's contributions and earnings thereon after completing three years of service. Participants who have less than three years of service become fully vested for all employer contributions and earnings upon reaching age 65, termination of employment due to retirement or death, or termination of employment for reasons other than cause. Participants who terminate employment voluntarily other than by reason of retirement, or who are terminated for cause, forfeit the non-vested portion of employer contributions and the earnings (see Note 7, "Forfeitures"). O&R Hourly Employees and O&R Management Employees are immediately 100% vested in employer's matching contributions and earnings.

Each participant covered under the DCPF becomes 100% vested in employer's contributions and earnings thereon after completing three years of service.

Diversification

To provide diversification, the Thrift Savings Plan offers options among three primary asset classes - cash equivalents, fixed income and equity. Participants also have access to target date retirement funds, which have allocations based on projected retirement age, and a brokerage window to purchase investments not offered by the Plan.

Participant Accounts

Each participant's account is credited with his or her contributions, and employer's matching contributions and earnings, if any, attributable to the investment funds in which his or her account is invested, including an allocation of administrative expenses. The benefit to which a participant is entitled is his or her vested account balance.

Additionally, each participant who is covered under the DCPF will have an individual account into which the employer's compensation credit will be deposited.

The Thrift Savings Plan is intended to be operated and administered as an ERISA Section 404(c) Plan which means that each participant controls and is responsible for the investment selection of his or her account. The Named Fiduciary Committee is responsible for the investment fund selections and the appointment of the investment fund managers. Each participant elects to invest in the funds available, and subject to the investment fund's restrictions, has the right to transfer his or her account balance from one fund to another and change asset allocations on future contributions. However, only employer matching contributions may be invested in the Consolidated Edison Stock Fund.

Payment of Benefits

Upon termination of employment for any reason, a participant's vested account balance, if less than or equal to $1,000, will be distributed to the participant or designated beneficiary as soon as practicable. However, if the value of a participant's vested account is greater than $1,000, the participant's account will not be distributed until the earlier of attainment of age 70.5 or when the participant elects to receive such distribution in accordance with the terms of the Thrift Savings Plan.

Notes Receivable from Participants

The Thrift Savings Plan permits a participant to borrow from his or her account, other than the defined contribution pension formula account ("DCPF Account"), upon the terms and conditions set forth in the Thrift Savings Plan. The minimum amount of any loan is $500. The maximum amount a participant may borrow is equal to the lesser of 50% of his or her vested balance or $50,000 reduced by any principal repaid during the 12 months before the new loan.

Repayment will be made by level payments and shall be made by payroll deductions. Loans are secured by a portion of the participant's vested Thrift Savings Plan account balance and bear a fixed rate of interest. These rates are commensurate with local prevailing rates [prime rate (7.50% at December 31, 2022) plus 0.5%].

Plan Termination

The Thrift Savings Plan is subject to certain provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") but is not subject to the minimum funding requirements of ERISA, and benefits under the Thrift Savings Plan are not guaranteed by the Pension Benefit Guaranty Corporation. The Thrift Savings Plan covers both represented (union) employees and non-represented (management) employees. Although it has not expressed any intent to do so, solely as to the Management Employees, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. As to the union employees, in accordance with the Company's collective bargaining agreements, the Company must negotiate any action to discontinue or terminate the Thrift Savings Plan. In the event of termination of the Thrift Savings Plan, the rights of all participants to the entire amounts in their accounts become 100% vested and the

Trustee must distribute the assets to the participants and beneficiaries in accordance with the Thrift Savings Plan document.

2. Summary of Significant Accounting Policies

Accounting Basis

The Thrift Savings Plan's financial statements are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Thrift Savings Plan. The Plan's valuation policies and procedures are approved by management of the Plan Sponsor. See Note 6 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 includes the Thrift Savings Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions are recorded on an accrual basis.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Investment expenses and fees associated with each fund's operational and transactional fees as reported in the prospectus or trust document of each fund are reflected in the net asset value of the respective funds. The Thrift Savings Plan has payables of $412,229 and $418,523 in administrative expenses for the years ended December 31, 2022 and 2021, respectively.

Subsequent Events

The Thrift Savings Plan has evaluated subsequent events through October 10, 2023, which is the date the financial statements were available to be issued.

3. Risks and Uncertainties

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

4. Transactions with Parties-in-Interest

The Thrift Savings Plan invests in a unitized stock fund, which consists of a short-term investment fund component and common shares of the ultimate parent of the Thrift Savings Plan Sponsor, CEI. The unit values of the Consolidated Edison Stock Fund are recorded and maintained by an affiliate of Vanguard, the Trustee of the Thrift Savings Plan. During the year ended December 31, 2022, the Thrift Savings Plan purchased units in the Consolidated Edison Stock Fund for approximately $48,000, sold units in the Consolidated Edison Stock Fund for approximately $5,000,000 and had a net appreciation in the fair value of the investments of approximately $1,000,000. During the year ended December 31, 2021, the Thrift Savings Plan purchased units in the Consolidated Edison Stock Fund for approximately $3,500,000, sold units in the Consolidated Edison Stock Fund for approximately $7,600,000 and had a net appreciation in the fair value of the investments of approximately $9,100,000. The total value of the Thrift Savings Plan's investment in the Consolidated Edison Stock Fund was approximately $60,400,000 and $58,500,000 at December 31, 2022 and 2021, respectively.

5. Investment Contracts

The Thrift Savings Plan has entered into various benefit-responsive guaranteed investment contracts ("GICs") with various insurance companies and other financial institutions ("Issuers" or "Issuer") under the Fixed Income Fund investment option. There are two types of GICs within the Fixed Income Fund: Traditional GICs and Synthetic GICs.

The following represents the disaggregation of contract value between types of investment contracts held by the Plan:

	2022	2021
Synthetic investment contracts	$877,026,940	$889,172,085
Traditional investment contracts	40,295,173	31,480,975
Total	**$917,322,113**	**$920,653,060**

As described in Note 2, because the Traditional GICs and Synthetic GICs are fully benefit-responsive, contract value is the relevant measure for that portion of the net assets available for benefits attributable to the Traditional GICs and Synthetic GICs. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment in the Fixed Income Fund at contract value.

Traditional GICs
The Issuer of a Traditional GIC takes a deposit from the fund and purchases investments which are held in the respective Issuer's general account. The Issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Thrift Savings Plan.

Synthetic GICs
A Synthetic GIC is a wrap contract paired with an underlying investment or investments, usually a portfolio, owned by the Thrift Savings Plan, of high-quality, short and intermediate term fixed income securities. The Thrift Savings Plan purchases a benefit-responsive wrap agreement from a financial services institution. Synthetic GICs provide for a variable crediting rate, which typically resets at least quarterly, and the Issuer of the wrapper contract provides assurance that future adjustments to the crediting rate cannot result in a crediting rate less than zero. The crediting rate is primarily based on the current yield-to-maturity of the covered investments, plus or minus amortization of the difference between the market value and contract value of the covered investments over the duration of the covered investments at the time of computation.

The terms of an investment contract generally provide for settlement of benefit payments at contract value for qualified participant activity. Contract termination also may occur by either party upon election and notice.

Certain events limit the ability of the Thrift Savings Plan to transact at contract value with the Issuers. Such events include, but are not limited to, the following: (i) amendments to the Thrift Savings Plan documents (including complete or partial Plan termination or merger with another plan), (ii) changes to the Thrift Savings Plan's prohibition on competing investment options or deletion of equity wash provisions, (iii) bankruptcy of the Plan Sponsor or other Plan Sponsor events (e.g., divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Thrift Savings Plan's ability to transact at contract value with participants, is probable.

There are no reserves against contract value for credit risk of the contract Issuer or otherwise.

6. Investments

Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

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.

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

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

Investment Valuation

Following is a description of the valuation methodologies used for assets at fair value. There have been no material changes in the methodologies used at December 31, 2022 and 2021.

Common collective trusts: Valued at the net asset value ("NAV") of units of a bank collective trust. 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 liquidations will be carried out in an orderly business manner.

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 NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stocks: Common stock shares are valued at the last reported sales price on the last business day of the year as reported on the New York Stock Exchange.

Self-directed brokerage accounts: Consist of mutual funds and common stocks that are valued on the basis noted above.

The use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following table sets forth by level, within the fair value hierarchy, the Thrift Savings Plan's assets at the fair value as of December 31, 2022:

	Fair Value Measurements at December 31, 2022		
Asset Category	**Total**	**Level I**	**Level II**
Mutual funds	$546,853,049	$546,853,049	$ -
Consolidated Edison common stock	60,133,003	60,133,003	-
Self-directed brokerage accounts	103,740,851	103,740,851	-
Common collective trusts	3,161,137,534	-	3,161,137,534
Total investments at fair value	**$3,871,864,437**	**$710,726,903**	**$3,161,137,534**

The following table sets forth by level, within the fair value hierarchy, the Thrift Savings Plan's assets at the fair value as of December 31, 2021:

	Fair Value Measurements at December 31, 2021		
Asset Category	**Total**	**Level I**	**Level II**
Mutual funds	$648,490,100	$648,490,100	$ -
Consolidated Edison common stock	58,518,351	58,518,351	-
Self-directed brokerage accounts	139,746,925	139,746,925	-
Common collective trusts	3,890,292,435	-	3,890,292,435
Total investments at fair value	**$4,737,047,811**	**$846,755,376**	**$3,890,292,435**

There were no transfers in/out of level 3 during 2022.

Unrealized gains/(losses) from the guaranteed investment contract are not included in the statements of changes in net assets available for benefits as the contract is recorded at contract value for purposes of the net assets available for benefits.

7. Forfeitures

As provided in the Thrift Savings Plan, forfeitures of a participant's employer matching contribution and earnings thereon during any calendar month are applied as an offset to future employer contributions payable. The forfeitures account balances as of December 31, 2022 and 2021 were approximately $314,000 and $1,379,000, respectively. Employer contributions were reduced by approximately $1,780,000 and $1,676,000 for 2022 and 2021, respectively, from forfeited non-vested accounts.

8. Tax Status

IRS has determined and informed CECONY by a letter dated December 5, 2017 that the Thrift Savings Plan and related trust are designed in accordance with applicable sections of the Code. The Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Code.

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

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Cost of Asset [A]	Current Value
Guaranteed Insurance Contracts		
GAC-38223 MET38223 1.050%, 5/24/2024		$6,915,193
GAC-38246 MET38246 0.090%, 7/5/2024		4,888,850
GAC-39356 MET39356 1.500%, 12/6/2024		2,445,437
GIC 39356E MET39356E 2.550%, 3/7/2025		3,042,317
GIC GA-34409-003 NYL09003 2.500%, 3/11/2025		4,938,917
GIC GA-34409-004 NYL09004 3.400%, 4/7/2025		4,909,496
GIC GAC-39356A MET39356A 1.950%, 1/17/2025		4,420,184
GIC GAC-39356B MET39356B 2.100%, 2/4/2025		2,409,995
GIC GAC-39356C MET39356C 2.520%, 2/14/2025		1,543,099
GIC GAC-39356D		1,538,516

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Cost of Asset [A]	Current Value
MET39356D 2.220%, 5/15/2024		
NEW YORK LIFE Contract #GA-34409-002 3.050%, 3/15/2023		3,243,168
Total – Guaranteed Insurance Contracts		**$40,295,173**

[A] Cost not required

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Cost of Asset [A]	Current Value
Guaranteed Synthetic Contracts		
American General #AG1644135 2.479% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		$70,309,476
Lincoln National BVW0068V 2.572% Instl Intermediate-Term Bond Fund		70,352,785
JP Morgan Chase #ACEDW02 2.307% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		88,345,698
Mass Mutual #30045 2.370% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		67,801,180
Monumental Con Edison Syn 2.780% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		70,320,819
Met Life #38043 2.326% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		62,319,473
NWL Con Edison 2.331% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		78,508,926

[A] Cost not required

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Cost of Asset [A]	Current Value
NY GA-29704 2.090% Instl Intermediate-Term Bond Fund		$87,068,970
Pac Life GAC-027823 2.490% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		80,044,548
Prudential GA-62351 2.511% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		88,078,277
State Street Bank Contract #98282 2.744% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		91,385,815
Total – Guaranteed Synthetic Contracts		**$877,026,940**

[A] Cost not required

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Shares	Cost of Asset [A]	Current Value
Mutual Funds			
* Vanguard Federal Money Market Fund			$34,182,952
* Transamerica High Yield Bond Fund	1,782,476		13,832,016
* Transamerica International Equity Fund	271,765		4,932,535
* Vanguard Emerging Markets Select Stock Fund	526,499		10,145,644
* Vanguard PRIMECAP Fund	3,697,057		483,759,902
Total – Mutual Funds			**$546,853,049**
Common Collective Trusts			
* Vanguard Institutional 500 Index Trust	6,737,730		$1,159,226,480
* Fidelity OTC Comingled Pool	6,330,617		163,202,807
* Vanguard Institutional Extended Market Trust	1,900,015		262,715,093
* Vanguard Institutional Total Bond Market Index Trust	2,924,006		295,909,419
* Vanguard Institutional Total International Stock Market Index Trust	2,575,290		296,544,689
* Vanguard Target Retirement 2020 Trust Plus	1,460,815		88,759,141
* Vanguard Target Retirement 2025 Trust Plus	1,938,905		125,796,142
* Vanguard Target Retirement 2030 Trust Plus	1,769,637		121,786,392
* Vanguard Target Retirement 2035 Trust Plus	1,403,059		102,633,791

*Denotes a party-in-interest

[A] Cost not required

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Shares	Cost of Asset [A]	Current Value
* Vanguard Target Retirement 2040 Trust Plus	1,160,043		$88,940,534
* Vanguard Target Retirement 2045 Trust Plus	1,585,260		124,680,727
* Vanguard Target Retirement 2050 Trust Plus	1,259,703		55,536,854
* Vanguard Target Retirement 2055 Trust Plus	705,140		99,340,146
* Vanguard Target Retirement 2060 Trust Plus	644,116		30,556,842
* Vanguard Target Retirement 2065 Trust Plus	165,466		4,848,161
* Vanguard Target Retirement 2070 Trust Plus	3,487		61,899
* Vanguard Target Retirement Income Trust Plus	2,461,365		116,841,034
* Western Asset Core Bond CIF	2,366,273		23,757,383
Total – Common Collective Trusts			**$3,161,137,534**
* Brokerage Accounts			$103,740,851
* Consolidated Edison Common Stock	1,898,049		60,133,003
* Notes Receivable from Participants 3.75% to 10.00%			76,712,613
Total Assets Held at End of Year			**$4,865,899,163**

*Denotes a party-in-interest
[A] Cost not required

See Independent Auditor's Report.

The Consolidated Edison Thrift Savings Plan

Financial Statements
(With Supplementary Information)
And Independent Auditor's Report
December 31, 2022 and 2021

The Consolidated Edison Thrift Savings Plan
Table of Contents
December 31, 2022 and 2021

	Page
Financial Statements:	
Independent Auditor's Report	1-3
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-16
Supplemental Schedule:	
Schedule of Assets (Held at End of Year)(Schedule H, Line 4i)	17-22

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

Independent Auditor's Report

To the Plan Administrator
The Consolidated Edison Thrift Savings Plan

Opinion

We have audited the financial statements of The Consolidated Edison Thrift Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2022 and Schedule of Reportable Transactions (Schedule H, Line 4j) for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and is derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



New York, New York
October 10, 2023

The Consolidated Edison Thrift Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	2022	2021
Assets		
Investments, at fair value	$3,871,864,437	$4,737,047,811
Investments, at contract value	917,322,113	920,653,060
Total investments	4,789,186,550	5,657,700,871
Receivables		
Employee contributions	1,744	164,154
Employer contributions	5,515,087	1,340,462
Notes receivable from participants	76,712,613	76,752,646
Total receivables	82,229,444	78,257,262
Total assets	4,871,415,994	5,735,958,133
Liabilities		
Payable for securities purchased	1,789,243	1,195,267
Administrative expenses payable	412,229	418,523
Total liabilities	2,201,472	1,613,790
Net assets available for benefits	$4,869,214,522	$5,734,344,343

The accompanying notes are an integral part of these financial statements.

The Consolidated Edison Thrift Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years ended December 31, 2022 and 2021

	2022	2021
Investment income/(loss)		
Net appreciation/(depreciation) in fair value of investments	$(898,202,008)	$628,227,081
Interest	19,100,821	16,308,855
Dividends	46,646,605	59,003,325
Total investment income/(loss)	(832,454,582)	703,539,261
Interest income on notes receivable from participants	3,308,765	3,486,021
Employee contributions	188,320,410	176,138,418
Employer contributions	70,163,864	67,209,499
Rollover contributions	46,127,854	83,539,033
Total contributions	304,612,128	326,886,950
Benefits paid to participants	(336,537,499)	(358,400,157)
Administrative expenses	(4,058,633)	(3,666,833)
Increase/(decrease) in net assets	(865,129,821)	671,845,242
Net assets available for benefits:		
Beginning of year	5,734,344,343	5,062,499,101
End of year	$4,869,214,522	$5,734,344,343

The accompanying notes are an integral part of these financial statements.

1. Description of the Thrift Savings Plan

The following description of The Consolidated Edison Thrift Savings Plan (the "Thrift Savings Plan") provides only general information. Participants should refer to the Thrift Savings Plan document for a more complete description of the Thrift Savings Plan's provisions.

General

The Thrift Savings Plan is a defined contribution plan. Other than a small number of employees in certain unregulated affiliated companies, all full-time and part-time eligible collectively bargained and non-collectively bargained employees in the Consolidated Edison, Inc. ("CEI") Controlled Group are eligible to participate. The eligible groups are the employees on the management payroll of Consolidated Edison Company of New York, Inc. ("CECONY Management Employees"), employees on the management payroll of Orange and Rockland Utilities, Inc. ("O&R Management Employees"), employees on the payroll of Con Edison Clean Energy Business, Inc. ("CEB Employees"), employees on the payroll of Con Edison Transmission, Inc. ("CET Employees"), weekly employees who are members of Local 1-2, Utility Workers Union of America, AFL-CIO ("Local 1-2" or "CECONY Weekly Employees"), or Local 3, International Brotherhood of Electrical Workers, AFL-CIO ("Local 3" or "CECONY Weekly Employees"), O&R hourly employees who are members of Local 503, International Brotherhood of Electrical Workers, and AFL-CIO ("O&R Hourly Employees"). Once each eligible employee in an eligible group meets the service requirement, if any, he or she is referred to as a participant.

Thrift Savings Plan Administration

Vanguard Fiduciary Trust Company ("Vanguard" or the "Trustee") is the recordkeeper and trustee for the Thrift Savings Plan. Vanguard, Fidelity Institutional Asset Management, Transamerica Asset Management, Inc. and Western Asset Management Company, LLC serve as investment managers for the Thrift Savings Plan.

Contributions

Pursuant to Sections 401(k) and (m) of the Internal Revenue Code of 1986, as amended (the "Code"), the Thrift Savings Plan permits participants to invest a portion of their compensation on a pre-tax basis and/or after-tax basis. CECONY Management, O&R Management, CET, CEB, Local 1-2 participants, Local 3 participants, and O&R Hourly Employees may also contribute to the Plan on a Roth 401(k) after-tax basis. The contributions to the Thrift Savings Plan are held in a trust fund maintained by the Trustee. The Trustee maintains a separate account for each participant that is updated daily.

Participants may contribute rolled over amounts representing distributions from other qualified defined benefit or defined contribution plans. Each participant who has attained age

50 before the end of Plan year is eligible to make a catch-up contribution, which is a pre-tax contribution to the Thrift Savings Plan that exceeds the otherwise annual pre-tax dollar limit.

Beginning in July 2013, CECONY and O&R have adopted a defined contribution pension formula ("DCPF") that provides an employer compensation credit to a participant in an amount based on a point system. Based on an employee's age and years of credited service, he or she receives a credit between 4% and 7% of his or her compensation. Employees who are covered under the DCPF and whose compensation exceeds the annual social security taxable wage base receive an additional flat 4% compensation credit on the excess compensation.

CECONY Management, O&R Management, CET, and CEB Employees under the Code Section 401(k) Formula: Each CECONY Management, O&R Management, CET, and CEB. Employee may choose to contribute from 1% to 50% of his or her regular compensation. CECONY Management, O&R Management, CET and CEB Employees who are covered under the career average or final average pension formulas in the Consolidated Edison Retirement Plan ("Retirement Plan") receive a match of up to 3% of compensation (50% match on up to 6% of employee contributions). CECONY Management, O&R Management, CET and CEB Employees who are covered under the cash balance pension formula in the Retirement Plan or the defined contribution pension plan in the Thrift Savings Plan, receive an employer matching contribution of up to 6% of compensation (100% on the first 4% of employee contributions, plus an additional 50% on the next 4% of employee contributions).

Local 1-2 Participants: Effective January 1, 2018, Local 1-2 employee contributions will be based on a percentage of the employee's straight-time pay, including premium pay. Each employee may contribute up to, but no more than, 50% of his or her straight-time pay. Local 1-2 participants who are covered under the cash balance pension formula of the Retirement Plan or the DCPF (see below) receive an employer matching contribution equal to 100% of the Participating Contributions on the first 6% of their contributions subject to contractual weekly and annual maximums. For employees covered under the final average pay formula in the Retirement Plan, the Company's match is 50% of the Participating Contributions made by the participant on the first 6% of their contributions. Refer to the Local 1-2 Collective Bargaining Agreement for a more complete description of the Plan's provisions.

Local 3 Participants: Effective January 1, 2018, Local 3 employee contributions will be based on a percentage of the employee's gross pay. Each employee may contribute a minimum of 1% up to a maximum of 50% of his or her gross pay. Local 3 participants who are covered under the cash balance pension formula of the Retirement Plan receive an employer matching contribution equal to 75% of the Participating Contributions made by the participant on the first 6% of their contributions subject to contractual weekly and annual maximums. For employees covered under the final average pay formula in the Retirement Plan, the Company's match is 50% of the Participating Contributions made by the participant on the first 6% of their contributions subject to contractual weekly and annual maximums. The Company match is 100% of Participating Contributions for participants covered under

the DCPF (see below) on the first 6% of their contributions subject to contractual weekly and annual maximums. Refer to the Local 3 Collective Bargaining Agreement for a more complete description of the Plan's provisions.

O&R Hourly Participants: An O&R Hourly participant can contribute from 2% to 50% of his or her regular compensation, of which the first 6% receives a 50% employer matching contribution. O&R Hourly Participants covered under the cash balance pension formula of the Retirement Plan and the DCPF (see below) can contribute from 2% to 50% of his or her regular compensation, of which the first 4% receives a 100% employer matching contribution. Refer to the O&R Hourly Collective Bargaining Agreement for a more complete description of the Plan's provisions.

Direct Contribution Formula: Certain CEB Employees are covered under a Direct Contribution formula (DCF). These participants are not covered by the Retirement Plan or the DCPF. Instead, the Company will contribute to the Thrift Savings Plan, each pay period, an amount equal to 3% of compensation on behalf of each participant.

Defined Contribution Pension Formula: Certain Local 3, Local 1-2 and Local 503 Employees are covered under the DCPF. These participants are not covered by the Retirement Plan. Instead, the Company will contribute to the Thrift Savings Plan, at the end of each calendar quarter, an amount equal to a compensation credit that is based on a participant's age and service and that ranges from 4% to 7% of compensation on behalf of each participant.

Beginning January 1, 2017, each full-time and some part-time employees hired by and on the management payroll of CECONY, O&R, or CET ("Management Employee") are automatically covered under the DCPF.

Additionally, on or after July 1, 2017, each Management Employee and Local 1-2 who is covered under the cash balance pension formula in the Retirement Plan ("Cash Balance Participant") is given a "Pension Choice," as here explained. A Pension Choice means that for a certain period, each Cash Balance Participant has a choice between remaining in the Retirement Plan for future pension accruals or transferring out of the Retirement Plan and into the DCPF in the Thrift Savings Plan for future accruals. The window for Local 1-2 to switch closed on June 20, 2020. The window for management employees to switch is closed on December 31, 2021. O&R Hourly Participants have a Pension Choice period that began June 2020 and will end on May 31, 2023. Members have a choice to begin participation in the DCPF beginning with the first quarter following their Pension Choice election. Those who do not exercise a choice during this period will remain covered under the cash balance pension formula in the Retirement Plan.

Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Employee Stock Ownership Plan ("ESOP")

The Thrift Savings Plan provides for a separate Employee Stock Ownership Plan ("ESOP") and a separate ESOP Trust Fund, which are components within the Thrift Savings Plan's Trust Fund. Each participant who receives an employer contribution is eligible to participate in the ESOP. Only employer matching contributions and dividends issued on shares held in the ESOP Trust Fund will be contributed to the ESOP. Participants are permitted to transfer assets from their ESOP accounts to their Thrift Savings Plan accounts. Employer contributions made into the DCPF may not be invested in the ESOP.

Vesting

Pre-tax, after-tax, and Roth 401(k) after-tax contributions by participants and earnings on such contributions are 100% vested at all times. CEI Employees, with the exception of Local 503 employees who are immediately vested in both 401(k) employer and DCPF contributions, become 100% vested in employer's contributions and earnings thereon after completing three years of service. Participants who have less than three years of service become fully vested for all employer contributions and earnings upon reaching age 65, termination of employment due to retirement or death, or termination of employment for reasons other than cause. Participants who terminate employment voluntarily other than by reason of retirement, or who are terminated for cause, forfeit the non-vested portion of employer contributions and the earnings (see Note 7, "Forfeitures"). O&R Hourly Employees and O&R Management Employees are immediately 100% vested in employer's matching contributions and earnings.

Each participant covered under the DCPF becomes 100% vested in employer's contributions and earnings thereon after completing three years of service.

Diversification

To provide diversification, the Thrift Savings Plan offers options among three primary asset classes - cash equivalents, fixed income and equity. Participants also have access to target date retirement funds, which have allocations based on projected retirement age, and a brokerage window to purchase investments not offered by the Plan.

Participant Accounts

Each participant's account is credited with his or her contributions, and employer's matching contributions and earnings, if any, attributable to the investment funds in which his or her account is invested, including an allocation of administrative expenses. The benefit to which a participant is entitled is his or her vested account balance.

Additionally, each participant who is covered under the DCPF will have an individual account into which the employer's compensation credit will be deposited.

The Thrift Savings Plan is intended to be operated and administered as an ERISA Section 404(c) Plan which means that each participant controls and is responsible for the investment selection of his or her account. The Named Fiduciary Committee is responsible for the investment fund selections and the appointment of the investment fund managers. Each participant elects to invest in the funds available, and subject to the investment fund's restrictions, has the right to transfer his or her account balance from one fund to another and change asset allocations on future contributions. However, only employer matching contributions may be invested in the Consolidated Edison Stock Fund.

Payment of Benefits

Upon termination of employment for any reason, a participant's vested account balance, if less than or equal to $1,000, will be distributed to the participant or designated beneficiary as soon as practicable. However, if the value of a participant's vested account is greater than $1,000, the participant's account will not be distributed until the earlier of attainment of age 70.5 or when the participant elects to receive such distribution in accordance with the terms of the Thrift Savings Plan.

Notes Receivable from Participants

The Thrift Savings Plan permits a participant to borrow from his or her account, other than the defined contribution pension formula account ("DCPF Account"), upon the terms and conditions set forth in the Thrift Savings Plan. The minimum amount of any loan is $500. The maximum amount a participant may borrow is equal to the lesser of 50% of his or her vested balance or $50,000 reduced by any principal repaid during the 12 months before the new loan.

Repayment will be made by level payments and shall be made by payroll deductions. Loans are secured by a portion of the participant's vested Thrift Savings Plan account balance and bear a fixed rate of interest. These rates are commensurate with local prevailing rates [prime rate (7.50% at December 31, 2022) plus 0.5%].

Plan Termination

The Thrift Savings Plan is subject to certain provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") but is not subject to the minimum funding requirements of ERISA, and benefits under the Thrift Savings Plan are not guaranteed by the Pension Benefit Guaranty Corporation. The Thrift Savings Plan covers both represented (union) employees and non-represented (management) employees. Although it has not expressed any intent to do so, solely as to the Management Employees, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. As to the union employees, in accordance with the Company's collective bargaining agreements, the Company must negotiate any action to discontinue or terminate the Thrift Savings Plan. In the event of termination of the Thrift Savings Plan, the rights of all participants to the entire amounts in their accounts become 100% vested and the

Trustee must distribute the assets to the participants and beneficiaries in accordance with the Thrift Savings Plan document.

2. Summary of Significant Accounting Policies

Accounting Basis

The Thrift Savings Plan's financial statements are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Thrift Savings Plan. The Plan's valuation policies and procedures are approved by management of the Plan Sponsor. See Note 6 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 includes the Thrift Savings Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions are recorded on an accrual basis.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Investment expenses and fees associated with each fund's operational and transactional fees as reported in the prospectus or trust document of each fund are reflected in the net asset value of the respective funds. The Thrift Savings Plan has payables of $412,229 and $418,523 in administrative expenses for the years ended December 31, 2022 and 2021, respectively.

Subsequent Events

The Thrift Savings Plan has evaluated subsequent events through October 10, 2023, which is the date the financial statements were available to be issued.

3. Risks and Uncertainties

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

4. Transactions with Parties-in-Interest

The Thrift Savings Plan invests in a unitized stock fund, which consists of a short-term investment fund component and common shares of the ultimate parent of the Thrift Savings Plan Sponsor, CEI. The unit values of the Consolidated Edison Stock Fund are recorded and maintained by an affiliate of Vanguard, the Trustee of the Thrift Savings Plan. During the year ended December 31, 2022, the Thrift Savings Plan purchased units in the Consolidated Edison Stock Fund for approximately $48,000, sold units in the Consolidated Edison Stock Fund for approximately $5,000,000 and had a net appreciation in the fair value of the investments of approximately $1,000,000. During the year ended December 31, 2021, the Thrift Savings Plan purchased units in the Consolidated Edison Stock Fund for approximately $3,500,000, sold units in the Consolidated Edison Stock Fund for approximately $7,600,000 and had a net appreciation in the fair value of the investments of approximately $9,100,000. The total value of the Thrift Savings Plan's investment in the Consolidated Edison Stock Fund was approximately $60,400,000 and $58,500,000 at December 31, 2022 and 2021, respectively.

5. Investment Contracts

The Thrift Savings Plan has entered into various benefit-responsive guaranteed investment contracts ("GICs") with various insurance companies and other financial institutions ("Issuers" or "Issuer") under the Fixed Income Fund investment option. There are two types of GICs within the Fixed Income Fund: Traditional GICs and Synthetic GICs.

The following represents the disaggregation of contract value between types of investment contracts held by the Plan:

	2022	2021
Synthetic investment contracts	$877,026,940	$889,172,085
Traditional investment contracts	40,295,173	31,480,975
Total	**$917,322,113**	**$920,653,060**

As described in Note 2, because the Traditional GICs and Synthetic GICs are fully benefit-responsive, contract value is the relevant measure for that portion of the net assets available for benefits attributable to the Traditional GICs and Synthetic GICs. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment in the Fixed Income Fund at contract value.

Traditional GICs
The Issuer of a Traditional GIC takes a deposit from the fund and purchases investments which are held in the respective Issuer's general account. The Issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Thrift Savings Plan.

Synthetic GICs
A Synthetic GIC is a wrap contract paired with an underlying investment or investments, usually a portfolio, owned by the Thrift Savings Plan, of high-quality, short and intermediate term fixed income securities. The Thrift Savings Plan purchases a benefit-responsive wrap agreement from a financial services institution. Synthetic GICs provide for a variable crediting rate, which typically resets at least quarterly, and the Issuer of the wrapper contract provides assurance that future adjustments to the crediting rate cannot result in a crediting rate less than zero. The crediting rate is primarily based on the current yield-to-maturity of the covered investments, plus or minus amortization of the difference between the market value and contract value of the covered investments over the duration of the covered investments at the time of computation.

The terms of an investment contract generally provide for settlement of benefit payments at contract value for qualified participant activity. Contract termination also may occur by either party upon election and notice.

Certain events limit the ability of the Thrift Savings Plan to transact at contract value with the Issuers. Such events include, but are not limited to, the following: (i) amendments to the Thrift Savings Plan documents (including complete or partial Plan termination or merger with another plan), (ii) changes to the Thrift Savings Plan's prohibition on competing investment options or deletion of equity wash provisions, (iii) bankruptcy of the Plan Sponsor or other Plan Sponsor events (e.g., divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Thrift Savings Plan's ability to transact at contract value with participants, is probable.

There are no reserves against contract value for credit risk of the contract Issuer or otherwise.

6. Investments

Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

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.

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

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

Investment Valuation

Following is a description of the valuation methodologies used for assets at fair value. There have been no material changes in the methodologies used at December 31, 2022 and 2021.

Common collective trusts: Valued at the net asset value ("NAV") of units of a bank collective trust. 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 liquidations will be carried out in an orderly business manner.

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 NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stocks: Common stock shares are valued at the last reported sales price on the last business day of the year as reported on the New York Stock Exchange.

Self-directed brokerage accounts: Consist of mutual funds and common stocks that are valued on the basis noted above.

The use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following table sets forth by level, within the fair value hierarchy, the Thrift Savings Plan's assets at the fair value as of December 31, 2022:

	Fair Value Measurements at December 31, 2022		
Asset Category	**Total**	**Level I**	**Level II**
Mutual funds	$546,853,049	$546,853,049	$ -
Consolidated Edison common stock	60,133,003	60,133,003	-
Self-directed brokerage accounts	103,740,851	103,740,851	-
Common collective trusts	3,161,137,534	-	3,161,137,534
Total investments at fair value	**$3,871,864,437**	**$710,726,903**	**$3,161,137,534**

The following table sets forth by level, within the fair value hierarchy, the Thrift Savings Plan's assets at the fair value as of December 31, 2021:

	Fair Value Measurements at December 31, 2021		
Asset Category	**Total**	**Level I**	**Level II**
Mutual funds	$648,490,100	$648,490,100	$ -
Consolidated Edison common stock	58,518,351	58,518,351	-
Self-directed brokerage accounts	139,746,925	139,746,925	-
Common collective trusts	3,890,292,435	-	3,890,292,435
Total investments at fair value	**$4,737,047,811**	**$846,755,376**	**$3,890,292,435**

There were no transfers in/out of level 3 during 2022.

Unrealized gains/(losses) from the guaranteed investment contract are not included in the statements of changes in net assets available for benefits as the contract is recorded at contract value for purposes of the net assets available for benefits.

7. Forfeitures

As provided in the Thrift Savings Plan, forfeitures of a participant's employer matching contribution and earnings thereon during any calendar month are applied as an offset to future employer contributions payable. The forfeitures account balances as of December 31, 2022 and 2021 were approximately $314,000 and $1,379,000, respectively. Employer contributions were reduced by approximately $1,780,000 and $1,676,000 for 2022 and 2021, respectively, from forfeited non-vested accounts.

8. Tax Status

IRS has determined and informed CECONY by a letter dated December 5, 2017 that the Thrift Savings Plan and related trust are designed in accordance with applicable sections of the Code. The Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Code.

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

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Cost of Asset [A]	Current Value
Guaranteed Insurance Contracts		
GAC-38223 MET38223 1.050%, 5/24/2024		$6,915,193
GAC-38246 MET38246 0.090%, 7/5/2024		4,888,850
GAC-39356 MET39356 1.500%, 12/6/2024		2,445,437
GIC 39356E MET39356E 2.550%, 3/7/2025		3,042,317
GIC GA-34409-003 NYL09003 2.500%, 3/11/2025		4,938,917
GIC GA-34409-004 NYL09004 3.400%, 4/7/2025		4,909,496
GIC GAC-39356A MET39356A 1.950%, 1/17/2025		4,420,184
GIC GAC-39356B MET39356B 2.100%, 2/4/2025		2,409,995
GIC GAC-39356C MET39356C 2.520%, 2/14/2025		1,543,099
GIC GAC-39356D		1,538,516

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Cost of Asset [A]	Current Value
MET39356D 2.220%, 5/15/2024		
NEW YORK LIFE Contract #GA-34409-002 3.050%, 3/15/2023		3,243,168
Total – Guaranteed Insurance Contracts		**$40,295,173**

[A] Cost not required

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Cost of Asset [A]	Current Value
Guaranteed Synthetic Contracts		
American General #AG1644135 2.479% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		$70,309,476
Lincoln National BVW0068V 2.572% Instl Intermediate-Term Bond Fund		70,352,785
JP Morgan Chase #ACEDW02 2.307% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		88,345,698
Mass Mutual #30045 2.370% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		67,801,180
Monumental Con Edison Syn 2.780% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		70,320,819
Met Life #38043 2.326% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		62,319,473
NWL Con Edison 2.331% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		78,508,926

[A] Cost not required

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Cost of Asset [A]	Current Value
NY GA-29704 2.090% Instl Intermediate-Term Bond Fund		$87,068,970
Pac Life GAC-027823 2.490% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		80,044,548
Prudential GA-62351 2.511% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		88,078,277
State Street Bank Contract #98282 2.744% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		91,385,815
Total – Guaranteed Synthetic Contracts		**$877,026,940**

[A] Cost not required

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Shares	Cost of Asset [A]	Current Value
Mutual Funds			
* Vanguard Federal Money Market Fund			$34,182,952
* Transamerica High Yield Bond Fund	1,782,476		13,832,016
* Transamerica International Equity Fund	271,765		4,932,535
* Vanguard Emerging Markets Select Stock Fund	526,499		10,145,644
* Vanguard PRIMECAP Fund	3,697,057		483,759,902
Total – Mutual Funds			**$546,853,049**
Common Collective Trusts			
* Vanguard Institutional 500 Index Trust	6,737,730		$1,159,226,480
* Fidelity OTC Comingled Pool	6,330,617		163,202,807
* Vanguard Institutional Extended Market Trust	1,900,015		262,715,093
* Vanguard Institutional Total Bond Market Index Trust	2,924,006		295,909,419
* Vanguard Institutional Total International Stock Market Index Trust	2,575,290		296,544,689
* Vanguard Target Retirement 2020 Trust Plus	1,460,815		88,759,141
* Vanguard Target Retirement 2025 Trust Plus	1,938,905		125,796,142
* Vanguard Target Retirement 2030 Trust Plus	1,769,637		121,786,392
* Vanguard Target Retirement 2035 Trust Plus	1,403,059		102,633,791

*Denotes a party-in-interest

[A] Cost not required

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Shares	Cost of Asset [A]	Current Value
* Vanguard Target Retirement 2040 Trust Plus	1,160,043		$88,940,534
* Vanguard Target Retirement 2045 Trust Plus	1,585,260		124,680,727
* Vanguard Target Retirement 2050 Trust Plus	1,259,703		55,536,854
* Vanguard Target Retirement 2055 Trust Plus	705,140		99,340,146
* Vanguard Target Retirement 2060 Trust Plus	644,116		30,556,842
* Vanguard Target Retirement 2065 Trust Plus	165,466		4,848,161
* Vanguard Target Retirement 2070 Trust Plus	3,487		61,899
* Vanguard Target Retirement Income Trust Plus	2,461,365		116,841,034
* Western Asset Core Bond CIF	2,366,273		23,757,383
Total – Common Collective Trusts			**$3,161,137,534**
* Brokerage Accounts			$103,740,851
* Consolidated Edison Common Stock	1,898,049		60,133,003
* Notes Receivable from Participants 3.75% to 10.00%			76,712,613
Total Assets Held at End of Year			**$4,865,899,163**

*Denotes a party-in-interest
[A] Cost not required

See Independent Auditor's Report.

The Consolidated Edison Thrift Savings Plan

Financial Statements
(With Supplementary Information)
And Independent Auditor's Report
December 31, 2022 and 2021

The Consolidated Edison Thrift Savings Plan
Table of Contents
December 31, 2022 and 2021

	Page
Financial Statements:	
Independent Auditor's Report	1-3
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-16
Supplemental Schedule:	
Schedule of Assets (Held at End of Year)(Schedule H, Line 4i)	17-22

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

Independent Auditor's Report

To the Plan Administrator
The Consolidated Edison Thrift Savings Plan

Opinion

We have audited the financial statements of The Consolidated Edison Thrift Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2022 and Schedule of Reportable Transactions (Schedule H, Line 4j) for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and is derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



New York, New York
October 10, 2023

The Consolidated Edison Thrift Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	2022	2021
Assets		
Investments, at fair value	$3,871,864,437	$4,737,047,811
Investments, at contract value	917,322,113	920,653,060
Total investments	4,789,186,550	5,657,700,871
Receivables		
Employee contributions	1,744	164,154
Employer contributions	5,515,087	1,340,462
Notes receivable from participants	76,712,613	76,752,646
Total receivables	82,229,444	78,257,262
Total assets	4,871,415,994	5,735,958,133
Liabilities		
Payable for securities purchased	1,789,243	1,195,267
Administrative expenses payable	412,229	418,523
Total liabilities	2,201,472	1,613,790
Net assets available for benefits	$4,869,214,522	$5,734,344,343

The accompanying notes are an integral part of these financial statements.

The Consolidated Edison Thrift Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years ended December 31, 2022 and 2021

	2022	2021
Investment income/(loss)		
Net appreciation/(depreciation) in fair value of investments	$(898,202,008)	$628,227,081
Interest	19,100,821	16,308,855
Dividends	46,646,605	59,003,325
Total investment income/(loss)	(832,454,582)	703,539,261
Interest income on notes receivable from participants	3,308,765	3,486,021
Employee contributions	188,320,410	176,138,418
Employer contributions	70,163,864	67,209,499
Rollover contributions	46,127,854	83,539,033
Total contributions	304,612,128	326,886,950
Benefits paid to participants	(336,537,499)	(358,400,157)
Administrative expenses	(4,058,633)	(3,666,833)
Increase/(decrease) in net assets	(865,129,821)	671,845,242
Net assets available for benefits:		
Beginning of year	5,734,344,343	5,062,499,101
End of year	$4,869,214,522	$5,734,344,343

The accompanying notes are an integral part of these financial statements.

1. Description of the Thrift Savings Plan

The following description of The Consolidated Edison Thrift Savings Plan (the "Thrift Savings Plan") provides only general information. Participants should refer to the Thrift Savings Plan document for a more complete description of the Thrift Savings Plan's provisions.

General

The Thrift Savings Plan is a defined contribution plan. Other than a small number of employees in certain unregulated affiliated companies, all full-time and part-time eligible collectively bargained and non-collectively bargained employees in the Consolidated Edison, Inc. ("CEI") Controlled Group are eligible to participate. The eligible groups are the employees on the management payroll of Consolidated Edison Company of New York, Inc. ("CECONY Management Employees"), employees on the management payroll of Orange and Rockland Utilities, Inc. ("O&R Management Employees"), employees on the payroll of Con Edison Clean Energy Business, Inc. ("CEB Employees"), employees on the payroll of Con Edison Transmission, Inc. ("CET Employees"), weekly employees who are members of Local 1-2, Utility Workers Union of America, AFL-CIO ("Local 1-2" or "CECONY Weekly Employees"), or Local 3, International Brotherhood of Electrical Workers, AFL-CIO ("Local 3" or "CECONY Weekly Employees"), O&R hourly employees who are members of Local 503, International Brotherhood of Electrical Workers, and AFL-CIO ("O&R Hourly Employees"). Once each eligible employee in an eligible group meets the service requirement, if any, he or she is referred to as a participant.

Thrift Savings Plan Administration

Vanguard Fiduciary Trust Company ("Vanguard" or the "Trustee") is the recordkeeper and trustee for the Thrift Savings Plan. Vanguard, Fidelity Institutional Asset Management, Transamerica Asset Management, Inc. and Western Asset Management Company, LLC serve as investment managers for the Thrift Savings Plan.

Contributions

Pursuant to Sections 401(k) and (m) of the Internal Revenue Code of 1986, as amended (the "Code"), the Thrift Savings Plan permits participants to invest a portion of their compensation on a pre-tax basis and/or after-tax basis. CECONY Management, O&R Management, CET, CEB, Local 1-2 participants, Local 3 participants, and O&R Hourly Employees may also contribute to the Plan on a Roth 401(k) after-tax basis. The contributions to the Thrift Savings Plan are held in a trust fund maintained by the Trustee. The Trustee maintains a separate account for each participant that is updated daily.

Participants may contribute rolled over amounts representing distributions from other qualified defined benefit or defined contribution plans. Each participant who has attained age

50 before the end of Plan year is eligible to make a catch-up contribution, which is a pre-tax contribution to the Thrift Savings Plan that exceeds the otherwise annual pre-tax dollar limit.

Beginning in July 2013, CECONY and O&R have adopted a defined contribution pension formula ("DCPF") that provides an employer compensation credit to a participant in an amount based on a point system. Based on an employee's age and years of credited service, he or she receives a credit between 4% and 7% of his or her compensation. Employees who are covered under the DCPF and whose compensation exceeds the annual social security taxable wage base receive an additional flat 4% compensation credit on the excess compensation.

CECONY Management, O&R Management, CET, and CEB Employees under the Code Section 401(k) Formula: Each CECONY Management, O&R Management, CET, and CEB. Employee may choose to contribute from 1% to 50% of his or her regular compensation. CECONY Management, O&R Management, CET and CEB Employees who are covered under the career average or final average pension formulas in the Consolidated Edison Retirement Plan ("Retirement Plan") receive a match of up to 3% of compensation (50% match on up to 6% of employee contributions). CECONY Management, O&R Management, CET and CEB Employees who are covered under the cash balance pension formula in the Retirement Plan or the defined contribution pension plan in the Thrift Savings Plan, receive an employer matching contribution of up to 6% of compensation (100% on the first 4% of employee contributions, plus an additional 50% on the next 4% of employee contributions).

Local 1-2 Participants: Effective January 1, 2018, Local 1-2 employee contributions will be based on a percentage of the employee's straight-time pay, including premium pay. Each employee may contribute up to, but no more than, 50% of his or her straight-time pay. Local 1-2 participants who are covered under the cash balance pension formula of the Retirement Plan or the DCPF (see below) receive an employer matching contribution equal to 100% of the Participating Contributions on the first 6% of their contributions subject to contractual weekly and annual maximums. For employees covered under the final average pay formula in the Retirement Plan, the Company's match is 50% of the Participating Contributions made by the participant on the first 6% of their contributions. Refer to the Local 1-2 Collective Bargaining Agreement for a more complete description of the Plan's provisions.

Local 3 Participants: Effective January 1, 2018, Local 3 employee contributions will be based on a percentage of the employee's gross pay. Each employee may contribute a minimum of 1% up to a maximum of 50% of his or her gross pay. Local 3 participants who are covered under the cash balance pension formula of the Retirement Plan receive an employer matching contribution equal to 75% of the Participating Contributions made by the participant on the first 6% of their contributions subject to contractual weekly and annual maximums. For employees covered under the final average pay formula in the Retirement Plan, the Company's match is 50% of the Participating Contributions made by the participant on the first 6% of their contributions subject to contractual weekly and annual maximums. The Company match is 100% of Participating Contributions for participants covered under

the DCPF (see below) on the first 6% of their contributions subject to contractual weekly and annual maximums. Refer to the Local 3 Collective Bargaining Agreement for a more complete description of the Plan's provisions.

O&R Hourly Participants: An O&R Hourly participant can contribute from 2% to 50% of his or her regular compensation, of which the first 6% receives a 50% employer matching contribution. O&R Hourly Participants covered under the cash balance pension formula of the Retirement Plan and the DCPF (see below) can contribute from 2% to 50% of his or her regular compensation, of which the first 4% receives a 100% employer matching contribution. Refer to the O&R Hourly Collective Bargaining Agreement for a more complete description of the Plan's provisions.

Direct Contribution Formula: Certain CEB Employees are covered under a Direct Contribution formula (DCF). These participants are not covered by the Retirement Plan or the DCPF. Instead, the Company will contribute to the Thrift Savings Plan, each pay period, an amount equal to 3% of compensation on behalf of each participant.

Defined Contribution Pension Formula: Certain Local 3, Local 1-2 and Local 503 Employees are covered under the DCPF. These participants are not covered by the Retirement Plan. Instead, the Company will contribute to the Thrift Savings Plan, at the end of each calendar quarter, an amount equal to a compensation credit that is based on a participant's age and service and that ranges from 4% to 7% of compensation on behalf of each participant.

Beginning January 1, 2017, each full-time and some part-time employees hired by and on the management payroll of CECONY, O&R, or CET ("Management Employee") are automatically covered under the DCPF.

Additionally, on or after July 1, 2017, each Management Employee and Local 1-2 who is covered under the cash balance pension formula in the Retirement Plan ("Cash Balance Participant") is given a "Pension Choice," as here explained. A Pension Choice means that for a certain period, each Cash Balance Participant has a choice between remaining in the Retirement Plan for future pension accruals or transferring out of the Retirement Plan and into the DCPF in the Thrift Savings Plan for future accruals. The window for Local 1-2 to switch closed on June 20, 2020. The window for management employees to switch is closed on December 31, 2021. O&R Hourly Participants have a Pension Choice period that began June 2020 and will end on May 31, 2023. Members have a choice to begin participation in the DCPF beginning with the first quarter following their Pension Choice election. Those who do not exercise a choice during this period will remain covered under the cash balance pension formula in the Retirement Plan.

Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Employee Stock Ownership Plan ("ESOP")

The Thrift Savings Plan provides for a separate Employee Stock Ownership Plan ("ESOP") and a separate ESOP Trust Fund, which are components within the Thrift Savings Plan's Trust Fund. Each participant who receives an employer contribution is eligible to participate in the ESOP. Only employer matching contributions and dividends issued on shares held in the ESOP Trust Fund will be contributed to the ESOP. Participants are permitted to transfer assets from their ESOP accounts to their Thrift Savings Plan accounts. Employer contributions made into the DCPF may not be invested in the ESOP.

Vesting

Pre-tax, after-tax, and Roth 401(k) after-tax contributions by participants and earnings on such contributions are 100% vested at all times. CEI Employees, with the exception of Local 503 employees who are immediately vested in both 401(k) employer and DCPF contributions, become 100% vested in employer's contributions and earnings thereon after completing three years of service. Participants who have less than three years of service become fully vested for all employer contributions and earnings upon reaching age 65, termination of employment due to retirement or death, or termination of employment for reasons other than cause. Participants who terminate employment voluntarily other than by reason of retirement, or who are terminated for cause, forfeit the non-vested portion of employer contributions and the earnings (see Note 7, "Forfeitures"). O&R Hourly Employees and O&R Management Employees are immediately 100% vested in employer's matching contributions and earnings.

Each participant covered under the DCPF becomes 100% vested in employer's contributions and earnings thereon after completing three years of service.

Diversification

To provide diversification, the Thrift Savings Plan offers options among three primary asset classes - cash equivalents, fixed income and equity. Participants also have access to target date retirement funds, which have allocations based on projected retirement age, and a brokerage window to purchase investments not offered by the Plan.

Participant Accounts

Each participant's account is credited with his or her contributions, and employer's matching contributions and earnings, if any, attributable to the investment funds in which his or her account is invested, including an allocation of administrative expenses. The benefit to which a participant is entitled is his or her vested account balance.

Additionally, each participant who is covered under the DCPF will have an individual account into which the employer's compensation credit will be deposited.

The Thrift Savings Plan is intended to be operated and administered as an ERISA Section 404(c) Plan which means that each participant controls and is responsible for the investment selection of his or her account. The Named Fiduciary Committee is responsible for the investment fund selections and the appointment of the investment fund managers. Each participant elects to invest in the funds available, and subject to the investment fund's restrictions, has the right to transfer his or her account balance from one fund to another and change asset allocations on future contributions. However, only employer matching contributions may be invested in the Consolidated Edison Stock Fund.

Payment of Benefits

Upon termination of employment for any reason, a participant's vested account balance, if less than or equal to $1,000, will be distributed to the participant or designated beneficiary as soon as practicable. However, if the value of a participant's vested account is greater than $1,000, the participant's account will not be distributed until the earlier of attainment of age 70.5 or when the participant elects to receive such distribution in accordance with the terms of the Thrift Savings Plan.

Notes Receivable from Participants

The Thrift Savings Plan permits a participant to borrow from his or her account, other than the defined contribution pension formula account ("DCPF Account"), upon the terms and conditions set forth in the Thrift Savings Plan. The minimum amount of any loan is $500. The maximum amount a participant may borrow is equal to the lesser of 50% of his or her vested balance or $50,000 reduced by any principal repaid during the 12 months before the new loan.

Repayment will be made by level payments and shall be made by payroll deductions. Loans are secured by a portion of the participant's vested Thrift Savings Plan account balance and bear a fixed rate of interest. These rates are commensurate with local prevailing rates [prime rate (7.50% at December 31, 2022) plus 0.5%].

Plan Termination

The Thrift Savings Plan is subject to certain provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") but is not subject to the minimum funding requirements of ERISA, and benefits under the Thrift Savings Plan are not guaranteed by the Pension Benefit Guaranty Corporation. The Thrift Savings Plan covers both represented (union) employees and non-represented (management) employees. Although it has not expressed any intent to do so, solely as to the Management Employees, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. As to the union employees, in accordance with the Company's collective bargaining agreements, the Company must negotiate any action to discontinue or terminate the Thrift Savings Plan. In the event of termination of the Thrift Savings Plan, the rights of all participants to the entire amounts in their accounts become 100% vested and the

Trustee must distribute the assets to the participants and beneficiaries in accordance with the Thrift Savings Plan document.

2. Summary of Significant Accounting Policies

Accounting Basis

The Thrift Savings Plan's financial statements are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Thrift Savings Plan. The Plan's valuation policies and procedures are approved by management of the Plan Sponsor. See Note 6 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 includes the Thrift Savings Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions are recorded on an accrual basis.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Investment expenses and fees associated with each fund's operational and transactional fees as reported in the prospectus or trust document of each fund are reflected in the net asset value of the respective funds. The Thrift Savings Plan has payables of $412,229 and $418,523 in administrative expenses for the years ended December 31, 2022 and 2021, respectively.

Subsequent Events

The Thrift Savings Plan has evaluated subsequent events through October 10, 2023, which is the date the financial statements were available to be issued.

3. Risks and Uncertainties

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

4. Transactions with Parties-in-Interest

The Thrift Savings Plan invests in a unitized stock fund, which consists of a short-term investment fund component and common shares of the ultimate parent of the Thrift Savings Plan Sponsor, CEI. The unit values of the Consolidated Edison Stock Fund are recorded and maintained by an affiliate of Vanguard, the Trustee of the Thrift Savings Plan. During the year ended December 31, 2022, the Thrift Savings Plan purchased units in the Consolidated Edison Stock Fund for approximately $48,000, sold units in the Consolidated Edison Stock Fund for approximately $5,000,000 and had a net appreciation in the fair value of the investments of approximately $1,000,000. During the year ended December 31, 2021, the Thrift Savings Plan purchased units in the Consolidated Edison Stock Fund for approximately $3,500,000, sold units in the Consolidated Edison Stock Fund for approximately $7,600,000 and had a net appreciation in the fair value of the investments of approximately $9,100,000. The total value of the Thrift Savings Plan's investment in the Consolidated Edison Stock Fund was approximately $60,400,000 and $58,500,000 at December 31, 2022 and 2021, respectively.

5. Investment Contracts

The Thrift Savings Plan has entered into various benefit-responsive guaranteed investment contracts ("GICs") with various insurance companies and other financial institutions ("Issuers" or "Issuer") under the Fixed Income Fund investment option. There are two types of GICs within the Fixed Income Fund: Traditional GICs and Synthetic GICs.

The following represents the disaggregation of contract value between types of investment contracts held by the Plan:

	2022	2021
Synthetic investment contracts	$877,026,940	$889,172,085
Traditional investment contracts	40,295,173	31,480,975
Total	**$917,322,113**	**$920,653,060**

As described in Note 2, because the Traditional GICs and Synthetic GICs are fully benefit-responsive, contract value is the relevant measure for that portion of the net assets available for benefits attributable to the Traditional GICs and Synthetic GICs. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment in the Fixed Income Fund at contract value.

Traditional GICs
The Issuer of a Traditional GIC takes a deposit from the fund and purchases investments which are held in the respective Issuer's general account. The Issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Thrift Savings Plan.

Synthetic GICs
A Synthetic GIC is a wrap contract paired with an underlying investment or investments, usually a portfolio, owned by the Thrift Savings Plan, of high-quality, short and intermediate term fixed income securities. The Thrift Savings Plan purchases a benefit-responsive wrap agreement from a financial services institution. Synthetic GICs provide for a variable crediting rate, which typically resets at least quarterly, and the Issuer of the wrapper contract provides assurance that future adjustments to the crediting rate cannot result in a crediting rate less than zero. The crediting rate is primarily based on the current yield-to-maturity of the covered investments, plus or minus amortization of the difference between the market value and contract value of the covered investments over the duration of the covered investments at the time of computation.

The terms of an investment contract generally provide for settlement of benefit payments at contract value for qualified participant activity. Contract termination also may occur by either party upon election and notice.

Certain events limit the ability of the Thrift Savings Plan to transact at contract value with the Issuers. Such events include, but are not limited to, the following: (i) amendments to the Thrift Savings Plan documents (including complete or partial Plan termination or merger with another plan), (ii) changes to the Thrift Savings Plan's prohibition on competing investment options or deletion of equity wash provisions, (iii) bankruptcy of the Plan Sponsor or other Plan Sponsor events (e.g., divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Thrift Savings Plan's ability to transact at contract value with participants, is probable.

There are no reserves against contract value for credit risk of the contract Issuer or otherwise.

6. Investments

Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

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.

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

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

Investment Valuation

Following is a description of the valuation methodologies used for assets at fair value. There have been no material changes in the methodologies used at December 31, 2022 and 2021.

Common collective trusts: Valued at the net asset value ("NAV") of units of a bank collective trust. 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 liquidations will be carried out in an orderly business manner.

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 NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stocks: Common stock shares are valued at the last reported sales price on the last business day of the year as reported on the New York Stock Exchange.

Self-directed brokerage accounts: Consist of mutual funds and common stocks that are valued on the basis noted above.

The use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following table sets forth by level, within the fair value hierarchy, the Thrift Savings Plan's assets at the fair value as of December 31, 2022:

	Fair Value Measurements at December 31, 2022		
Asset Category	**Total**	**Level I**	**Level II**
Mutual funds	$546,853,049	$546,853,049	$ -
Consolidated Edison common stock	60,133,003	60,133,003	-
Self-directed brokerage accounts	103,740,851	103,740,851	-
Common collective trusts	3,161,137,534	-	3,161,137,534
Total investments at fair value	**$3,871,864,437**	**$710,726,903**	**$3,161,137,534**

The following table sets forth by level, within the fair value hierarchy, the Thrift Savings Plan's assets at the fair value as of December 31, 2021:

	Fair Value Measurements at December 31, 2021		
Asset Category	**Total**	**Level I**	**Level II**
Mutual funds	$648,490,100	$648,490,100	$ -
Consolidated Edison common stock	58,518,351	58,518,351	-
Self-directed brokerage accounts	139,746,925	139,746,925	-
Common collective trusts	3,890,292,435	-	3,890,292,435
Total investments at fair value	**$4,737,047,811**	**$846,755,376**	**$3,890,292,435**

There were no transfers in/out of level 3 during 2022.

Unrealized gains/(losses) from the guaranteed investment contract are not included in the statements of changes in net assets available for benefits as the contract is recorded at contract value for purposes of the net assets available for benefits.

7. Forfeitures

As provided in the Thrift Savings Plan, forfeitures of a participant's employer matching contribution and earnings thereon during any calendar month are applied as an offset to future employer contributions payable. The forfeitures account balances as of December 31, 2022 and 2021 were approximately $314,000 and $1,379,000, respectively. Employer contributions were reduced by approximately $1,780,000 and $1,676,000 for 2022 and 2021, respectively, from forfeited non-vested accounts.

8. Tax Status

IRS has determined and informed CECONY by a letter dated December 5, 2017 that the Thrift Savings Plan and related trust are designed in accordance with applicable sections of the Code. The Plan Administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Code.

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

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Cost of Asset [A]	Current Value
Guaranteed Insurance Contracts		
GAC-38223 MET38223 1.050%, 5/24/2024		$6,915,193
GAC-38246 MET38246 0.090%, 7/5/2024		4,888,850
GAC-39356 MET39356 1.500%, 12/6/2024		2,445,437
GIC 39356E MET39356E 2.550%, 3/7/2025		3,042,317
GIC GA-34409-003 NYL09003 2.500%, 3/11/2025		4,938,917
GIC GA-34409-004 NYL09004 3.400%, 4/7/2025		4,909,496
GIC GAC-39356A MET39356A 1.950%, 1/17/2025		4,420,184
GIC GAC-39356B MET39356B 2.100%, 2/4/2025		2,409,995
GIC GAC-39356C MET39356C 2.520%, 2/14/2025		1,543,099
GIC GAC-39356D		1,538,516

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Cost of Asset [A]	Current Value
MET39356D 2.220%, 5/15/2024		
NEW YORK LIFE Contract #GA-34409-002 3.050%, 3/15/2023		3,243,168
Total – Guaranteed Insurance Contracts		**$40,295,173**

[A] Cost not required

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Cost of Asset [A]	Current Value
Guaranteed Synthetic Contracts		
American General #AG1644135 2.479% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		$70,309,476
Lincoln National BVW0068V 2.572% Instl Intermediate-Term Bond Fund		70,352,785
JP Morgan Chase #ACEDW02 2.307% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		88,345,698
Mass Mutual #30045 2.370% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		67,801,180
Monumental Con Edison Syn 2.780% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		70,320,819
Met Life #38043 2.326% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		62,319,473
NWL Con Edison 2.331% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		78,508,926

[A] Cost not required

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Cost of Asset [A]	Current Value
NY GA-29704 2.090% Instl Intermediate-Term Bond Fund		$87,068,970
Pac Life GAC-027823 2.490% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		80,044,548
Prudential GA-62351 2.511% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		88,078,277
State Street Bank Contract #98282 2.744% Instl Intermediate-Term Bond Fund Instl Short-Term Bond Fund		91,385,815
Total – Guaranteed Synthetic Contracts		**$877,026,940**

[A] Cost not required

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Shares	Cost of Asset [A]	Current Value
Mutual Funds			
* Vanguard Federal Money Market Fund			$34,182,952
* Transamerica High Yield Bond Fund	1,782,476		13,832,016
* Transamerica International Equity Fund	271,765		4,932,535
* Vanguard Emerging Markets Select Stock Fund	526,499		10,145,644
* Vanguard PRIMECAP Fund	3,697,057		483,759,902
Total – Mutual Funds			**$546,853,049**
Common Collective Trusts			
* Vanguard Institutional 500 Index Trust	6,737,730		$1,159,226,480
* Fidelity OTC Comingled Pool	6,330,617		163,202,807
* Vanguard Institutional Extended Market Trust	1,900,015		262,715,093
* Vanguard Institutional Total Bond Market Index Trust	2,924,006		295,909,419
* Vanguard Institutional Total International Stock Market Index Trust	2,575,290		296,544,689
* Vanguard Target Retirement 2020 Trust Plus	1,460,815		88,759,141
* Vanguard Target Retirement 2025 Trust Plus	1,938,905		125,796,142
* Vanguard Target Retirement 2030 Trust Plus	1,769,637		121,786,392
* Vanguard Target Retirement 2035 Trust Plus	1,403,059		102,633,791

*Denotes a party-in-interest

[A] Cost not required

The Consolidated Edison Thrift Savings Plan
EIN 13-5009340
Plan #004

Schedule of Assets (Held at End of Year)
December 31, 2022

Supplemental Schedule
Form 5500, Schedule H, Line 4(i)

Identity of Issuer/Description of Investment	Shares	Cost of Asset [A]	Current Value
* Vanguard Target Retirement 2040 Trust Plus	1,160,043		$88,940,534
* Vanguard Target Retirement 2045 Trust Plus	1,585,260		124,680,727
* Vanguard Target Retirement 2050 Trust Plus	1,259,703		55,536,854
* Vanguard Target Retirement 2055 Trust Plus	705,140		99,340,146
* Vanguard Target Retirement 2060 Trust Plus	644,116		30,556,842
* Vanguard Target Retirement 2065 Trust Plus	165,466		4,848,161
* Vanguard Target Retirement 2070 Trust Plus	3,487		61,899
* Vanguard Target Retirement Income Trust Plus	2,461,365		116,841,034
* Western Asset Core Bond CIF	2,366,273		23,757,383
Total – Common Collective Trusts			**$3,161,137,534**
* Brokerage Accounts			$103,740,851
* Consolidated Edison Common Stock	1,898,049		60,133,003
* Notes Receivable from Participants 3.75% to 10.00%			76,712,613
Total Assets Held at End of Year			**$4,865,899,163**

*Denotes a party-in-interest
[A] Cost not required

See Independent Auditor's Report.