

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:     a multiemployer plan     a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan     a DFE (specify) \_\_\_\_\_

**B** This return/report is:     the first return/report     the final return/report

an amended return/report     a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:     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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>ONCOR THRIFT PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>2a</b> 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) <u>ONCOR ELECTRIC DELIVERY COMPANY LLC</u>  <u>1616 WOODALL RODGERS FREEWAY</u> <u>SUITE 7080</u> <u>DALLAS, TX 75202</u>	<b>1c</b> Effective date of plan <u>01/01/2015</u>  <b>2b</b> Employer Identification Number (EIN) <u>75-2967830</u>  <b>2c</b> Plan Sponsor's telephone number <u>214-486-3550</u>  <b>2d</b> Business code (see instructions) <u>551112</u>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	08/04/2025	DEBBIE DENNIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	5755
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	4832
	<b>6a(2)</b>	5168
	<b>6b</b>	48
	<b>6c</b>	911
	<b>6d</b>	6127
	<b>6e</b>	8
	<b>6f</b>	6135
	<b>6g(1)</b>	5661
	<b>6g(2)</b>	6012
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2A 2E 2F 2G 2J 2K 2R 2S 2T 3F 3H

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>5</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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**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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>ONCOR THRIFT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ONCOR ELECTRIC DELIVERY COMPANY LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>75-2967830</b>

**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  
**AMERICAN GENERAL LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>25-0598210</b>	<b>60488</b>	<b>1689120</b>	<b>1047</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	5952311

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b** 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)**  
 ▶

(6) Total additions ..... **7c(6)** 0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 0

**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** 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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>ONCOR THRIFT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>002</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ONCOR ELECTRIC DELIVERY COMPANY LLC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>75-2967830</b></p>	

**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  
**AMERICAN UNITED LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	S00029	1047	01/01/2024	12/31/2024

**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
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**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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	13737221

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	

(6) Total additions ..... **7c(6)** 0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 0

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	

(5) Total deductions ..... **7e(5)** 0

**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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>ONCOR THRIFT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>002</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ONCOR ELECTRIC DELIVERY COMPANY LLC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>75-2967830</b></p>	

**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  
**PRUDENTIAL FINANCIAL**

(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
22-1211670	68241	063451	1047	01/01/2024	12/31/2024

**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
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**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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	16024318

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	

(6) Total additions ..... **7c(6)** 0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 0

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	

(5) Total deductions ..... **7e(5)** 0

**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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>			
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>			
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>			
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>		0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>			
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>			
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>		0
	(4) Claims charged .....		<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions .....	<b>9c(1)(A)</b>			
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>			
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>			
	(D) Other expenses .....	<b>9c(1)(D)</b>			
	(E) Taxes .....	<b>9c(1)(E)</b>			
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>			
	(G) Other retention charges .....	<b>9c(1)(G)</b>			
	(H) Total retention .....		<b>9c(1)(H)</b>		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>		
	(2) Claim reserves .....		<b>9d(2)</b>		
	(3) Other reserves .....		<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		
<b>b</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. ....	<b>10b</b>		

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. ▶

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">ONCOR THRIFT PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">002</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">ONCOR ELECTRIC DELIVERY COMPANY LLC</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">75-2967830</span></p>	

**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  
VOYA FINANCIAL

(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
71-0294708	86509	060447	1047	01/01/2024	12/31/2024

**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
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**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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	13705508

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	

(6) Total additions ..... **7c(6)** 0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 0

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
(2) Administration charge made by carrier.....	<b>7e(2)</b>	
(3) Transferred to separate account .....	<b>7e(3)</b>	
(4) Other (specify below) .....	<b>7e(4)</b>	

(5) Total deductions ..... **7e(5)** 0

**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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>			
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>			
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>			
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>		0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>			
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>			
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>		0
	(4) Claims charged .....		<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions .....	<b>9c(1)(A)</b>			
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>			
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>			
	(D) Other expenses .....	<b>9c(1)(D)</b>			
	(E) Taxes .....	<b>9c(1)(E)</b>			
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>			
	(G) Other retention charges .....	<b>9c(1)(G)</b>			
	(H) Total retention .....		<b>9c(1)(H)</b>		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>		
	(2) Claim reserves .....		<b>9d(2)</b>		
	(3) Other reserves .....		<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		
<b>b</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. ....	<b>10b</b>		

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. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>ONCOR THRIFT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>002</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ONCOR ELECTRIC DELIVERY COMPANY LLC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>75-2967830</b></p>	

**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  
**TRANSAMERICA PREMIER LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0419790	66281	MDA01282TR	1047	01/01/2024	12/31/2024

**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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	13339037

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b** 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)**  
 ▶

(6) Total additions ..... **7c(6)** 0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 0

**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** 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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>ONCOR THRIFT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ONCOR ELECTRIC DELIVERY COMPANY LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>75-2967830</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**FID INV INST OPS CO**

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**04-2647786**

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

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**NORTHERN TRUST**

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**06-6275604**

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

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**FID INST ASSET MGMT TRUST CO**

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**20-4659714**

**(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

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**(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

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**(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

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	ADVISOR	448615	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FID INV INST OPS CO

04-2647786

(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 37 50 64 65 71	RECORDKEEPER	172843	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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
FID INV INST OPS CO	60	0
(d) Enter name and EIN (address) of source of indirect compensation  MULTIPLE MUTUAL FUND COMPANIES  04-2647786	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  SUB-TRANSFER AGENCY FEES; SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS	
(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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ONCOR THRIFT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ONCOR ELECTRIC DELIVERY COMPANY LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>75-2967830</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE INC COMM POO</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FID INST ASSET MGMT TRUST CO</u>		
<b>c</b> EIN-PN <u>20-4659714-074</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2905428</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE 2005 COMM PO</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FID INST ASSET MGMT TRUST CO</u>		
<b>c</b> EIN-PN <u>20-4659714-075</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE 2010 COMM PO</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FID INST ASSET MGMT TRUST CO</u>		
<b>c</b> EIN-PN <u>20-4659714-076</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4100182</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE 2015 COMM PO</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FID INST ASSET MGMT TRUST CO</u>		
<b>c</b> EIN-PN <u>20-4659714-077</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2606697</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE 2020 COMM PO</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FID INST ASSET MGMT TRUST CO</u>		
<b>c</b> EIN-PN <u>20-4659714-078</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39954451</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE 2025 COMM PO</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FID INST ASSET MGMT TRUST CO</u>		
<b>c</b> EIN-PN <u>20-4659714-079</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37687054</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INDEX TARGET DATE 2030 COMM PO</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FID INST ASSET MGMT TRUST CO</u>		
<b>c</b> EIN-PN <u>20-4659714-080</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72732867</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2035 COMM PO		
<b>b</b> Name of sponsor of entity listed in (a): FID INST ASSET MGMT TRUST CO		
<b>c</b> EIN-PN 20-4659714-081	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20806561
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2040 COMM PO		
<b>b</b> Name of sponsor of entity listed in (a): FID INST ASSET MGMT TRUST CO		
<b>c</b> EIN-PN 20-4659714-082	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89843313
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2045 COMM PO		
<b>b</b> Name of sponsor of entity listed in (a): FID INST ASSET MGMT TRUST CO		
<b>c</b> EIN-PN 20-4659714-083	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38526657
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2050 COMM PO		
<b>b</b> Name of sponsor of entity listed in (a): FID INST ASSET MGMT TRUST CO		
<b>c</b> EIN-PN 20-4659714-084	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47880230
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2055 COMM PO		
<b>b</b> Name of sponsor of entity listed in (a): FID INST ASSET MGMT TRUST CO		
<b>c</b> EIN-PN 20-4659714-112	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58252213
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2060 COMM PO		
<b>b</b> Name of sponsor of entity listed in (a): FID INST ASSET MGMT TRUST CO		
<b>c</b> EIN-PN 20-4659714-146	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42346038
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET DATE 2065 COMM PO		
<b>b</b> Name of sponsor of entity listed in (a): FID INST ASSET MGMT TRUST CO		
<b>c</b> EIN-PN 20-4659714-169	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16468134
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WW S/M CAP VALUE C		
<b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
<b>c</b> EIN-PN 26-2447110-025	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37016678
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS LARGE CAP VAL EQ FD		
<b>b</b> Name of sponsor of entity listed in (a): BOSTON PARTNERS TRUST COMPANY		
<b>c</b> EIN-PN 61-1603964-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53703689
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP LARGE CAP GROWTH TR C		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE		
<b>c</b> EIN-PN 32-6528532-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104565847

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

<b>c</b> EIN-PN 45-6138589-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170275199
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTL EQUITY 3B

**b** Name of sponsor of entity listed in (a): MFS HERITAGE TRUST COMPANY

<b>c</b> EIN-PN 57-1187281-013	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48656319
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LS CORE PLUS BOND F

**b** Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC.

<b>c</b> EIN-PN 84-6391546-010	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21908458
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ONCOR THRIFT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ONCOR ELECTRIC DELIVERY COMPANY LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>75-2967830</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	235057	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1208096	1255066
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	2335940	2428599
<b>(3)</b> Other .....	<b>1b(3)</b>	198425	675157
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2704378	3637716
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	111792	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	21718480	23405648
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	676282146	910236015
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	238739593	133887858
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	74144565	62636725
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1017678472	1138162784
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	71076	524322
<b>h</b> Operating payables.....	<b>1h</b>	68600	34340
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	549	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	140225	558662
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1017538247	1137604122

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	31552367	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	62358204	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	2865368	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		96775939
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	269858	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	1860043	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		2129901
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	3420118	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		3420118
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		125536929
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		7887492
<b>c</b> Other income .....	<b>2c</b>		669265
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		236419644

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	115719582	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		115719582
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		3192
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		9537
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	172843	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	448615	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		621458
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		116353769

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		120065875
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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)  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)  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: CROWE LLP

(2) EIN: 35-0921680

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		20000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ONCOR THRIFT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ONCOR ELECTRIC DELIVERY COMPANY LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>75-2967830</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 04-6568107

**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

<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

**ONCOR THRIFT PLAN**  
**FINANCIAL STATEMENTS**  
December 31, 2024 and 2023

ONCOR THRIFT PLAN  
FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Oncor Thrift Plan Committee  
and Participants of the Oncor Thrift Plan

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

We have performed audits of the financial statements of Oncor Thrift Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

**Opinion**

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

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

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(Continued)

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date 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***

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

In performing an audit in accordance with GAAS, we:

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

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(Continued)

- 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.

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

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

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

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

  
Crowe LLP

Oakbrook Terrace, Illinois  
July 31, 2025

ONCOR THRIFT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2024 and 2023

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	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments - at fair value (Notes 3 and 4)	\$ 1,047,756,414	\$ 917,989,657
Investments - at contract value (Notes 2, 3 and 5)	62,758,395	74,286,074
Notes receivable from participants (Note 3)	23,405,648	21,718,480
Participant contributions receivable	2,428,599	2,335,940
Employer match contributions receivable	1,255,066	1,208,096
Total assets	<u>1,137,604,122</u>	<u>1,017,538,247</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 1,137,604,122</u>	<u>\$1,017,538,247</u>

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See notes to financial statements

ONCOR THRIFT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Year ended December 31, 2024

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**ADDITIONS:**

Interest and dividends on investments	\$ 3,689,976
Net appreciation in fair value of investments	134,093,686
Contributions:	
Participating employees	62,358,204
Employer	31,552,367
Rollover	<u>2,865,368</u>
Total contributions	96,775,939
Interest on notes receivable from participants	<u>1,860,043</u>
Total additions	236,419,644

**DEDUCTIONS:**

Distributions	115,732,311
Administrative fees	<u>621,458</u>
Total deductions	<u>116,353,769</u>

Net increase 120,065,875

**NET ASSETS AVAILABLE FOR BENEFITS**

Beginning of year	<u>1,017,538,247</u>
End of year	<u>\$ 1,137,604,122</u>

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See notes to financial statements

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description is provided for general information purposes only. Reference should be made to the Oncor Thrift Plan (Plan) document for more complete information.

General: The Plan is a defined contribution plan established January 1, 2015 by Oncor Electric Delivery Company, LLC (Oncor). The Oncor Thrift Plan Committee (Committee) is the named fiduciary of the Plan. The Committee, and its delegates, manage the operation and administration of the Plan. Fidelity Management Trust Company is the trustee and custodian of the assets, and Fidelity WorkPlace Services LLC is the record-keeper and third-party administrator. Aon Hewitt Investment Consulting, Inc. acts as a co-fiduciary investment advisor to the Plan and the Committee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is intended to be a participant-directed "individual account plan" under ERISA Section 404(c). As such, the fiduciaries of the Plan are not liable for any losses that are the direct result of participant investment decisions. Although the Plan has an automatic enrollment feature for new employees, continued participation in the Plan by employees is entirely voluntary.

Participant Accounts: Each participant's account is credited with the participant's contributions and an allocation of employer matching contributions and Plan earnings and is charged with his or her withdrawals and administrative expenses related to participant directed activities. Allocations are based on participant contributions, eligible compensation, participant account balances, or specific participant transactions, as defined. The full amount of the benefit to which a participant is entitled under the Plan is the value of the participant's vested account at the applicable time. As noted above, each participant directs the investment of his or her account to any of the investment options available under the Plan and is responsible for such investments and the investment gains and losses resulting therefrom.

Eligibility, Participation and Employee Savings: All individuals who are characterized in the internal records of Oncor as employees are eligible to participate in the Plan upon employment except: (1) nonresident alien employees who receive no earned United States of America (US) sourced income, (2) leased employees, or (3) any individuals who are treated by or characterized in the internal records of Oncor as independent contractors, summer interns, loaned employees, staff augmentation personnel, or scope of work contractors, seconded employees or who perform services for Oncor under a special contract for services arrangement, regardless of any determination by the US Internal Revenue Service (IRS), other governmental agency, or a court or other tribunal, that any such individual is, or was, a common law employee of Oncor for any period of time.

The Plan has an automatic enrollment feature whereby new employees are automatically enrolled in the Plan with a pretax contribution rate of 6% of eligible compensation unless the new employee affirmatively makes an election not to participate or to participate at a different contribution rate. If no change is made by the participant, the contribution rate will automatically increase in January of each year following the first full Plan year of participation by 1%. The maximum rate subject to this automatic increase is 15%. Such contributions initiated through this automatic enrollment feature are automatically invested in the age appropriate FIAM Index Target Date Comingled Pool for the participant unless the participant chooses a different investment option.

Under the Plan, except as limited by law, a participating employee may contribute a specified percentage of eligible compensation each payroll period to the Plan, either through pretax salary deferral, after-tax payroll deduction, or Roth payroll deduction. The total of a participant's pretax, after-tax and Roth salary deferral/payroll deductions is known as Employee Savings. The maximum amount of Employee Savings for participants is 75% of eligible compensation.

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(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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**NOTE 1 - DESCRIPTION OF THE PLAN** (Continued)

Federal law limits the amount a participant may contribute on a combined pretax and Roth basis (\$23,000 in 2024). However, a participant who is eligible to make pretax salary deferrals and has attained age 50 before the close of the Plan year, may make an additional pretax catch-up contribution each year. The limit for catch-up contributions was \$7,500 for the Plan year 2024. The Plan year begins January 1 and ends December 31.

Rollover: Subject to certain conditions, a participant may transfer or rollover to the Plan cash amounts distributed or distributable from an individual retirement account (IRA) or another qualified retirement plan.

Oncor Matching Contributions: All eligible Plan participants receive Oncor matching contributions of 100% up to the first 6% of eligible compensation contributed to the Plan as Employee Savings, except for employees participating in the traditional retirement plan formula under the Oncor Retirement Plan who receive a 75% employer matching contribution on the first 6% of eligible compensation contributed to the Plan as Employee Savings.

Investment of Funds: All employer matching contributions are made in cash and invested among the various investment options available under the Plan according to the participant's investment election. Each participant may invest his/her Employee Savings, in 1% increments, among the various available investment options.

All assets of the Plan are held for the exclusive benefit of participants and their beneficiaries. Separate account records for each participant are maintained by the record-keeper. The record-keeper provides a summary of financial performance by investment fund directly to Plan participants.

A participant may diversify the investment of his account among the available investment funds under the Plan at any time by liquidating the portion of his account attributable to such investments and reinvesting such amounts in other investment options available under the Plan.

Unit Values: Participants do not have beneficial ownership in specific securities or other assets in the Interest Income funds, but have an interest therein represented by units valued as of the close of each business day. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit value, and the appropriate account is charged or credited with the number of units properly attributable to the participant.

Withdrawals from the Plan: Withdrawals from the Plan are governed by applicable IRS regulations and provisions of ERISA. Penalties may apply in certain instances.

The Plan provides for automatic distributions of account balances that do not exceed \$1,000 to terminated participants without the participants' consent after required notification has been provided to the participant.

A participant who terminates employment and has a balance of more than \$1,000 may retain the funds in the Plan or withdraw them at any time. To avoid immediate taxation, an eligible rollover distribution made upon termination may be rolled into an IRA or a qualified retirement plan sponsored by another employer, provided that the other qualified retirement plan accepts rollovers. Participants who have terminated their employment and leave their account in the Plan are charged a quarterly administrative maintenance fee.

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(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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**NOTE 1 - DESCRIPTION OF THE PLAN** (Continued)

Participants may make partial or total withdrawals from their rollover and after-tax Employee Savings accounts (excluding Roth contributions) at any time and for any reason. Participants may make withdrawals from pretax and Roth Employee Savings accounts upon termination of employment or attainment of age 59½. Participants may make partial or total withdrawals of their employer matching contributions account at any time. Additionally, participants who meet certain qualifications defined by the IRS may make hardship withdrawals from their pretax Employee Savings account.

Distributions from the Plan may be made systematically over time or in lump sum cash payments.

Vesting: Participants are fully vested in all amounts in their accounts (i.e., pretax contributions, after-tax contributions, Oncor matching contributions, rollover contributions, Roth contributions and all earnings and dividends thereon).

Notes Receivable from Participants: The Plan includes a loan feature allowing participants to borrow up to 50% of their pretax Employee Savings, after-tax Employee Savings, employer matching contributions and rollover contributions and repay the loan with after-tax payroll deductions. A participant may not have more than two outstanding loans at one time. The minimum amount of a Plan loan is \$1,000 and the maximum is the lesser of: (i) \$50,000 less the highest outstanding loan balance in the preceding 12 months, or (ii) one-half of the participant's vested account value. Participants may repay the loan into their account(s) over a period of up to five years for a general purpose loan, and the shorter of 15 years or their remaining mortgage term for a primary home loan. The rate of interest charged for a loan initiated in any given month is the prime lending rate published in the Wall Street Journal on the last business day of the prior month, plus 2.0%.

Tax Status: The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code of 1986, as amended (the Code). In April 2017, Oncor received an IRS determination letter that the Plan meets the requirements of Section 401(a) of the Code in form and that the Trust is exempt from federal income taxes under Section 501(a) of the Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code of 1986, as amended (the Code). Employer contributions paid to the Trust under the Plan are allowable federal income tax deductions to Oncor subject to the conditions and limitations of Section 404 of the Code.

The Plan is subject to examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress. The Plan has recorded no uncertain tax positions.

Amendment, Modification, Suspension and Termination: It is currently the intention of Oncor to continue the Plan indefinitely; however, Oncor, by action of its Board of Directors, may amend, modify or suspend the Plan at any time, or from time to time, and may terminate the Plan at any time. Additionally, Oncor's executive team may amend the Plan for amendments that are ministerial or administrative in nature, or which do not result in a material change to the Plan's funding or costs (defined as an increase in excess of \$25 million), or are required to maintain the Plan's qualified status or are dictated by statute or regulation.

In the event of the termination of the Plan, in whole or in part, each participant in the Plan affected by such termination shall receive a distribution of the entire balance in the participant's account, whether derived from Employee Savings, rollovers or employer matching contributions.

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(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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**NOTE 1 - DESCRIPTION OF THE PLAN (Continued)**

Party-in-Interest: Certain Plan investments are managed by Fidelity Institutional Asset Management Trust Company, Fidelity Management Research Company and Fidelity Brokerage Services LLC, all of which are subsidiaries of the Plan trustee. These transactions qualify as party-in-interest transactions allowable under ERISA regulations. Certain investments issued by the wrap providers (as discussed in Note 5) also qualify as party-in-interest investments. Fees paid to other services providers also qualify as allowable party-in-interest transactions.

Notes receivable from participants also qualify as allowable party-in-interest transactions.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the US (GAAP). Benefit payments are recorded when paid.

Subsequent Events: Effective January 1, 2025, the catch-up contributions limit for participants who have attained age 60 through age 63 during the Plan year, but who have not attained age 64 during the Plan year, is increased to \$10,000. Also effective January 1, 2025, eligible compensation shall include, for the purposes of determining Oncor matching contributions and upon election by the participant, qualified student debt loan payments, as defined in the Plan document. Plan management has evaluated subsequent events for recognition through July 31, 2025, the date the financial statements were available to be issued.

Use of Estimates: The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties: The Plan utilizes various investment instruments. Investment instruments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility, as well as global events. Due to the level of risk associated with certain investment instruments, it is reasonably possible that changes in the values of investment instruments will occur in the near term, and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Valuation of Investment Securities and Income Recognition: The Plan's investments are reported at fair value with the exception of fully benefit-responsive investment contracts (FBRICs), which are presented at contract value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Contract value is the relevant measure for the Plan's FBRICs, because contract value is the amount Plan participants generally receive when executing transactions under the terms of the contract and Plan provisions. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

Net realized and unrealized gains or losses include the Plan's gains and losses on investments bought and sold as well as held during the year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on an accrual basis. Dividend income is recorded on the ex-dividend date.

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(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Notes Receivable From Participants: Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

Administrative and Investment Management Expenses: Certain Plan administration fees (e.g., recordkeeping, accounting, legal and trustee services) are paid by Oncor and are excluded from these financial statements. Investment fees are charged individually by each fund manager for asset management and administration of that fund. Investment fees are typically charged indirectly against individuals' accounts by being deducted from the investment return on each individual investment option. Individual service fees (e.g., short-term redemption fees, loan initiation fees, in-service withdrawal fees) are charged separately to the accounts of individuals who choose to utilize a particular plan feature, generally on a pro-rata basis against all investments and sources. Additionally, terminated participants pay a quarterly account maintenance fee, which is recorded as a reduction of administrative fees reported in the statement of changes in net assets available for benefits, if they leave their account in the Plan.

**NOTE 3 - CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS**

With the exception of the contract value of the synthetic investment contracts within the separately managed Interest Income Fund of \$62,758,395 and \$74,286,074 at December 31, 2024 and 2023, respectively, (see Note 5) and related interest income of \$1,462,637 for the year ended December 31, 2024, certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company.

**NOTE 4 - FAIR VALUE MEASUREMENTS**

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

The Plan categorizes its investments recorded at fair value based upon the following fair value hierarchy:

- Level 1 valuations use quoted prices in active markets for identical assets that are accessible at the measurement date. An active market is a market in which transactions for the asset occur with sufficient frequency and volume to provide pricing information on an ongoing basis. The Plan's Level 1 investments, including those held in the Plan's brokerage account, include equity and fixed income mutual funds that are valued using published market prices, such as those from the New York Stock Exchange.

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(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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**NOTE 4 - FAIR VALUE MEASUREMENTS** (Continued)

- Level 2 valuations use inputs other than actively quoted market prices included in Level 1, which are observable for the asset, either directly or indirectly. Level 2 inputs include: (a) quoted prices for similar assets or liabilities in active markets, (b) quoted prices for identical or similar assets or liabilities in markets that are not active, (c) inputs other than quoted prices that are observable for the asset such as interest rates and yield curves observable at commonly quoted intervals and (d) inputs that are derived principally from or corroborated by observable market data by correlation or other mathematical means. None of the Plan's assets are classified as Level 2 assets.
- Level 3 valuations use unobservable inputs for the asset. Unobservable inputs are used to the extent observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset at the measurement date. None of the Plan's assets are classified as Level 3 assets.

With respect to amounts presented in the following fair value hierarchy table, the fair value measurement of an asset (e.g. an investment) is required to fall in its entirety in one level, based on the lowest level input that is significant to the fair value measurement. Assessing the significance of a particular input to the fair value measurement in its entirety requires judgment, considering factors specific to the asset being measured.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis as of December 31, 2024 and 2023.

	Fair Value Measurements at December 31, 2024				
	Level 1	Level 2	Level 3	NAV (a)	Total
Mutual funds	\$ 121,104,729	\$ -	\$ -	\$ -	\$ 121,104,729
Other investments - brokerage	16,415,670	-	-	-	16,415,670
Investments measured at net asset value	<u>-</u>	<u>-</u>	<u>-</u>	<u>910,236,015</u>	<u>910,236,015</u>
Total investments	<u>\$ 137,520,399</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 910,236,015</u>	<u>\$1,047,756,414</u>

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(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

**NOTE 4 - FAIR VALUE MEASUREMENTS** (Continued)

	Fair Value Measurements at December 31, 2023				
	Level 1	Level 2	Level 3	NAV (a)	Total
Mutual funds	\$ 228,511,494	\$ -	\$ -	\$ -	\$ 228,511,494
Other investments - brokerage	13,196,017	-	-	-	13,196,017
Investments measured at net asset value	<u>-</u>	<u>-</u>	<u>-</u>	<u>676,282,146</u>	<u>676,282,146</u>
Total investments	<u>\$ 241,707,511</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 676,282,146</u>	<u>\$ 917,989,657</u>

a) These investments are measured at fair value using the net asset value (NAV) per share as a practical expedient as the investments did not have a readily determinable fair value and are not required to be classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit a reconciliation to the amounts presented in the Statement of Net Assets Available for Benefits.

**Net Asset Value (NAV) Per Share:** In accordance with Financial Accounting Standards Board Accounting Standards Update No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, the Plan discloses the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the NAV per share or its equivalent for which the fair value is not readily determinable at December 31, 2024 and 2023. For the Plan, such assets include investments in commingled funds.

The following table sets forth a summary of the Plan's investments for which the fair value has been estimated using the NAV of the investments at December 31, 2024 and 2023.

	Fair Value Estimated Using NAV per Share					
	Fair Value at December 31, 2024	Fair Value at December 31, 2023	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Boston Partners Large Cap Value Equity Fund	\$ 53,703,689	\$ 55,647,211	None	Daily	None	1 day
Westwood SMidCap Value Collective Trust C	37,016,678	-	None	Daily	None	1 day
MFS International Equity Fund 3B	48,656,319	-	None	Daily	None	1 day
Loomis Sayles Core Plus Fixed Income Fund F	21,908,458	-	None	Daily	None	1 day
T. Rowe Price Large Cap Growth Trust C	104,565,847	96,092,974	None	Daily	None	1 day
Northern Trust S&P 500 Index	170,275,199	114,833,762	None	Daily	None	1 day
FIAM Index Target Date Pools	<u>474,109,825</u>	<u>409,708,199</u>	None	Daily	None	1 day
Total	<u>\$ 910,236,015</u>	<u>\$ 676,282,146</u>				

(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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**NOTE 5 - INTEREST INCOME FUND – FBRICs**

The Interest Income Fund holds a portfolio of investments that includes synthetic investment contracts along with other investments. The investment contracts meet the FBRIC criteria and therefore are reported at contract value.

The following table reflects the total of the synthetic investment contracts held by the Interest Income Fund at December 31, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Synthetic investment contracts	\$ 62,758,395	\$ 74,286,074

The Interest Income Fund generally includes investment contracts as described below:

Synthetic Guaranteed Investment Contracts (SGICs): General fixed maturity SGICs consist of an asset or collection of assets that are owned by the Plan and a benefit-responsive (as discussed in Note 2) book value wrap contract. The wrap contract assures that book value, benefit-responsive payments will be made for participant-directed withdrawals. The interest rate of the contract is set at the start of the contract and typically resets every quarter. Generally, fixed maturity SGICs are held to maturity. The initial interest rate is established based on the market interest rates at the time the initial asset is purchased, and it will have an interest rate not less than 0%.

Variable SGICs consist of an asset or collection of assets that are managed by the bank or insurance company and are held in a bankruptcy-remote vehicle for the benefit of the Plan. The contract is benefit-responsive and provides next day liquidity at book value. The crediting rate on this product resets every quarter based on the then current market index rates and an investment spread. The investment spread is established at the time of issuance and is guaranteed by the issuer for the life of the investment.

Constant duration SGICs consist of a portfolio of securities owned by the Plan and a benefit-responsive, book value wrap contract purchased for the portfolio. The wrap contract amortizes gains and losses of the underlying securities over the portfolio duration, and assures that book value, benefit-responsive payments will be made for participant-directed withdrawals. The crediting rate on a constant duration SGIC resets every quarter based on the book value of the contract and the market yield, the market value and the average duration of the underlying assets. The crediting rate aims at converging the book value of the contract and the market value of the underlying portfolio over the duration of the contract and therefore will be affected by movements in interest rates and/or changes in the market value of the underlying portfolio. The initial crediting rate is based on the market interest rates at the time the underlying portfolio is initially established, and it will have an interest crediting rate of not less than 0%.

It is probable that withdrawals and transfers resulting from the events listed below, although no such events are considered probable, would limit the ability of the fund to transact at book or contract value. Instead, market value would likely be used in determining the payouts to the participants.

- Employer-initiated events — events within the control of the Plan or the plan sponsor that would have a material and adverse impact on the fund;
- Employer communications designed to induce participants to transfer from the fund;
- Competing fund transfer or violation of equity wash or equivalent rules in place; and
- Changes of qualification status of employer or Plan.

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(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

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**NOTE 5 - INTEREST INCOME FUND – FBRICs** (Continued)

In general, issuers may terminate the contract and settle at other than contract value if the qualification status of Oncor or the Plan changes, if there is a breach of material obligations under the contract and misrepresentation by the contract holder, or failure of the underlying portfolio to conform to the pre-established investment guidelines.

**SUPPLEMENTAL SCHEDULE**

ONCOR THRIFT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

Name of Plan Sponsor:	Oncor Thrift Plan
Employer Identification Number:	75-2967830
Three-Digit Plan Number:	002

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Current Value
<b>Interest Income Fund</b>			
American General Life	Fixed Maturity Synthetic GIC Contract No. 1689120:		
	American General Life Cash Account <sup>1</sup>	\$	101,190
	AEP TEXAS CENTRAL TRANSITION F AEPTC 2019 1 A1		29,989
	AMERICAN EXPRESS CREDIT ACCOUNT AMXCA 2022 1 A		388,552
	APPALACHIAN CONSUMER RATE RELI AEPWV 2013 1 A1		182,353
	BARCLAYS COMMERCIAL MORTGAGE S BBCMS 2022 C18 A2		177,858
	BMO MORTGAGE TRUST BMO 2022 C3 A2		106,448
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	BANK 2023 BNK45 A2		77,550
	BENCHMARK MORTGAGE TRUST BMARK 2024 V9 A3		158,110
	CD COMMERCIAL MORTGAGE TRUST CD 2016 CD2 A3		138,933
	DEUTSCHE BANK COMMERCIAL MORTG DBJPM 2017 C6 A4		167,496
	DISCOVER CARD EXECUTION NOTE T DCE 2022 A1 A1		264,427
	FANNIE MAE FNR 2012 100 A		108,843
	FANNIE MAE FNR 2012 149 LV		278,357
	FANNIE MAE FNR 2017 43 A		61,066
	FANNIE MAE FNR 2018 34 VK		38,765
	FANNIE MAE FNR 2020 33 BG		82,389
	FANNIE MAE FNR 2021 91 DA		178,752
	FREDDIE MAC FHR 4169 HM		89,392
	FREDDIE MAC FHR 4493 PA		187,214
	FREDDIE MAC FHR 4571 CA		123,424
	FREDDIE MAC FHR 5081 NH		172,745
	FREDDIE MAC FHR 4888 CB		178,955
	FREDDIE MAC FHR 5263 EA		122,964
	GM FINANCIAL AUTOMOBILE LEASING 2023-3 A3		47,323
	GOVERNMENT NATIONAL MORTGAGE A GNR 2013 22 AP		221,514
	GOVERNMENT NATIONAL MORTGAGE A GNR 2020 78 HL		68,814
	GOVERNMENT NATIONAL MORTGAGE A GNR 2020 164 KP		212,503
	GOVERNMENT NATIONAL MORTGAGE A GNR 2022 100 KA		69,362
	GOVERNMENT NATIONAL MORTGAGE A GNR 2023 111 PG		170,618
	GOVERNMENT NATIONAL MORTGAGE A GNR 2024 175 LP		111,846
	JOHN DEERE OWNER TRUST JDOT 2022 A A3		138,047
	PG+E RECOVERY FND LLC SR SECURED 06/35 4.838		177,184
	US TREASURY N/B 08/27 3.75		771,063
	US TREASURY N/B 11/27 4.125		300,213
	Subtotal		5,769,547
American United Life	Constant Duration Synthetic GIC Contract No. S00029:		
	MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index		4,052,021
	Northern Trust CIT S-T Govt Bond Index		2,997,233
	MFB NT CIT Asset-Backed Securities Bond Index		2,066,314
	MFB NT CIT Commercial Mortgage Backed Sec Index		793,402
	MFB NT CIT Mortgage Backed Sec Index		2,495,481
	NT CIT 1-10 Yr Int Credit Bond Index		381,911
	Subtotal		12,786,362

(Continued)

ONCOR THRIFT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

Name of Plan Sponsor:	Oncor Thrift Plan
Employer Identification Number:	75-2967830
Three-Digit Plan Number:	002

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
Prudential	Constant Duration Synthetic GIC Contract GA 63451:	
	Prudential Core Conservative Intermediate Bond Collective Trust <sup>1</sup>	\$ 14,131,648
Transamerica Premier Life	MFB NT CIT 1-10 Yr Intermediate Govt Bond Index	1,005,324
	MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index	487,533
	Northern Trust CIT S-T Govt Bond Index	1,829,066
	MFB NT CIT Asset-Backed Securities Bond Index	1,951,316
	MFB NT CIT Commercial Mortgage Backed Sec Index	761,790
	MFB NT CIT Mortgage Backed Sec Index	2,435,585
	NT CIT 1-10 Yr Int Credit Bond Index	3,715,344
	Subtotal	12,185,958
Voya Ret. Ins. & Annuity Co.	Constant Duration Synthetic GIC Contract MCA-60447:	
	MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index	4,416,998
	Northern Trust CIT S-T Govt Bond Index	2,977,786
	MFB NT CIT Asset-Backed Securities Bond Index	2,049,559
	MFB NT CIT Commercial Mortgage Backed Sec Index	800,145
	MFB NT CIT Mortgage Backed Sec Index	2,558,226
	Subtotal	12,802,714
Fidelity (STIF) <sup>1</sup>		1,205,700
Adjustment from Fair Value to Contract Value		5,082,166
Wrap Contracts <sup>1</sup>		-
Total Interest Income Fund		63,964,095
<b>Mutual Funds</b>		
Vanguard	Total Bond Market Index I	34,768,471
Vanguard	Inflation-Protected Secs Adm	1,160,837
Fidelity <sup>1</sup>	Extended Market Index	23,003,027
Fidelity <sup>1</sup>	Global ex U.S.	25,544,391
Alliance Bernstein	Discovery Growth Fund Class I	35,422,303
Total Mutual Funds		119,899,029
<b>Collective Trusts</b>		
Boston Partners Trust Company	Large Cap Value Equity Fund	\$ 53,703,689
Northern Trust Investments, Inc.	S&P 500 Index Fund – DC NL	170,275,199
T. Rowe Price	Large-Cap Growth Trust C	104,565,847
MFS Heritage Trust Company	International Equity Fund 3B	48,656,319
Loomis Sayles Trust Company, LLC	Core Plus Fixed Income Fund Class F	21,908,458
SEI Trust Company	Westwood SMidCap Value Collective Trust Class C	37,016,678

(Continued)

ONCOR THRIFT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

Name of Plan Sponsor:	Oncor Thrift Plan
Employer Identification Number:	75-2967830
Three-Digit Plan Number:	002

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
<b>Collective Trusts (continued)</b>		
FIAM <sup>1</sup>	Index Target Date Income	2,905,428
FIAM <sup>1</sup>	Index Target Date 2010	4,100,182
FIAM <sup>1</sup>	Index Target Date 2015	2,606,697
FIAM <sup>1</sup>	Index Target Date 2020	39,954,451
FIAM <sup>1</sup>	Index Target Date 2025	37,687,054
FIAM <sup>1</sup>	Index Target Date 2030	72,732,867
FIAM <sup>1</sup>	Index Target Date 2035	20,806,561
FIAM <sup>1</sup>	Index Target Date 2040	89,843,313
FIAM <sup>1</sup>	Index Target Date 2045	38,526,657
FIAM <sup>1</sup>	Index Target Date 2050	47,880,230
FIAM <sup>1</sup>	Index Target Date 2055	58,252,213
FIAM <sup>1</sup>	Index Target Date 2060	42,346,038
FIAM <sup>1</sup>	Index Target Date 2065	<u>16,468,134</u>
Total Collective Trusts		910,236,015
Fidelity <sup>1</sup>	BrokerageLink Account	16,415,670
Participant loans <sup>1</sup>	5.25% - 10.50%, various maturity dates	<u>23,405,648</u>
Total assets held at end of year		<u>\$ 1,133,920,457</u>

<sup>1)</sup> Party-in-Interest.

See accompanying independent auditor's report.

**Schedule C, Line 2(h) Formula Descriptions**

Oncor Thrift Plan  
 EIN: 75-2967830, PN: 002  
 Plan Year Ending: December 31, 2024

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip Code	Compensation
INVESCO SENIOR FLOATING RATE A	11 GREENWAY PLAZA	STE 100	HOUSTON	TX	77046	0.40%
INVESCO DIVIDEND INCOME FUND A	11 GREENWAY PLAZA	STE 100	HOUSTON	TX	77046	0.40%
INVESCO STEELPATH MLP ALPHA PLUS A	11 GREENWAY PLAZA	STE 100	HOUSTON	TX	77046	0.40%
INVESCO GOLD & SPEC MINERALS A	11 GREENWAY PLAZA	STE 100	HOUSTON	TX	77046	0.40%
AB LARGE CAP GROWTH CLASS A	8000 IH 10 W	STE 1400 14TH FL	SAN ANTONIO	TX	78230	0.40%
AB SMALL CAP GROWTH PORT CLASS A	8000 IH 10 W	STE 1400 14TH FL	SAN ANTONIO	TX	78230	0.40%
IMAN FUND RETAIL SHARES	721 ENTERPRISE DR		OAKBROOK	IL	60523	0.40%
AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA PARTICIPATION FD INVESTOR CLASS	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMERICAN BEACON ARK TRANS INNOVTN INVSTR	220 E LAS COLINAS BLVD	STE 1200	IRVING	TX	75039	0.40%
AMERICAN CENTURY EQUITY INCOME INV CL	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN FUNDS GRWTH& INC PORTFOLIO F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
ARTISAN SMALL CAP FUND INVESTOR CL	875 E WISCONSIN AVE STE 800		MILWAUKEE	WI	53202	0.39%
AZZAD ETHICAL MID CAP FUND CL A	8000 TOWN CENTRE DR STE 400		BROADVIEW HEIGHTS	OH	441474031	0.40%
WISE CAPITAL FUND	8000 TOWN CENTRE DR STE 400		BROADVIEW HEIGHTS	OH	441474031	0.40%
ISHARES S&P 500 INDEX INVESTOR A	40 EAST 52ND ST		NEW YORK	NY	10022	0.30%
BARON OPPORTUNITY FUND	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON FIFTH AVENUE GROWTH FUND	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON PARTNERS FUND	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON FOCUSED GROWTHFUND	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON GLOBAL ADVANTAGE FD RETAIL	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BERKSHIRE FOCUS FUND	475 MILAN DR STE 103		SAN JOSE	CA	95134	0.40%
BLACKROCK TECHNOLOGY OPPORTUNITIES CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK ENERGY OPPORTUNITIES CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
CALVERT BALANCED FUND CLASS A	4550 MONTGOMERY AVE STE 1000 N		BETHESDA	MD	20814	0.40%
COLUMBIA GLOBAL TECHGROWTH CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SELIGMAN GLOBAL TECHNOLOGY A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SELIGMAN TECH AND INFO CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
CULLEN HIGH DIVIDENDEQUITY FUND RETAIL	645 FIFTH AVE		NEW YORK	NY	10022	0.40%
DIREXION MONTHLY NASDAQ100BULL2X INV	155 SEAPORT BOULEVARD	STE P8	BOSTON	MA	02210	0.40%
FIRST EAGLE GOLD CLASS A	1345 AVE OF THE AMERICAS 48TH FLR		NEW YORK	NY	10105	0.40%
FIRSTHAND TECHNOLOGY OPPORTUNITIES FUND	150 ALMADEN BLVD.	STE 1250	SAN JOSE	CA	95113	0.40%
FIRSTHAND ALTERNATIVE ENERGY	150 ALMADEN BLVD.	STE 1250	SAN JOSE	CA	95113	0.40%
BECK, MACK & OLIVER PARTNERS FUND	THREE CANAL PLAZA	STE 600	PORTLAND	ME	04100	0.40%
FRANKLIN DYNATECH FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FROST TOTAL RETURN BOND FD INVESTOR	P.O. BOX 2509		SAN ANTONIO	TX	782992509	0.40%
GEORGE PUTNAM BALANCED FUND CL A	1 POST OFFICE SQ MAILZONE G3C		BOSTON	MA	02109	0.40%
GOLDMAN SACHS TECH OPPORTUNITIES CL A	71 S. WACKER DR	4TH FL	CHICAGO	IL	60606	0.40%
GUINNESS ATKINSON ALTERNATIVE ENERGY	2220 E. ROUTE 66	STE 226	GLENDDORA	CA	91740	0.40%
HENNESSY CORNERSTONE GROWTH INV CL	7250 REDWOOD BLVD.	STE 200	NOVATO	CA	94945	0.40%
HENNESSY MIDSTREAM INV	7250 REDWOOD BLVD.	STE 200	NOVATO	CA	94945	0.40%
HENNESSY ENERGY TRANSITION INVESTOR	7250 REDWOOD BLVD.	STE 200	NOVATO	CA	94945	0.40%
HENNESSY GAS UTILITY INVESTOR CL	7250 REDWOOD BLVD.	STE 200	NOVATO	CA	94945	0.40%
THE INTERNET FUND	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
EUROPAC GOLD FUND CL I	LOTS 81 82	ST C STE 204	DORADO	PR	00646	0.10%
JANUS HENDERSON CONTRARIAN T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOB TECH & INNOV T	151 DETROIT ST.		DENVER	CO	80206	0.35%
KINETICS PARADIGM FUND	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
KINETICS SMALL CAP OPPORTUNITIES	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
CLEARBRIDGE SELECT FUND CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.40%
MATTHEWS CHINA SMALL COMPANIES INVESTOR	4 EMBARCADERO CENTER STE 550		SAN FRANCISCO	CA	94111	0.40%
MORGAN STANLEY DISCOVERY PORT CL I	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.10%
MORGAN STANLEY DISCOVERY PORT CL A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STA INST INC INCEPTION PORT CL A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSIGHT A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
EVENTIDE HEALTHCARE AND LIFE SCIENCES N	80 ARKAY STE 110		HAUPPAUGE	NY	11788	0.40%
NEEDHAM SMALL CAP GROWTH	445 PARK AVE 15TH FL		NEW YORK	NY	10022	0.40%
NEUBERGER BERMAN REAL ESTATE TRUST CL	1290 AVE OF THE AMERICAS	22ND FL	NEW YORK	NY	10104002	0.40%
ALTEGRIS AACA OPPORTREAL ESTATE FD CL A	1200 PROSPECT ST	STE 400	LAJOLLA	CA	92037	0.40%
PARNASSUS VALUE EQUITY INVESTOR	1 MARKET ST STEUART TOWER STE 1600		SAN FRANCISCO	CA	94105	0.40%
PARNASSUS CORE EQUITY INVESTOR	1 MARKET ST STEUART TOWER STE 1600		SAN FRANCISCO	CA	94105	0.40%
PIMCO INCOME FUND CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
T ROWE PRICE COMM & TECHNOLOGY INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE RETIRE 2050 FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
SEMICONDUCTOR ULTRA SECTOR PRO FD INVSTR	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
BITCOIN STRATEGY FD INVESTOR	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
PUTNAM GLOBAL TECHNOLOGY FUND CL A	1 POST OFFICE SQ MAILZONE G3C		BOSTON	MA	02109	0.40%
T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SCIENCE & TECHNOLOGY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INTRID US SM CAP GR EQUITY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE TAX EFFICIENT EQUITY FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
RYDEX S&P 500 2X STRATEGY CL H	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.40%
RYDEX DOW 2X STRATEGY CL H	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 2X STRATEGY CL A	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.40%
RYDEX MONTHLY REBAL NASDAQ 100 2X STR A	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.07%
SCHWARTZ VALUE	801 W. ANN ARBOR TRAIL STE 244		PLYMOUTH	MI	48170	0.40%
SEGALL BRYANT HAMIL SML CAP GROWTH RTL	370 17TH ST	STE 5000	DENVER	CO	80202	0.40%
SHELTON SUSTAINABLE EQUITY INVESTOR	P.O. BOX 87		DENVER	CO	802010087	0.40%
SHELTON NASDAQ 100 INDEX INVESTOR	P.O. BOX 87		DENVER	CO	802010087	0.15%
SPROTT GOLD EQUITY FUND INVESTOR	200 BAY ST	STE 2600	TORONTO	CA	M5J 2J1	0.40%
TEMPLETON GLOBAL BOND CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
TOUCHSTONE SANDS CAP SEL GRWTH Z	303 BROADWAY	STE 1100	CINCINNATI	OH	452024203	0.40%
TRANSAMERICA US GROWTH CLASS A	4333 EDGEWOOD RD NE		CEDAR RAPIDS	IA	52499	0.40%
VICTORY NASDAQ-100 INDEX FUND CL A	4900 TIEDEMAN RD 4TH FL		BROOKLYN	OH	44114	0.40%
VIRTUS KAR MID CAP GROWTH FUND CL C	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.10%
VIRTUS ZEVENBERGEN INNOVATIVE GR STK A	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.40%
WASATCH ULTRA GROWTH	505 WAKARA WAY	STE 300	SALT LAKE CITY	UT	84108	0.40%
ALLSPRING LARGE CAP GROWTH FUND C	525 MARKET ST MAC A0103 122		SAN FRANCISCO	CA	94105	0.10%
APPLIED FIN EXPLORER FUND INVESTOR	8730 STONY POINT PKWY STE 205		RICHMOND	VA	23235	0.40%

ONCOR THRIFT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

Name of Plan Sponsor:	Oncor Thrift Plan
Employer Identification Number:	75-2967830
Three-Digit Plan Number:	002

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	BANK 2023 BNK45 A2	77,550
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	CD COMMERCIAL MORTGAGE TRUST CD 2016 CD2 A3	138,933
	DEUTSCHE BANK COMMERCIAL MORTG DBJPM 2017 C6 A4	167,496
	DISCOVER CARD EXECUTION NOTE T DCE 2022 A1 A1	264,427
	FANNIE MAE FNR 2012 100 A	108,843
	FANNIE MAE FNR 2012 149 LV	278,357
	FANNIE MAE FNR 2017 43 A	61,066
	FANNIE MAE FNR 2018 34 VK	38,765
	FANNIE MAE FNR 2020 33 BG	82,389
	FANNIE MAE FNR 2021 91 DA	178,752
	FREDDIE MAC FHR 4169 HM	89,392
	FREDDIE MAC FHR 4493 PA	187,214
	FREDDIE MAC FHR 4571 CA	123,424
	FREDDIE MAC FHR 5081 NH	172,745
	FREDDIE MAC FHR 4888 CB	178,955
	FREDDIE MAC FHR 5263 EA	122,964
	GM FINANCIAL AUTOMOBILE LEASING 2023-3 A3	47,323
	GOVERNMENT NATIONAL MORTGAGE A GNR 2013 22 AP	221,514
	GOVERNMENT NATIONAL MORTGAGE A GNR 2020 78 HL	68,814
	GOVERNMENT NATIONAL MORTGAGE A GNR 2020 164 KP	212,503
	GOVERNMENT NATIONAL MORTGAGE A GNR 2022 100 KA	69,362
	GOVERNMENT NATIONAL MORTGAGE A GNR 2023 111 PG	170,618
	GOVERNMENT NATIONAL MORTGAGE A GNR 2024 175 LP	111,846
	JOHN DEERE OWNER TRUST JDOT 2022 A A3	138,047
	PG+E RECOVERY FND LLC SR SECURED 06/35 4.838	177,184
	US TREASURY N/B 08/27 3.75	771,063
	US TREASURY N/B 11/27 4.125	300,213
	Subtotal	5,769,547
American United Life	Constant Duration Synthetic GIC Contract No. S00029:	
	MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index	4,052,021
	Northern Trust CIT S-T Govt Bond Index	2,997,233
	MFB NT CIT Asset-Backed Securities Bond Index	2,066,314
	MFB NT CIT Commercial Mortgage Backed Sec Index	793,402
	MFB NT CIT Mortgage Backed Sec Index	2,495,481
	NT CIT 1-10 Yr Int Credit Bond Index	381,911
	Subtotal	12,786,362

(Continued)

ONCOR THRIFT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

Name of Plan Sponsor:	Oncor Thrift Plan
Employer Identification Number:	75-2967830
Three-Digit Plan Number:	002

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
Prudential	Constant Duration Synthetic GIC Contract GA 63451:	
	Prudential Core Conservative Intermediate Bond Collective Trust <sup>1</sup>	\$ 14,131,648
Transamerica Premier Life	MFB NT CIT 1-10 Yr Intermediate Govt Bond Index	1,005,324
	MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index	487,533
	Northern Trust CIT S-T Govt Bond Index	1,829,066
	MFB NT CIT Asset-Backed Securities Bond Index	1,951,316
	MFB NT CIT Commercial Mortgage Backed Sec Index	761,790
	MFB NT CIT Mortgage Backed Sec Index	2,435,585
	NT CIT 1-10 Yr Int Credit Bond Index	3,715,344
	Subtotal	12,185,958
Voya Ret. Ins. & Annuity Co.	Constant Duration Synthetic GIC Contract MCA-60447:	
	MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index	4,416,998
	Northern Trust CIT S-T Govt Bond Index	2,977,786
	MFB NT CIT Asset-Backed Securities Bond Index	2,049,559
	MFB NT CIT Commercial Mortgage Backed Sec Index	800,145
	MFB NT CIT Mortgage Backed Sec Index	2,558,226
	Subtotal	12,802,714
Fidelity (STIF) <sup>1</sup>		1,205,700
Adjustment from Fair Value to Contract Value		5,082,166
Wrap Contracts <sup>1</sup>		-
Total Interest Income Fund		63,964,095
<b>Mutual Funds</b>		
Vanguard	Total Bond Market Index I	34,768,471
Vanguard	Inflation-Protected Secs Adm	1,160,837
Fidelity <sup>1</sup>	Extended Market Index	23,003,027
Fidelity <sup>1</sup>	Global ex U.S.	25,544,391
Alliance Bernstein	Discovery Growth Fund Class I	35,422,303
Total Mutual Funds		119,899,029
<b>Collective Trusts</b>		
Boston Partners Trust Company	Large Cap Value Equity Fund	\$ 53,703,689
Northern Trust Investments, Inc.	S&P 500 Index Fund – DC NL	170,275,199
T. Rowe Price	Large-Cap Growth Trust C	104,565,847
MFS Heritage Trust Company	International Equity Fund 3B	48,656,319
Loomis Sayles Trust Company, LLC	Core Plus Fixed Income Fund Class F	21,908,458
SEI Trust Company	Westwood SMidCap Value Collective Trust Class C	37,016,678

(Continued)

ONCOR THRIFT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

Name of Plan Sponsor:	Oncor Thrift Plan
Employer Identification Number:	75-2967830
Three-Digit Plan Number:	002

Identity of Issue, Borrower, <u>Lessor, or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par or Maturity Value</u>	Current <u>Value</u>
<b>Collective Trusts (continued)</b>		
FIAM <sup>1</sup>	Index Target Date Income	2,905,428
FIAM <sup>1</sup>	Index Target Date 2010	4,100,182
FIAM <sup>1</sup>	Index Target Date 2015	2,606,697
FIAM <sup>1</sup>	Index Target Date 2020	39,954,451
FIAM <sup>1</sup>	Index Target Date 2025	37,687,054
FIAM <sup>1</sup>	Index Target Date 2030	72,732,867
FIAM <sup>1</sup>	Index Target Date 2035	20,806,561
FIAM <sup>1</sup>	Index Target Date 2040	89,843,313
FIAM <sup>1</sup>	Index Target Date 2045	38,526,657
FIAM <sup>1</sup>	Index Target Date 2050	47,880,230
FIAM <sup>1</sup>	Index Target Date 2055	58,252,213
FIAM <sup>1</sup>	Index Target Date 2060	42,346,038
FIAM <sup>1</sup>	Index Target Date 2065	<u>16,468,134</u>
Total Collective Trusts		910,236,015
Fidelity <sup>1</sup>	BrokerageLink Account	16,415,670
Participant loans <sup>1</sup>	5.25% - 10.50%, various maturity dates	<u>23,405,648</u>
Total assets held at end of year		<u>\$ 1,133,920,457</u>

<sup>1)</sup> Party-in-Interest.

See accompanying independent auditor's report.