

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [x]
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 05/01/1974
2a Plan sponsor's name (employer, if for a single-employer plan): PEOPLES ENERGY, LLC
2b Employer Identification Number (EIN): 27-5133141
2c Plan Sponsor's telephone number: 414-221-3131
2d Business code (see instructions): 221210

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor WEC ENERGY GROUP, INC. 231 W. MICHIGAN STREET, P409 MILWAUKEE, WI 53203	3b Administrator's EIN 39-1391525 3c Administrator's telephone number 414-221-3131
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	1640
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits.....	6b	1611
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1611
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4B 4D 4E

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PEOPLES ENERGY, LLC</p>	<p>D Employer Identification Number (EIN) 27-5133141</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
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

(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
94-0734860	71420	H2001	1267	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	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1469634
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. Specify nature of costs.	10b	

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;">SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PEOPLES ENERGY, LLC</p>	<p>D Employer Identification Number (EIN) 27-5133141</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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	245584	1611	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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">17135</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">15246</p>
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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

DIGITAL INSURANCE LLC **200 GALLERIA PKWY SE STE 1950**
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17135	15246	SUPPLEMENTAL COMPENSATION, MARKETING FEES, NON-MONETARY COMPENSATION	3

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **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)	
	7c(2)	
	7c(3)	
	7c(4)	
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		615816
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

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

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Part II Investment and Annuity Contract Information
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		41699
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		85289
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PEOPLES ENERGY, LLC	D Employer Identification Number (EIN) 27-5133141	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

UNITED HEALTH CARE

41-1321939

(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?
12	NONE	301960	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)

BSWIFT, LLC

36-4391310

(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?
12 14 15 38	NONE	209710	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)

EXPRESS SCRIPTS

22-3461740

(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?
12	NONE	55454	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"/>

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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 28	TRUSTEE	46416	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)

ROBERT W. BAIRD & COMPANY

39-6037917

(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 31 49 70	ADVISOR	45004	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)

CLARION PARTNERS, LLC

13-3379970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	35666	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"/>

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)

NUVEEN ASSET MANAGEMENT

27-4357327

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	30958	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)

WILLIS TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 49	NONE	29997	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)

DELTA DENTAL OF WI

39-6094742

(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?
12	NONE	13780	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"/>

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)

WCM INVESTMENT MGMT

95-3046237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	13673	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)

CLIFTONLARSONALLEN

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	6469	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)

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN</u>	B Three-digit plan number (PN) ▶	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PEOPLES ENERGY, LLC</u>	D Employer Identification Number (EIN) <u>27-5133141</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI-QM COM DAILY RUSSELL 1000 VALU</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9177636</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI COM DAILY AGGREGATE BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-029</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16771049</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI COM DAILY S&P500 EQTY</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37298792</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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	
A Name of plan PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PEOPLES ENERGY, LLC	D Employer Identification Number (EIN) 27-5133141

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1129142
		1285630
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	20395290
		20955104
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	259344
(B) All other	1c(3)(B)	10608965
		186780
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	2994427
		3081353
(5) Partnership/joint venture interests	1c(5)	15465133
		15068073
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	60025680
		63247477
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	75754474
		79788838
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	186632455	196197640
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	708265	678945
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	782685	931923
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1490950	1610868
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	185141505	194586772

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	520505	
(B) Participants.....	2a(1)(B)	3412596	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3933101
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	819123	
(C) Corporate debt instruments.....	2b(1)(C)	564474	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	3512	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1387109
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	11838	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2334962	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2346800
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	93312446	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	93467161	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-154715
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1298900	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9726197
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1593377
c Other income	2c		333847
d Total income. Add all income amounts in column (b) and enter total	2d		17866816

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5618053	
(2) To insurance carriers for the provision of benefits	2e(2)	2065405	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7683458
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	527408	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	6469	
(5) Investment advisory and investment management fees	2i(5)	129702	
(6) Bank or trust company trustee/custodial fees	2i(6)	42015	
(7) Actuarial fees	2i(7)	29997	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2500	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		738091
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8421549

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9445267
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) 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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

**PEOPLES ENERGY
COMPREHENSIVE GROUP INSURANCE PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

YEARS ENDED DECEMBER 31, 2024 AND 2023



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**PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Peoples Energy Comprehensive Group Insurance Plan
Milwaukee, Wisconsin

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Peoples Energy Comprehensive Group Insurance 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 and statements of benefit obligations as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and statement of changes in benefit obligations 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 Peoples Energy Comprehensive Group Insurance 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 Auditors' Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

Plan Administrator
Peoples Energy Comprehensive Group Insurance Plan

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 Peoples Energy Comprehensive Group Insurance Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Peoples Energy Comprehensive Group Insurance Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

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

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

In our opinion

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



CliftonLarsonAllen LLP

Racine, Wisconsin
July 31, 2025

**PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
INVESTMENTS (at Fair Value)		
U.S. Government Securities	\$ 20,955,104	\$ 20,395,290
Corporate Debt - Preferred	186,780	259,344
Corporate Debt - Other	12,584,385	10,608,965
Common Stock	3,081,353	2,994,427
Common Collective Trust Funds	63,247,477	60,025,680
Registered Investment Companies	79,788,838	75,754,474
Partnerships	15,068,073	15,465,133
Total Investments	194,912,010	185,503,313
NET INVESTMENTS HELD IN DEFINED BENEFIT PLANS (Restricted for 401(h) Account)		
	18,387,665	18,474,797
RECEIVABLES		
Interest, Dividends, and Other Receivables	1,285,630	1,129,142
Total Assets	214,585,305	205,107,252
LIABILITIES		
ACCRUED EXPENSES	2,163	2,998
ACCRUED BENEFITS	676,782	705,267
PAYABLE FOR INVESTMENTS PURCHASED	931,923	782,685
Total Liabilities	1,610,868	1,490,950
NET ASSETS AVAILABLE FOR BENEFITS	\$ 212,974,437	\$ 203,616,302

See accompanying Notes to Financial Statements.

**PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024**

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

INVESTMENT INCOME

Net Appreciation in Fair Value of Investments	\$ 8,529,105
Dividend, Interest, and Other Income	<u>5,404,610</u>
Total Investment Income	13,933,715

CONTRIBUTIONS

Participant	3,412,596
Company	<u>520,505</u>
Total Contributions	3,933,101

NET DECREASE IN 401(h) ACCOUNT

(87,132)

Total Additions

17,779,684

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

BENEFIT PAYMENTS

Medical and Dental Claims	5,618,053
Insurance Premiums	<u>2,065,405</u>
Total Benefit Payments	7,683,458

ADMINISTRATIVE EXPENSES

738,091

Total Deductions

8,421,549

NET INCREASE

9,358,135

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of Year	<u>203,616,302</u>
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End of Year	<u><u>\$ 212,974,437</u></u>
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**PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
STATEMENTS OF BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023**

	2024	2023
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current Retirees	\$ 47,016,802	\$ 49,598,048
Other Participants Fully Eligible for Benefits	10,473,353	9,440,451
Participants Not Yet Fully Eligible for Benefits	19,748,796	23,362,968
Total Postretirement Benefit Obligations	\$ 77,238,951	\$ 82,401,467

See accompanying Notes to Financial Statements.

**PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS
YEAR ENDED DECEMBER 31, 2024**

POSTRETIREMENT BENEFIT OBLIGATIONS

Balance - Beginning of Year	\$ 82,401,467
Increase (Decrease) During the Year Attributed To:	
Benefits Accumulated	2,649,899
Interest Due to Decrease in the Discount Period	4,208,603
Actuarial Gain	(964,074)
Changes in Actuarial Assumptions	(2,853,450)
Benefits Paid	<u>(8,203,494)</u>

TOTAL BENEFIT OBLIGATIONS - END OF YEAR \$ 77,238,951

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the Peoples Energy Comprehensive Group Insurance Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established on May 1, 1974 to provide health, dental, vision, and life insurance benefits subject to certain limitations as defined in the Plan document. The Plan was most recently restated effective January 1, 2016. Effective January 1, 2018, the Plan was amended and all active employees and their dependents are covered under the WEC Energy Group Welfare Plan and only retirees and their dependents are covered under the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is a contributory plan that provides retiree welfare benefits under designated benefit programs to retirees of the Company and participants' eligible family members. To receive postretirement benefits, employees must qualify for benefits. Specifics can be found in the individual summary plan description for each participant group.

Some retirees in this group have an opportunity to make a one-time election to defer entry into the Plan.

Plan Sponsor

Peoples Energy, LLC, a subsidiary of WEC Energy Group, Inc. (WEC or the Company), is the Plan Sponsor.

Plan Administration

The WEC Employee Benefits Committee, which consists of Company employees, is responsible for administration of the Plan. The assets of the Plan, other than assets in the 401(h) Account, are maintained in the Peoples Energy VEBA Life & Health Bargaining Employees Trust (the Trust). The Trust is administered by the WEC Investment Trust Policy Committee, which consists of Company employees. The Plan is the only participant in the Trust.

The Northern Trust Company serves as the Plan's qualified institution, also known as the Trustee. The qualified institution has custody of all cash and investments including the 401(h) Account.

Third-party administrators are engaged to process benefit claims. Payments are made by the third-party administrators directly to hospitals, doctors, other suppliers of medical services or to the participants as approved. To be eligible for reimbursement, claims for covered services must be submitted to the third-party administrator within the period of time designated in the respective summary plan description for the participant group.

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Benefits

Health care benefits are provided through the Plan. The Plan provides medical, dental and vision benefits to eligible retired employees and their dependents that elect to participate in the Plan. Life insurance benefits are provided to certain retired employees under various programs. Administrative employees that retire on or after January 1, 2013 are not eligible for retiree dental or life benefits.

Contributions

Company contributions to the Plan are based on a determination by the Plan's actuary and Plan funding requirements. The Company's funding policy is to contribute an amount not to exceed the maximum tax deductible amount allowed by the Internal Revenue Service (IRS). All retirees provide contributions toward the cost of their health coverage. Contributions vary by when an employee retires. Participant contributions are actuarially determined and updated on an annual basis.

The Retiree Medical Contribution Credit earned by a retiring employee of \$4,000 for each year of service earned after the later of January 1, 2013, and age 45 became effective for all administrative employees hired on or after January 1, 2008. The Retiree Medical Contribution Credit also applies to all eligible administrative employees who retired after December 31, 2012. Once the Retiree Medical Contribution Credit is exhausted, applicable retirees pay 100% of the premium.

The Company's participating subsidiaries fund all costs for life insurance benefits under the plan.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

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

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, the qualified institution, and actuary. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses. All other administrative expenses, such as professional fees, are paid by the Company on behalf of the Plan.

Payment of Benefits

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as accrued benefits in the accompanying statements of net assets available for benefits.

Premiums paid are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

Plan management has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through July 31, 2025, the date the financial statements were available to be issued, and is not aware of any subsequent events that would require recognition or disclosure.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The Northern Trust Company, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statement of changes in net assets available for benefits for the year ended December 31, 2024, the schedule of assets (held at end of year) as of December 31, 2024, and the schedule of reportable transactions for the year ended December 31, 2024, with the exception of investments within the 401(h) account for private equity funds (total fair value of \$1,730,148 and \$1,394,811 at December 31, 2024 and 2023, respectively, and total investment income of \$176,882 for the year ended December 31, 2024) and with the exception of collateral received for securities lending (total fair value of \$1,262,809 and \$1,236,635 at December 31, 2024 and 2023, respectively, and total investment income of \$2,937 for the year ended December 31, 2024).

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

Common Collective Trust Funds and Partnerships: Valued at the net asset value (NAV) of shares held by the Plan at year-end. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund/partnership less its liability. This practical expedient is not used when it is determined to be probable that the fund/partnership will sell the investment for an amount different than the reported NAV. If the Plan initiates a full redemption, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Corporate and Government Debt: Investments in bonds are valued based on discounted cash flow approach that maximizes observable inputs (current yields of similar instruments), but includes adjustments for certain risks that may not be observable (credit and liquidity risks).

Common Stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Registered Investment Companies: Valued at the daily closing price as reported by the fund. Registered investment companies held by the Trust are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Trust are deemed to be actively traded. There is one Registered Investment Company where NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. If the Plan initiates a full redemption of the investment, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2024			
	Level 1	Level 2	Level 3	Total
U.S. Government Securities	\$ -	\$ 20,955,104	\$ -	\$ 20,955,104
Corporate Debt - Preferred	-	186,780	-	186,780
Corporate Debt - Other	-	12,584,385	-	12,584,385
Common Stock	3,081,353	-	-	3,081,353
Registered Investment Companies	75,919,303	-	-	75,919,303
Total Investments in the Fair Value Hierarchy	<u>\$ 79,000,656</u>	<u>\$ 33,726,269</u>	<u>\$ -</u>	112,726,925
Investments Measured at NAV				<u>82,185,085</u>
Total Investments at Fair Value				<u>\$ 194,912,010</u>

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

	2023			
	Level 1	Level 2	Level 3	Total
U.S. Government Securities	\$ -	\$ 20,395,290	\$ -	\$ 20,395,290
Corporate Debt - Preferred	-	259,344	-	259,344
Corporate Debt - Other	-	10,608,965	-	10,608,965
Common Stock	2,994,427	-	-	2,994,427
Registered Investment Companies	72,457,322	-	-	72,457,322
Total Investments in the Fair Value Hierarchy	<u>\$ 75,451,749</u>	<u>\$ 31,263,599</u>	<u>\$ -</u>	106,715,348
Investments Measured at NAV				<u>78,787,965</u>
Total Investments at Fair Value				<u>\$ 185,503,313</u>

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31.

Investment Type	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Common Collective					
Trust Funds	\$ 63,247,477	\$ 60,025,680	None	Daily	None
Registered Investment Companies	\$ 3,869,535	\$ 3,297,152	None	Daily	None
Partnerships	\$ 15,068,073	\$ 15,465,133	None	Quarterly	30-90 days

NOTE 5 POSTRETIREMENT BENEFITS

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributable to employee service rendered to December 31. Postretirement benefits include future benefits expected to be paid to or for (i) currently retired or terminated employees and their beneficiaries and dependents and (ii) active employees and their beneficiaries and dependents after retirement from services. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

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

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 POSTRETIREMENT BENEFITS (CONTINUED)

The December 31, 2024 postretirement obligations were estimated using medical trend cost rates specific to pre-Medicare/post-Medicare benefits.

- Pre-Medicare Plan: Medical/Rx trend cost rates begin at 7.00%, reducing each year until reaching 5.00% in 2033.
- Post-Medicare Plan: Medical trend rate is a composite of:
 - Gross trend rate applied to estimated medical/Rx claims begins at 6.00%, reducing each year until reaching 5.00% in 2030; and
 - CMS/Pharma trend rate applied to third party funding begins at 5.60%, reducing each year until reaching 5.00% in 2030.
- Dental cost trend is 5.00% in all years.
- The annual discount rate used was 5.70% at December 31, 2024.

The December 31, 2023 postretirement obligations were estimated using medical trend cost rates specific to pre-Medicare/post-Medicare benefits.

- Pre-Medicare Plan: Medical/Rx trend cost rates begin at 6.25%, reducing each year until reaching 5.00% in 2031.
- Post-Medicare Plan: Medical trend rate is a composite of:
 - Gross trend rate applied to estimated medical/Rx claims begins at 6.25%, reducing each year until reaching 5.00% in 2030; and
 - CMS/Pharma trend rate applied to third party funding begins at 5.75%, reducing each year until reaching 5.00% in 2030.
- Dental cost trend is 5.00% in all years.
- The annual discount rate used was 5.20% at December 31, 2023.

The health care cost trend rate assumption has a significant effect on the amounts reported in the statements of benefit obligations and statement of changes in benefit obligations. Increasing both the medical and dental cost trend rates by 1% would increase the total postretirement benefit obligations as of December 31, 2024 and 2023 by approximately \$4.1 million and \$4.0 million, respectively.

For December 31, 2024 and 2023 measurements, the mortality assumption for healthy lives was based on the Pri-2012 headcount weighted healthy annuitant (retiree and contingent) and non-annuitant mortality tables (with blue and white collar adjustments for union and non-union employees respectively). The mortality assumptions for disabled lives was based on the Pri-2012 headcount weighted disabled mortality table. Mortality rates were projected using a generational projection scale that uses MP-2020 rates in 2012 and converges to a long-term improvement rate similar to that of the Social Security Administration with separate improvement tables for males and females.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of postretirement benefit obligations.

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC) and, accordingly, the Plan's and Trust's net investment income is exempt from income taxes but subject to unrelated business income tax (UBIT). The Plan and related Trust have obtained an exemption letter dated September 15, 1993 from the IRS, and the Plan Sponsor believes that the Plan, as amended, and the Trust continue to qualify and to operate in accordance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. Additionally, no provision for UBIT was necessary.

In addition, the Plan and Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related Trust is tax-exempt.

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

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan sponsor has the right under the Plan to modify benefits to participants, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain assets were invested in collective trust funds managed by the qualified institution of the Plan. As described in Note 1 and 2, the Plan has several arrangements with service providers. These transactions are party in interest transactions under ERISA.

Certain benefit payments that are paid by WEC Business Services, LLC and reimbursed by the Plan qualify as exempt party-in-interest transactions.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are not, however, considered prohibited transactions under Section 408(b) of the ERISA regulations.

**PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 9 401(h) ACCOUNT

In accordance with IRC Section 401(h), a portion of the Plan's obligations are funded through contributions to the WEC Energy Group Retirement Plan for PGL and NSG, and the WEC Energy Group Retirement Plan for WEC Business Services ("Defined Benefit Plans"). A separate account has been established and maintained in the Defined Benefit Plans for such contributions. In accordance with IRS Code Section 401(h), the Plan's investments in the 401(h) Account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health and welfare benefits are not included in the Defined Benefit Plans' obligations, but are reported as obligations in the accompanying financial statements of the Plan.

Deposits from the Plan, along with deposits from other participating plans, are commingled in the Integrys Energy Group Master Retirement Trust. Each participating plan's interest in the Integrys Energy Group Master Retirement Trust is based on its beginning of the year interest in the Integrys Energy Group Master Retirement Trust, plus actual contributions and monthly allocated investment income, less actual distributions and monthly allocated administrative expenses.

A summary of changes in net assets held in the Defined Benefit Plans restricted for the 401(h) Account for the year ended December 31, 2024 is as follows:

Net Income:	
Net Appreciation in Fair Value	
of Investments	\$ 313,964
Other Income	78,519
Interest and Dividends	385,376
Total Net Income	<u>777,859</u>
Health and Welfare Benefits Paid for Retirees	(773,258)
Administrative Expenses	<u>(91,733)</u>
Net Decrease in Net Assets Available	
for Benefits	<u><u>\$ (87,132)</u></u>

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 10 RISKS AND UNCERTAINTIES

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

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

NOTE 11 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan's net assets per the financial statements include assets related to 401(h) benefits provided by the Defined Benefit Plans. These assets are excluded from the Plan's net assets on the Form 5500 in accordance with IRS requirements.

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

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per the Financial Statements	\$ 212,974,437	\$ 203,616,302
Net Assets Held in Defined Benefit Plans Restricted for 401(h) Account	<u>(18,387,665)</u>	<u>(18,474,797)</u>
Net Assets per Form 5500	<u><u>\$ 194,586,772</u></u>	<u><u>\$ 185,141,505</u></u>

The following is a reconciliation of net decrease in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2024:

Net Increase in Net Assets Available for Benefits per the Financial Statements	\$ 9,358,135
Add: Net Decrease in 401(h) Account	<u>87,132</u>
Net Increase in Net Assets Available for Benefits per Form 5500	<u><u>\$ 9,445,267</u></u>

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
E.I.N. 27-5133141 PLAN NO. 501
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

Identity of Issue	Cost	Current Value
<u>U.S. Government Securities:</u>		
UNITED STATES OF AMER TREAS BILLS 0% 03-11-2025	\$ 1,022,247	\$ 1,026,810
UNITED STATES OF AMER TREAS BILLS 0% T-BILL 03-20-2025	108,888	109,017
UNITED STATES OF AMER TREAS BONDS 2.875% 05-15-2052	762,441	662,017
UNITED STATES OF AMER TREAS NOTES 4.25% 05-31-2025	3,421,539	3,449,124
UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034	64,738	63,324
UNITED STATES OF AMER TREAS NOTES 5% DUE 10-31-2025	904,035	905,189
UNITED STATES OF AMER TREAS NOTES DTD 07/31/2023 4.75%	1,240,795	1,248,429
UNITED STATES TREAS BDS 2.875% DUE 11-15-2046	210,750	189,130
UNITED STATES TREAS BDS 1.25% DUE 05-15-2050	139,310	121,125
UNITED STATES TREAS BDS 3% DUE 05-15-2047 REG	161,433	144,292
UNITED STATES TREAS BDS 3.0% 02-15-2047	236,176	211,457
UNITED STATES TREAS BDS 3.0% DUE 08-15-2048	152,938	135,310
UNITED STATES TREAS BDS 4.625% 11-15-2044	1,260,568	1,198,722
UNITED STATES TREAS BDS DTD 3.125% 05-15-2048	105,745	93,765
UNITED STATES TREAS BDS DTD 2.75% 08-15-2047	249,167	221,829
UNITED STATES TREAS NTS 4.0% 12-15-2027	3,195,127	3,189,883
UNITED STATES TREAS NTS 4.25% 11-30-2026	3,623,558	3,619,010
UNITED STS TREAS BILLS 0% T-BILL 01-09-2025	1,178,477	1,189,027
US TREASURY N/B 4.125% 11-30-2029	1,352,268	1,334,496
US TREASURY N/B 4.25% 08-15-2054	1,705,356	1,660,441
PVTPL NBN CO LTD GLOBAL MEDIUM TERM NTS 1.45% DUE 05-05-2026	110,248	105,211
OMERFT 4 04/19/52 4% DUE 04-19-2052/04-19-2022 BEO	80,879	77,496
	<hr/>	<hr/>
Total U.S. Government Securities	21,286,682	20,955,104
<u>Corporate Debt:</u>		
DTE ELEC CO 2.95% DUE 03-01-2050	71,075	68,324
DUKE ENERGY 3.7% DUE 10-15-2046	38,235	37,092
PECO ENERGY CO 3% DUE 09-15-2049	48,189	45,719
PUB SVC ELEC GAS FIXED 2.05% DUE 08-01-2050	16,900	15,880
PUB SVC ELEC GAS FIXED 2.7% DUE 05-01-2050	6,601	6,111
PUBLIC SVC ELEC GAS CO SECD MEDIUM TERM 3.2% DUE 08-01-2049	14,580	13,654
ANHEUSER-BUSCH 4.95% DUE 01-15-2042	24,246	23,259
ANHEUSER-BUSCH COS LLC CORP 4.9% 02-01-2046	73,819	71,901
ENBRIDGE INC 6.0% 11-15-2028	119,427	119,069
ENBRIDGE INC SR NT 2.5% 02-14-2025	53,824	54,837
NUTRIEN LTD 4.9% DUE 03-27-2028	34,604	34,987
PVTPL 6297782 LLC 4.911% 09-01-2027	114,662	114,604
PVTPL 6297782 LLC 6.176% 10-01-2054	109,556	106,616
PVTPL FEDERATION DES CAISSES DESJARDINS DU QUE 0%	81,531	81,555
TORONTO DOMINION BK SR MEDIUM TERM BK NTS BOOK	234,648	234,825
AERCAP IRELAND CAP DESIGNATED ACTIVITY C6.1% 01-15-2027	79,672	81,824
STATOIL ASA 5.1 DUE 08-17-2040	54,776	53,022
PVTPL UBS GROUP AG 6.301% 09-22-2034	57,870	57,539
UBS AG LONDON BRH 5.65% 09-11-2028	148,761	148,341
PVTPL NATWEST MKTS PLC 5.41% DUE 05-17-2029 BEO	81,404	81,034

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
E.I.N. 27-5133141 PLAN NO. 501
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

Identity of Issue	Cost	Current Value
Corporate Debt (Continued):		
VODAFONE GROUP PLC 4.25% DUE 09-17-2050 REG	\$ 37,408	\$ 34,996
ABBVIE INC 4.8% 03-15-2029	94,802	94,963
ABBVIE INC 5.4% 03-15-2054	90,551	86,660
AEP TRANSMISSION CO LLC 2.75% 08-15-2051	15,712	15,030
AEP TRANSMISSION CO LLC 5.4% DUE 03-15-2053	70,469	66,775
AIR LEASE CORP MED 5.85% DUE 12-15-2027	130,263	133,244
AMCOR FINANCIAL CORP 5.45% 05-23-2029	116,350	115,938
AMCOR FLEXIBLES NORTH AMER INC SR NT 4% 05-17-2025	35,181	34,871
AMERN HOMES 4 RENT 4.9% DUE 02-15-2029	33,795	34,717
AMGEN INC 5.6% DUE 03-01-2043	69,092	68,302
AMGEN INC 5.65% 03-02-2053	132,136	130,225
AMGEN INC FIXED 5.15% 03-02-2028	34,719	35,252
ANTHEM INC 3.6% DUE 03-15-2051	41,198	38,352
AON CORP FIXED 2.9% DUE 08-23-2051	19,267	18,246
APPLE INC 2.65% 02-08-2051	61,079	55,597
APPLE INC FIXED 2.95% 09-11-2049	29,031	26,698
AT&T INC 2.3% DUE 06-01-2027	31,383	33,029
AT&T INC 3.5% DUE 09-15-2053 REG	51,634	50,529
AT&T INC 3.8% 12-01-2057	157,644	148,638
ATMOS ENERGY CORP 5.0% 12-15-2054	43,065	40,669
BALTIMORE GAS & ELECTRIC CO 5.4% DUE 06-01-2053	19,961	19,076
BANK AMER CORP 5.518% 10-25-2035	209,385	205,013
BANK AMER CORP 5.819% 09-15-2029	458,728	456,066
BERKSHIRE HATHAWAY FIN CORP 2.85% DUE 10-15-2050	92,280	84,870
BOEING CO 3.25% DUE 02-01-2028	189,761	192,881
BOEING CO FIXED 2.196% DUE 02-04-2026	154,477	160,008
BOEING CO FIXED 5.805% DUE 05-01-2050	220,854	208,857
BRIXMOR OPER 4.125% DUE 06-15-2026	27,926	29,688
BRIXMOR OPERATING PARTNERSHIP LP 3.85% NTS 02-01-2025	19,671	19,974
CAMPBELL SOUP CO 5.2% 03-21-2029	116,871	116,056
CHARTER 4.908% DUE 07-23-2025	38,322	38,954
CHARTER COMMUNICATIONS OPER LLC/CHARTE 4.8%	87,547	90,332
CHENIERE ENERGY FIXED 4.5% DUE 10-01-2029	49,023	48,409
CIGNA CORP NEW FIXED 3.4% DUE 03-15-2050	21,483	19,755
CITIBANK N A 4.929% 08-06-2026	320,013	321,506
CITIGROUP INC 5.174% 02-13-2030	86,681	84,919
CITIGROUP INC 6.174% DUE 05-25-2034	202,976	203,912
CLOROX CO 3.1% DUE 10-01-2027	47,349	47,960
COMCAST CORP NEW 3.45% DUE 02-01-2050	11,120	10,290
COMCAST CORP NEW FIXED 3.999% DUE 11-01-2049	173,195	162,842
CONSOLIDATED EDISON CO(N.Y) 6.15% DUE 11-15-2052 BEO	21,476	20,986
CVS HEALTH CORP 2.875% DUE 06-01-2026	108,136	111,665
CVS HEALTH CORP 5.05% DUE 03-25-2048	83,433	78,348
CVS HLTH CORP CDR FIXED 5% DUE 02-20-2026	9,966	9,991
DUKE ENERGY 3.2% DUE 08-15-2049	14,138	13,342
DUKE ENERGY CAROLINAS LLC 5.35% DUE 01-15-2053	62,560	57,145

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
E.I.N. 27-5133141 PLAN NO. 501
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

Identity of Issue	Cost	Current Value
Corporate Debt (Continued):		
DUKE ENERGY PROGRESS LLC 3.45% 03-15-2029	\$ 37,612	\$ 37,901
DUKE ENERGY PROGRESS LLC 5.35% 03-15-2053/03-09-2023	27,905	28,393
ENERGY TRANSFER L P 6.05% 12-01-2026	65,975	66,392
ENTERPRISE PRODS 4.95% DUE 10-15-2054	37,528	34,987
ESSEX PORTFOLIO L FIXED 1.7% DUE 03-01-2028	25,922	27,121
EXXON MOBIL CORP 4.114% DUE 03-01-2046	38,988	36,539
FED RLTY INVT TR 1.25% DUE 02-15-2026	49,937	47,995
FLORIDA POWER & LIGHT COMPANY 5.05% DUE 04-01-2028	167,889	166,604
FLORIDA POWER & LIGHT COMPANY 5.6% 06-15-2054	144,921	144,975
FLORIDA PWR & LT CO 4.4% 05-15-2028	59,755	59,414
FORD MOTOR CREDIT CO LLC 5.85% 05-17-2027	115,302	116,204
GE HEALTHCARE HLDG LLC GTD SR NT 5.6% 11-15-2025	96,056	95,637
GENERAL MLS INC 4.875% 01-30-2030	59,725	59,621
GENERAL MOTORS FINANCIAL CO INC 6.1% 01-07-2034	56,629	55,823
GENERAL MOTORS FINL CO 4.9% 10-06-2029	70,002	68,960
GEORGIA PWR CO 3.7% 01-30-2050	48,910	47,798
GLP CAP L P / GLP 5.25% DUE 06-01-2025	139,978	139,968
GOLDMAN SACHS GROUP INC 5.016% 10-23-2035	95,000	90,977
GOLDMAN SACHS GROUP INC 5.798% 08-10-2026	235,192	236,300
GOLDMAN SACHS GROUP INC 6.484% DUE 10-24-2029	199,334	193,798
HACKENSACK MERIDIAN HEALTH INC 2.875% 09-01-2050	69,377	65,962
HALEON US CAPITAL LLC 3.375% 03-24-2027	137,628	140,769
HCA INC 5.625% DUE 09-01-2028	88,296	86,126
HEALTHCARE RLTY HLDGS L P SR NT 2.4% 03-15-2030	94,460	94,312
HONEYWELL INTERNATIONAL 4.65% 07-30-2027	59,998	60,214
HONEYWELL INTERNATIONAL 4.875% 09-01-2029	45,261	45,268
INGERSOLL-RAND 3.5% DUE 03-21-2026	26,715	24,652
INTERSTATE PWR & LT CO SR DEB 3.1% 11-30-2051	45,784	44,705
JPMORGAN CHASE & CO 4.603% 10-22-2030	350,034	343,647
JPMORGAN CHASE & CO 4.946% 10-22-2035	205,490	197,481
JPMORGAN CHASE & CO. 4.851% DUE 07-25-2028	110,014	109,991
KITE RLTY GROUP L 4% DUE 10-01-2026	188,366	192,014
KRAFT HEINZ FOODS CO GTD SR NT 4.875% 10-01-2049	84,235	81,326
KROGER CO 3.7% 08-01-2027	94,022	92,747
KROGER CO 5.5% 09-15-2054	115,824	108,452
L3HARRIS TECHNOLOGIES INC 5.4% 01-15-2027	70,646	70,856
LOCKHEED MARTIN 4.85 DUE 09-15-2041	23,617	23,102
LOWE'S COMPANIES INC 5.75% 07-01-2053	53,535	53,933
LOWES COS INC 4.25% 04-01-2052	71,306	70,377
MARATHON PETE CORP 4.75% DUE 09-15-2044	28,989	29,075
MERCK & CO INC NEW FIXED 2.45% DUE 06-24-2050	45,240	46,112
META PLATFORMS INC 5.4% 08-15-2054	29,880	29,071
MID-AMERICA APTS FIXED 2.875% DUE 09-15-2051	12,781	12,361
MIDAMERICAN ENERGY CO 3.65% 08-01-2048	35,122	33,400
MORGAN STANLEY 4.654% 10-18-2030	249,413	244,632

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
E.I.N. 27-5133141 PLAN NO. 501
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

Identity of Issue	Cost	Current Value
<u>Corporate Debt (Continued):</u>		
MORGAN STANLEY 5.32% 07-19-2035	\$ 199,947	\$ 196,793
MORGAN STANLEY BK N A SALT LAKE CITY UTAH 4.952% 01-14-2028	209,682	210,284
NEW YORK LIFE INS 6.75% DUE 11-15-2039	22,698	22,181
NORTHERN STS PWR CO MINN 2.6% DUE 06-01-2051 REG	24,075	22,713
NORTHN STS PWR CO 2.9% DUE 03-01-2050	23,699	22,430
O REILLY AUTOMOTIVE INC NEW 5.75% 11-20-2026	90,641	91,553
OHIO PWR CO CORP 4.0% 06-01-2049	47,796	45,055
ONEOK INC 5.7% 11-01-2054	209,091	197,691
ORACLE CORP 1.65% 03-25-2026	54,536	53,031
ORACLE CORP 3.6% DUE 04-01-2050 REG	30,982	31,555
ORACLE CORP 5.375% 09-27-2054	105,329	96,767
PAC GAS & ELEC CO 3.3% DUE 08-01-2040	16,982	18,730
PFIZER INC 4.45% 05-19-2028	117,930	118,934
PFIZER INVESTMENT ENTER 5.3% 05-19-2053	209,708	192,249
PHILIP MORRIS INTL 4.25% DUE 11-10-2044	40,322	40,973
PHILIP MORRIS INTL INC 4.625% 11-01-2029	93,901	93,690
PRAXAIR INC NT 2% 08-10-2050	13,057	13,035
PRIN FINL GROUP FIXED 5.5% 03-15-2053	44,415	43,033
PROLOGIS L P 5.25% 03-15-2054	19,644	18,684
PVTPL BG ENERGY CAP PLC GTD NT 144A 5.125% DUE 10-15-2041 BEO	18,684	18,662
PVTPL METROPOLITAN LIFE GLOBAL FDG I 5.05% DUE 01-06-2028 BEO	35,613	35,201
PVTPL NEW YORK LIFE GLOBAL FDG 5.0% 06-06-2029	60,091	60,437
PVTPL NEW YORK LIFE GLOBAL FDG MEDIUM TERM NTS 4.85%	49,972	50,149
PVTPL NEW YORK LIFE INS CO 3.75% DUE 05-15-2050	56,614	54,610
PVTPL PINE STREET TRUST III 6.223% 05-15-2054	35,377	35,371
PVTPL PROTECTIVE LIFE GLOBAL FDG 5.209% 04-14-2026	60,305	60,319
REGENCY CTRS L P 4.4% DUE 02-01-2047	16,039	16,480
REGENCY CTRS L P 4.65% DUE 03-15-2049	20,728	21,169
RTX CORP 4.875% 10-15-2040	9,443	9,216
RTX CORPORATION 2.82% 09-01-2051	85,015	78,984
RTX CORPORATION 4.125% 11-16-2028	24,679	24,331
SHELL INTL FIN B V 3.625% DUE 08-21-2042	28,547	27,276
SOUTHERN CALIF EDISON CO 4.65 DUE 10-01-2043	17,503	17,352
SOUTHN CAL EDISON 4% DUE 04-01-2047	70,548	69,341
SYSCO CORP 3.25% DUE 07-15-2027	52,575	53,051
SYSCO CORP 3.3% DUE 02-15-2050	45,063	43,781
SYSCO CORP FIXED 6.6% DUE 04-01-2050	27,062	27,442
T-MOBILE USA INC 4.8% DUE 07-15-2028	89,604	89,501
T-MOBILE USA INC TMUS 3.3% 02-15-2051	68,274	66,065
TAPESTRY INC 5.1% 03-11-2030	49,677	49,430
TAPESTRY INC 5.5% 03-11-2035	9,986	9,724
TOYOTA MTR CR CORP 5.6% DUE 09-11-2025	44,992	45,315
UNITEDHEALTH GROUP INC 5.05% 04-15-2053	88,867	90,193
VICI PROPERTIES LP 6.125% 04-01-2054	34,476	34,775
VIRGINIA ELEC & PWR CO 5.45% 04-01-2053	83,718	81,015
WALMART INC 2.5% DUE 09-22-2041 BEO	25,652	24,112

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
E.I.N. 27-5133141 PLAN NO. 501
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

Identity of Issue	Cost	Current Value
<u>Corporate Debt (Continued):</u>		
WALMART INC 4.5% DUE 04-15-2053	\$ 23,715	\$ 21,789
WARNERMEDIA HLDGS INC 5.141% 03-15-2052	55,258	52,258
WARNERMEDIA HLDGS INC SR NT 3.755% 03-15-2027	99,146	101,155
WELLS FARGO & COMPANY 5.574% 07-25-2029	223,662	223,396
WELLS FARGO AND COMPANY 5.211% 12-03-2035	70,000	68,123
	<hr/>	<hr/>
Total Corporate Debt	12,970,397	12,771,165
<u>Common Stock:</u>		
WNS HOLDINGS LTD ORD GBP0.1	48,644	38,054
ACI WORLDWIDE INC COM STK	31,699	57,049
APPLIED INDL TECHNOLOGIES INC COM	34,938	59,868
ATRICURE INC COM STK	40,449	19,650
AVIENT CORPORATION	54,438	54,507
AXSOME THERAPEUTICS INC. COM	14,771	30,798
BEACON ROOFING SUPPLY INC COM	52,659	61,456
BILL HOLDINGS INC COM USD0.00001	69,961	74,630
BIOHAVEN LTD COM NPV WI	16,528	11,728
BOOT BARN HLDGS INC COM	31,290	61,943
BRIDGEBIO PHARMA INC COM	14,381	22,446
CASELLA WASTE SYS INC CL A COM STK	54,911	63,486
CHART INDS INC COM PAR \$0.01 COM PAR \$0.01	47,847	47,901
CHEFS' WAREHOUSE HOLDINGS IN	50,917	58,247
CHURCHILL DOWNS INC COM	56,951	53,550
COGNEX CORP COM	47,324	37,761
COMMVAULT SYS INC COM STK	32,268	30,333
CREDO TECHNOLOGY GROUP HOLDING LTD	24,761	32,395
EVERCORE INC	25,478	54,606
FABRINET COM USD0.01	60,338	55,850
FIRST WATCH RESTAURANT GROUP INC COM	65,824	52,294
FIVE9 INC COM	85,681	62,586
FRESHPET INC COM	46,514	61,466
FTAI AVIATION LTD COM USD0.01	22,257	37,883
GLAUKOS CORP COM	36,297	45,582
GREEN BRICK PARTNERS INC COM	31,840	23,895
HALOZYME THERAPEUTICS INC COM	42,997	44,176
IAC INC COM NEW	69,813	47,454
IDEAYA BIOSCIENCES INC COM	24,330	20,380
IMMUNOVANT INC COM	22,010	13,624
INSMED INC COM PAR \$.01	20,854	34,727
INSPIRE MED SYS INC COM	34,249	32,998
INSTALLED BLDG PRODS INC COM	62,859	50,647
IRHYTHM TECHNOLOGIES INC COM	41,034	37,421
KLAVIYO INC COM SER A COM SER A	34,726	37,034
KNIGHT-SWIFT TRANSN HLDGS INC CL A CLASSA COMMON STOCK	48,490	48,319
LANTHEUS HLDGS INC COM	31,058	33,995

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
E.I.N. 27-5133141 PLAN NO. 501
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

Identity of Issue	Cost	Current Value
<u>Common Stock (Continued):</u>		
MERCURY SYSTEMS INC	\$ 78,146	\$ 60,900
NOVANTA INC NOVANTA INC	49,024	45,220
PENUMBRA INC COM	32,948	39,897
PERFORMANCE FOOD GROUP CO COM	35,428	65,104
PLANET FITNESS INC CL A CL A	64,441	64,661
POWELL INDS INC COM	48,917	42,778
POWER INTEGRATIONS INC COM	57,942	50,656
PRIMERICA INC COM	29,348	62,698
RADNET INC COM STK	49,787	43,580
RAMBUS INC DEL COM	67,692	63,115
REGAL REXNORD CORPORATION COM STK USD0.01	37,794	49,021
REPLIGEN CORP COM STK USD0.01	29,474	27,349
REVOLUTION MEDICINES INC COM	26,037	23,051
RH COM	60,181	55,103
SAIA INC COM STK	36,571	55,599
SEMTECH CORP COM	49,553	47,934
SENTINELONE INC CL A COM CL A COM	38,760	36,164
SIMPSON MFG INC COM	39,598	34,161
SITEONE LANDSCAPE SUPPLY INC COM	52,087	44,934
SPS COMM INC COM	37,087	56,669
STERLING INFRASTRUCTURE INC COM STK USD0.01	48,310	53,399
STRIDE INC COM USD	66,546	62,982
SURGERY PARTNERS INC COM	52,329	33,703
TETRA TECH INC NEW COM	23,577	46,692
TEXAS ROADHOUSE INC COMMON STOCK	19,039	46,912
ULTRAGENYX PHARMACEUTICAL INC COM	29,121	17,459
VARONIS SYS INC COM	61,958	54,338
VAXCYTE INC COM	21,092	21,365
WESTERN ALLIANCE BANCORPORATION COM	42,408	62,571
WEX INC COM	61,680	59,433
EASTGROUP PPTYS INC REIT	45,295	43,166
	<hr/>	<hr/>
Total Common Stock	2,923,554	3,081,353
<u>Common Collective Trust Funds:</u>		
* MFB CF NTGI-QM COM DAILY RUSSELL	7,028,683	9,177,636
* MFB NTGI COM DAILY S&P500 EQTY INDEX-LENDING	27,669,144	37,298,792
* MFB NTGI COMMON DAILY AGGREGATE BOND	17,996,473	16,771,049
	<hr/>	<hr/>
Total Common Collective Trust Funds	52,694,299	63,247,477
<u>Registered Investment Companies:</u>		
MFO BAILLIE GIFFORD FDS EMERGING MKTS FDCL K	1,418,069	1,380,663
MFO BARON SELECT FDS EMERGING MARKETS FDINSTL SHS BARON	1,370,415	1,490,099
MFO FIDELITY INVESTMENT TRUST ADV INTL SML Z	2,904,125	2,954,271

PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
E.I.N. 27-5133141 PLAN NO. 501
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

Identity of Issue	Cost	Current Value
<u>Registered Investment Companies (Continued):</u>		
MFO INVESCO DEVELOPING MARKETS FUND	\$ 1,559,022	\$ 1,404,489
MFO ARTISAN FDS INC INTL VALUE FD INSTL SHS	6,771,344	7,041,237
MFO INVESTMENT MANAGERS SER TR WCM FOCUSED INTL GROWTH	3,455,996	4,312,215
MFO ROWE T PRICE INTL FDS INC INTL DISCIPLINED EQTY FD CL I	1,589,385	1,525,142
MFO VIRTUS OPPORTUNITIES TRUST KAR INTL SM-CAP FD CL R6	1,252,468	1,267,101
* MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A	3,869,535	3,869,535
MFO ALLSPRING FUNDS TRUST TOTAL RETURN BD FD CL R6	40,342,367	34,090,792
MFO FIDELITY SALEM STREET TRUST SPARTAN MID CAP INDEX FD	9,219,037	13,974,639
MFO JPMORGAN TR I SMALL CAP EQUITY FD CLR6	3,382,598	3,254,170
MFO VICTORY PORTFOLIOS SYCAMRE SML R6	<u>3,218,631</u>	<u>3,224,485</u>
Total Registered Investment Companies	80,352,993	79,788,838
<u>Partnerships:</u>		
CF BAILARD REAL ESTATE INVESTMENT TRUST FUND	5,653,072	4,779,210
CF CLARION LION PROPERTIES FUND	7,468,712	5,728,693
EVERWEST GWL USPF LP	<u>5,893,885</u>	<u>4,560,170</u>
Total Partnerships	<u>19,015,669</u>	<u>15,068,073</u>
Total Investments	<u>\$ 189,243,595</u>	<u>\$ 194,912,010</u>

* *Indicates Party-in-Interest*

**PEOPLES ENERGY COMPREHENSIVE GROUP INSURANCE PLAN
E.I.N. 27-5133141 PLAN NO. 501
SCHEDULE H, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
<u>Series of Transactions by Issue in Excess of 5%</u>						
* MFB NTHN INSTL FDS GOVT PORTFOLIO	Registered Investment Company	\$ 29,451,005	\$ -	\$ 29,451,005	\$ 29,451,005	\$ -
* MFB NTHN INSTL FDS GOVT PORTFOLIO	Registered Investment Company	-	28,878,623	28,878,623	28,878,623	-

* *Indicates Party-in-Interest*



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**Schedule H, Line 4j
Schedule of Reportable Transactions**

See the Supplemental Schedule, page 26, in the attached Financial Statement

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

See the Supplemental Schedule, pages 19-25, in the attached Financial Statement