

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: CONSTELLATION MYSTIC POWER LLC POST-EMPLOYMENT MEDICAL SAVINGS ACCOUNT PLAN FOR UNION EMPLOYEES
1b Three-digit plan number (PN): 502
1c Effective date of plan: 01/01/2006
2a Plan sponsor's name (employer, if for a single-employer plan): CONSTELLATION MYSTIC POWER, LLC CO CONSTELLATION ENERGY GENERATION LLC
2b Employer Identification Number (EIN): 27-3585052
2c Plan Sponsor's telephone number: 779-231-5871
2d Business code (see instructions): 221100

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

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

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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	153
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	79
	6a(2)	55
	6b	116
	6c	2
	6d	173
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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.
--	--	---

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

A Name of plan CONSTELLATION MYSTIC POWER LLC POST-EMPLOYMENT MEDICAL SAVINGS ACCOUNT PLAN FOR UNION EMPLOYEES	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTELLATION MYSTIC POWER, LLC CO CONSTELLATION ENERGY GENERATION LLC	D Employer Identification Number (EIN) 27-3585052	

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

COHEN & STEERS INC	280 PARK AVE FL 10 NEW YORK, NY 10017
--------------------	--

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

BLACKROCK INC	32-0174431
---------------	------------

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

ARTISAN PARTNER	875 E WISCONSIN AVE MILWAUKEE, WI 53202
-----------------	--

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

BAIRD FUNDS INC	777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202
-----------------	--

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

COLUMBIA FUNDS SERIES TRUST I

ONE FINANCIAL CENTER
BOSTON, MA 02111

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

FIDELITY INVESTMENTS

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

NUVEEN INVESTMENT FUNDS INC

333 WEST WACKER DRIVE
CHICAGO, IL 60606

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

NEW YORK LIFE INVESTMENTS

52-2206685

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

MONDRIAN INVESTMENT PARTNERS

2001 MARKET ST STE 3810
PHILADELPHIA, PA 19103

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

CHARLES SCHWAB & CO INC

94-1737782

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

JPMORGAN CHASE BANK

13-4994650

(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)

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	CUSTODIAN	7581	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	11192	Yes <input type="checkbox"/> No <input checked="" 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"/>

(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 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 CONSTELLATION MYSTIC POWER LLC POST-EMPLOYMENT MEDICAL SAVINGS ACCOUNT PLAN FOR UNION EMPLOYEES	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">502</td> </tr> </table>	B Three-digit plan number (PN) ▶	502
B Three-digit plan number (PN) ▶	502		
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTELLATION MYSTIC POWER, LLC CO CONSTELLATION ENERGY GENERATION LLC	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 27-3585052</td> </tr> </table>	D Employer Identification Number (EIN) 27-3585052	
D Employer Identification Number (EIN) 27-3585052			

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	972	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1821766	1824502
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	303	269
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	69356	73182
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	3338987	3367541
(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	5231384	5265494
Liabilities			
g Benefit claims payable.....	1g	311835	52797
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	24275	2774
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	336110	55571
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4895274	5209923

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)	118585	
(B) Participants.....	2a(1)(B)	36506	
(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)		155091
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	12000	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12000
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	97135	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		97135
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		296858
c Other income	2c		-556
d Total income. Add all income amounts in column (b) and enter total	2d		560528

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	238298	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		238298
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	7581	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7581
j Total expenses. Add all expense amounts in column (b) and enter total	2j		245879

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		314649
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: MITCHELL & TITUS

(2) EIN: 13-2781641

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		50000000
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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.



INDEPENDENT AUDITOR'S REPORT

To the Participants and the Plan Administrator of the
Constellation Mystic Power, LLC Post-Employment
Medical Savings Account Plan for Union Employees

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

We have performed audits of the financial statements of the Constellation Mystic Power, LLC Post-Employment Medical Savings Account Plan for Union Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from U.S. Bank the custodian of the Plan and 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 the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

141 West Jackson Blvd.
Chicago, IL 60604
T +1 312 332 4964
F +1 312 332 0181
mitchelltitus.com



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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but it is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.



The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material, if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.



Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, schedule of assets (acquired and disposed of within year) for the year ended December 31, 2024, and schedule of reportable transactions for the year ended December 31, 2024 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 audit 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).

Mitchell Titus, LLP

September 12, 2025

**CONSTELLATION MYSTIC POWER, LLC
POST-EMPLOYMENT MEDICAL SAVINGS ACCOUNT PLAN FOR
UNION EMPLOYEES
(EIN: 27-3585052; PLAN #502)**

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

AS OF DECEMBER 31, 2024 and 2023

WITH INDEPENDENT AUDITOR'S REPORT

**CONSTELLATION MYSTIC POWER, LLC POST-EMPLOYMENT MEDICAL SAVINGS ACCOUNT
PLAN FOR UNION EMPLOYEES**

INDEX TO FINANCIAL STATEMENTS

	<u>Page No.</u>
Independent Auditor's Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits As of December 31, 2024 and 2023	5
Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2024	6
Notes to Financial Statements	7
Supplemental Schedules:	
Schedule of Assets (Held at End of Year)	
Schedule of Assets (Acquired and Disposed of Within Year)	
Schedule of Reportable Transactions For the Year Ended December 31, 2024	



INDEPENDENT AUDITOR'S REPORT

To the Participants and the Plan Administrator of the
Constellation Mystic Power, LLC Post-Employment
Medical Savings Account Plan for Union Employees

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

We have performed audits of the financial statements of the Constellation Mystic Power, LLC Post-Employment Medical Savings Account Plan for Union Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from U.S. Bank the custodian of the Plan and 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 the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

141 West Jackson Blvd.
Chicago, IL 60604
T +1 312 332 4964
F +1 312 332 0181

mitchelltitus.com



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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but it is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.



The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material, if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.



Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, schedule of assets (acquired and disposed of within year) for the year ended December 31, 2024, and schedule of reportable transactions for the year ended December 31, 2024 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 audit 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).

Mitchell Titus, LLP

September 12, 2025

**CONSTELLATION MYSTIC POWER, LLC
POST-EMPLOYMENT MEDICAL SAVINGS ACCOUNT PLAN FOR UNION EMPLOYEES**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31,	
	2024	2023
ASSETS		
Cash and cash equivalents	\$ —	\$ 972
Investments, at fair value	3,440,723	3,408,343
Receivables		
Employer contributions	1,824,502	1,821,766
Other receivables	269	303
Total receivables	1,824,771	1,822,069
Total assets	5,265,494	5,231,384
LIABILITIES		
Due to plan sponsor	52,797	311,835
Other payables	2,774	24,275
Total liabilities	55,571	336,110
NET ASSETS AVAILABLE FOR BENEFITS	\$ 5,209,923	\$ 4,895,274

The accompanying Notes are an integral part of these Financial Statements.

**CONSTELLATION MYSTIC POWER, LLC
POST-EMPLOYMENT MEDICAL SAVINGS ACCOUNT PLAN FOR UNION EMPLOYEES**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2024
ADDITIONS	
Contributions	
Employer	\$ 118,585
Participant	36,506
Total contributions	155,091
Net investment income and appreciation	
Interest income and dividends	\$ 108,579
Net appreciation in fair value of investments	296,858
Total net investment income and appreciation	405,437
Total additions	560,528
DEDUCTIONS	
Benefits paid to participants	238,298
Administrative expenses	7,581
Total deductions	245,879
Net increase	314,649
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	4,895,274
End of year	\$ 5,209,923

The accompanying Notes are an integral part of these Financial Statements.

CONSTELLATION MYSTIC POWER, LLC POST-EMPLOYMENT MEDICAL SAVINGS ACCOUNT PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

1. Plan Description

The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Constellation Mystic Power, LLC Post-Employment Medical Savings Account Plan for Union Employees (the "Plan") is an employee welfare benefit plan subject to the provisions set forth in the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The sponsor of the Plan is Constellation Mystic Power, LLC (the "Company" or "Plan Sponsor") and is a wholly owned subsidiary of Constellation Energy Generation, LLC ("Constellation").

The administrator of the Plan is the Company, acting through the Director, Employee Benefit Plans and Programs of Constellation (the "Plan Administrator"). The Plan Administrator has general responsibility for the administration of the Plan and makes determinations of benefits payable under the Plan, except that if a claims administrator is appointed, the claims administrator has discretionary authority to make claims determinations with respect to the claims it administers.

Eligibility and Participation

The purpose of the Plan is to provide certain health care benefits to eligible retired employees of the Company who are represented by Local 369 of the Utility Workers Union of America, AFL-CIO, as required by one or more collective bargaining agreements. Employees whose employment was subject to the separate collective bargaining agreement in effect for employees of the Mystic 7 generating station ("Mystic 7 Employees") and who had attained age thirty-five were eligible to enroll in the Plan while employed at Mystic 7. There is no age requirement for employees whose employment is subject to the separate collective bargaining agreement in effect for employees of the Mystic 8 & 9 generating stations ("Mystic 8 & 9 Employees"). Eligible employees include those who elected to participate in the Plan while an active employee or who were identified by the Company and Local 369 without an election. Any Mystic 8 & 9 Employees hired or rehired on or after January 1, 2021, are not eligible to participate in the Plan.

Constellation permanently ceased generation operations of the Mystic 7 plant on May 31, 2021 and of the Mystic 8 and 9 plants on May 31, 2024. There are currently no material estimable impacts to the Plan.

Contributions

The Plan is a contributory plan, whereby the cost of certain health care expenses is provided for through contributions of participating employees and the Company. An eligible employee may contribute any portion of their after-tax pay to the Plan. The Company will make a matching credit to the notional accounts of eligible participants who are Mystic 8 & 9 Employees who make employee contributions.

For Mystic 8 & 9 Employees, employer matching contributions are equal to the employee contribution each month up to \$150. The Company also makes a notional annual credit to all Mystic 8 & 9 Employees who are participants regardless of whether the participant makes employee contributions. For the years ended December 31, 2024 and 2023, the total annual notional credit was \$12,000 and \$29,000, respectively.

**CONSTELLATION MYSTIC POWER, LLC POST-EMPLOYMENT MEDICAL SAVINGS
ACCOUNT PLAN FOR UNION EMPLOYEES**

NOTES TO FINANCIAL STATEMENTS

As of the last day of each Plan year (or more frequently at the Company's discretion), the employer contribution account, comprised of matching and employer contributions, if applicable, of each participant is credited with a fixed, guaranteed interest credit based on the twelve month average yield on the one-year Treasury bill constant maturity rate for the preceding plan year plus one percent, subject to a maximum annual rate equal to the third segment rate of interest on long-term investment grade corporate bonds for the month of November of the preceding year, and amounted to 5.83% and 3.80% for 2024 and 2023, respectively.

The Company established a trust, which qualifies under Section 501(c)(9) of the Internal Revenue Code ("IRC") as a tax-exempt trust fund ("Trust"). The trustee of the Trust, U.S. Bank National Association ("U.S. Bank"), receives contributions from the participants, invests and holds assets of the Trust, and pays benefits provided under the Plan as directed by the Plan Administrator.

As of the last day of the Plan year (or more frequently at the discretion of the Company) the employee contribution account of each participant shall be adjusted with the pro-rata portion of the adjustment for investment earnings and losses of the Trust based on the balance in the employee contribution account as of the beginning of such Plan year.

Vesting

Participants are fully vested in their accounts at all times.

Plan Benefits

Each (a) disabled participant, (b) participant who has terminated employment with the Company and is at least age fifty-five, and (c) spouse or eligible dependent of a deceased participant is eligible to submit claims for reimbursements of health care expenses from their account. Payments for reimbursements of health care expenses will be made first from the participant's employer contribution account. Once the participant's employer contribution account balance equals zero, payments will be made from the participant's employee contribution account. If and when the participant's employee contribution account balance equals zero, no further benefits will be paid under the Plan until such time, if any, as additional amounts are credited to the participant's account.

There is also an optional death benefit under the Plan that the surviving spouse (or eligible dependents if no spouse) can elect within twelve months of the participant's death to receive a lump sum payment in lieu of future reimbursement of health care expenses. Upon the election of the optional death benefit, the account is automatically dissolved and no further credits or reimbursements can be paid. The lump sum amount is based on the participant's age at the time of death: (1) two times the amount contributed by the participant if under the age of sixty-five, (2) three times the amount contributed by the participant if between the ages of sixty-five and seventy-four, or (3) four times the amount contributed by the participant if over the age of seventy-four. The lump sum amount is reduced by the amount of health care expenses reimbursed prior to the payment of the death benefit. This death benefit does not include investment earnings that may have accrued on the employee contributions, if any, and any such investment earnings will be forfeited. This death benefit also does not include amounts attributable to the Company's contribution account and related interest, and such amounts will be forfeited.

**CONSTELLATION MYSTIC POWER, LLC POST-EMPLOYMENT MEDICAL SAVINGS
ACCOUNT PLAN FOR UNION EMPLOYEES**

NOTES TO FINANCIAL STATEMENTS

Employee contribution account payments are paid from the Trust. Employer contribution account payments are paid from the general assets of the Company.

2. Summary of Significant Accounting Policies

General

The Plan follows the accrual method of accounting, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires the Company to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by the Company and are included in the accompanying Statement of Changes in Net Assets Available for Benefits as an increase in sponsor contributions and a reduction in administrative expenses.

Recent Accounting Pronouncements

As of December 31, 2024, there were no recently issued accounting standards not yet adopted which are expected to have a material effect on the Plan's financial statements.

3. Certified Investments

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, U.S. Bank, the custodian of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments as shown in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023
- Net investment income and appreciation in the fair value of investments as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024

**CONSTELLATION MYSTIC POWER, LLC POST-EMPLOYMENT MEDICAL SAVINGS
ACCOUNT PLAN FOR UNION EMPLOYEES**

NOTES TO FINANCIAL STATEMENTS

- The Schedule of Assets (Held at End of Year) as of December 31, 2024
- The Schedule of Assets (Acquired and Disposed of Within Year) for the year ended December 31, 2024
- The Schedule of Reportable Transactions for the year ended December 31, 2024

4. Fair Value Measurements

The Plan measures and classifies fair value measurements in accordance with the hierarchy as defined by U.S. GAAP. The hierarchy prioritizes inputs to the valuation techniques used to measure fair value into three levels as follows:

- Level 1 — quoted prices (unadjusted) in active markets for identical assets or liabilities that we could liquidate as of the reporting date.
- Level 2 — inputs other than quoted prices included within Level 1 that are directly observable for the asset or liability or indirectly observable through corroboration with observable market data. The Plan does not have any financial assets utilizing Level 2 inputs.
- Level 3 — unobservable inputs, such as internally developed pricing models or third-party valuations for the asset or liability due to little or no market activity for the asset or liability. The Plan does not have any financial assets utilizing Level 3 inputs.

The valuation methods for each investment category are described below.

Interest-bearing cash. Investments with original maturities of three months or less when purchased, including money market funds, are considered interest-bearing cash. The fair values are based on observable market prices and, therefore, have been categorized in Level 1 in the fair value hierarchy.

Registered investment company securities. Registered investment company securities are maintained by investment companies, and fund investments are held in accordance with a stated set of fund objectives. The values of these funds are publicly quoted. For registered investment company securities that are publicly quoted, the funds are valued based on quoted prices in active markets and have been categorized as Level 1.

The following tables present assets measured and recorded at fair value on the Plan's Statements of Net Assets Available for Benefits on a recurring basis and their level within the fair value hierarchy as of December 31, 2024 and 2023:

**CONSTELLATION MYSTIC POWER, LLC POST-EMPLOYMENT MEDICAL SAVINGS
ACCOUNT PLAN FOR UNION EMPLOYEES**

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024

	Level 1	Level 2	Level 3	Total
Investments:				
Interest-bearing cash	\$ 73,182	\$ —	\$ —	\$ 73,182
Registered investment company securities	3,367,541	—	—	3,367,541
Total investments	\$ 3,440,723	\$ —	\$ —	\$ 3,440,723

As of December 31, 2023

	Level 1	Level 2	Level 3	Total
Investments:				
Interest-bearing cash	\$ 69,356	\$ —	\$ —	\$ 69,356
Registered investment company securities	3,338,987	—	—	3,338,987
Total investments	\$ 3,408,343	\$ —	\$ —	\$ 3,408,343

5. Risks and Uncertainties

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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in these risks in the near term could materially affect investment account balances reported in the Statements of Net Assets Available for Benefits and the amounts reported in the Statement of Changes in Net Assets Available for Benefits.

6. Income Tax Status

The Plan received a favorable determination letter dated January 8, 2009 from the Internal Revenue Service (“IRS”) confirming that the Plan’s Trust is exempt from federal income tax under the provisions of Section 501(c)(9) of the Internal Revenue Code. The Plan Administrator believes that the Trust and the Plan, as amended, are being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the Trusts remain tax exempt.

U.S. GAAP requires the Plan’s management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the applicable authorities. The Company has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there were no uncertain tax positions taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**CONSTELLATION MYSTIC POWER, LLC POST-EMPLOYMENT MEDICAL SAVINGS
ACCOUNT PLAN FOR UNION EMPLOYEES**

NOTES TO FINANCIAL STATEMENTS

7. Plan Termination

The Plan may be amended, modified, or terminated by the Company at any time, subject to requirements set forth in ERISA. In the event of termination of the Plan, net assets available for plan benefits shall be used, until exhausted, exclusively to provide benefits to participants in the order of their entitlement.

8. Related-Party and Party-in-Interest Transactions

Investment options in the Plan are managed by the Trustee or its affiliates. The Plan Sponsor pays certain fees relating to the plan administration. These transactions qualify as exempt party-in-interest transactions, in accordance with ERISA. There have been no known prohibited transactions with a party-in-interest.

9. Subsequent Events

The Plan has evaluated, for consideration of recognition or disclosure, subsequent events that have occurred through September 12, 2025, the date financial statements were available to be issued. No significant events occurred after December 31, 2024, but prior to the issuance of these financial statements that would have a material impact on its financial statements.

**CONSTELLATION MYSTIC POWER, LLC POST-EMPLOYMENT
MEDICAL SAVINGS ACCOUNT PLAN FOR UNION EMPLOYEES
(EIN: 27-3585052, PLAN # 502)
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024**

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
			BOOK	MARKET
<u>Interest-bearing cash</u>				
	First American Prime Oblig Fund CI X		\$ 73,182	\$ 73,182
		Total interest-bearing cash	73,182	73,182
<u>Registered investment companies</u>				
	Artisan High Income Fund		74,068	70,480
	Baird Aggregate Bond Fd Instl		325,033	303,993
	Clearbridge International Growth		100,532	109,820
	Cohen & Steers Instl Realty		97,470	101,924
	Columbia Small Cap Growth Instl		45,513	53,394
	Fidelity Emerging Markets Index Fund		206,662	205,862
	Fidelity International Index Fund		208,974	223,020
	Ishares Core US Aggregate Bond		183,379	177,618
	Ishares Trust Ishares 5 10 Year		51,527	50,377
	Mondrian International Value Equity Fund		117,770	112,750
	Nuveen Real Estate Secure R6		330,073	304,548
	Nyli MacKay High Yield Corp Bd Fd R6		70,293	69,992
	Pgim Total Return Bond CI R6		216,382	210,241
	Schwab US Large Cap		1,198,167	1,291,775
	Undiscovered Mgrs Behavioral Value		82,004	81,747
		Total registered investment companies	3,307,847	3,367,541
		Total investments	\$ 3,381,029	\$ 3,440,723

**CONSTELLATION MYSTIC POWER, LLC POST-EMPLOYMENT
MEDICAL SAVINGS ACCOUNT PLAN FOR UNION EMPLOYEES
(EIN: 27-3585052, PLAN # 502)**

**Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)
For the Year Ended December 31, 2024**

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
AMERICAN CENTURY SMALL CAP VALUE FUND		(166)	89,989
ARTISAN HIGH INCOME FUND		(26,468)	94,142
BAIRD AGGREGATE BOND FD INSTL		(120,802)	64,020
CLEARBRIDGE INTERNATIONAL GROWTH		(18,724)	23,625
COHEN & STEERS INSTL REALTY		(129,845)	35,634
COLUMBIA SMALL CAP GROWTH I INSTL		(7,019)	21,428
FIDELITY 500 INDEX FUND		(56,962)	1,025,364
FIDELITY EMERGING MARKETS INDEX FUND		(56,419)	59,529
FIDELITY INTERNATIONAL INDEX FUND		(55,508)	49,964
FIDELITY MID CAP INDEX FUND		(31,818)	526,297
FIDELITY US BOND INDEX		(90,494)	605,863
FIRST AM GOVT OB FD CL X		(932,406)	928,580
ISHARES CORE US AGGREGATE BOND		(216,630)	32,440
ISHARES TRUST ISHARES 5 10 YEAR		(57,744)	6,129
MONDRIAN INTERNATIONAL VALUE EQUITY FUND		(36,932)	34,278
NUVEEN REAL ESTATE SECUR R6		(119,701)	167,854
NYLI MACKAY HIGH YIELD CORP BD		(79,692)	9,452
PGIM TOTAL RETURN BOND CL R6		(246,955)	29,866
SCHWAB US LARGE CAP		(1,439,141)	261,349
UNDISCOVERED MGRS BEHAVIORAL VALUE		(102,499)	24,601

CONSTELLATION MYSTIC POWER, LLC POST-EMPLOYMENT MEDICAL SAVINGS ACCOUNT PLAN FOR UNION EMPLOYEES
(EIN: 27-3585052, PLAN # 502)
Schedule H, line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2024

Single Transactions in Excess of Five Percent of Current Value of Plan Assets

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Number of Transactions	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Category (i) - Single transactions in excess of 5% of Plan assets</i>								
	Fidelity 500 Index Fund	1	-	952,931	-	626,064	952,931	326,867
	Fidelity Mid Cap Index Fund	1	-	488,537	-	415,778	488,537	72,760
	Fidelity US Bond	1	-	564,926	-	621,305	564,926	(56,379)
	First Am Govt Ob FD CI X	1	274,754	-	-	274,754	274,754	-
	First Am Govt Ob FD CI X	1	-	304,436	-	304,436	304,436	-
	First Am Govt Ob FD CI X	1	-	279,850	-	279,850	279,850	-
	Schwab US Large Cap Etf	1	1,424,395	-	-	1,424,395	1,424,395	-

Series of Transactions with Same Broker in Excess of Five Percent of Current Value of Plan Assets

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Number of Transactions	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Category (ii) - Series of transactions with the same broker in excess of 5% of Plan assets</i>								
<i>Jonestrading Institutional Service</i>		12	258,302	137,539	-	387,941	395,841	7,900
	Ishares Trust Ishares 5 10 Year Etf	2	54,813	4,000	-	58,870	58,813	(57)
	Ishares Core US Aggregate Bond Etf	6	195,117	32,440	-	228,368	227,557	(811)
	Schwab US Large Cap Etf	4	14,746	94,725	-	100,703	109,471	8,768
<i>Virtu Americas LLC</i>		10	1,448,840	168,754	-	1,606,016	1,617,594	11,578
	Ishares Trust Ishares 5 10 Year Etf	3	2,931	2,129	-	5,091	5,060	(31)
	Ishares Core US Aggregate Bond Etf	3	21,514	-	-	21,514	21,514	-
	Schwab US Large Cap Etf	4	1,424,395	166,625	-	1,579,411	1,591,020	11,609

Series of Transactions in Excess of Five Percent of Current Value of Plan Assets

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Number of Transactions	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Category (iii) - Series of transactions in excess of 5% of Plan assets</i>								
	Fidelity 500 Index Fund	6	56,962	1,025,364	-	733,761	1,082,326	348,565
	Fidelity Mid Cap Index Fund	4	31,818	526,296	-	481,826	558,114	76,288
	Fidelity US Bond Index	14	90,493	605,863	-	759,520	696,356	(63,164)
	First Am Govt Ob Fd CI X	73	932,406	928,580	-	1,860,986	1,860,986	-
	Pgim Total Return Bond CI R6	12	246,955	29,866	-	277,529	276,821	(708)
	Schwab US Large Cap Etf	8	1,439,141	261,350	-	1,680,114	1,700,491	20,377

Single Transactions with Same Broker in Excess of Five Percent of Current Value of Plan Assets

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Number of Transactions	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Category (iv) - Single transactions with the same broker in excess of 5% of Plan assets</i>								
Virtu Americas LLC	Schwab US Large Cap Etf	1	1,424,395	-	-	1,424,395	1,424,395	-

CONSTELLATION MYSTIC POWER, LLC POST-EMPLOYMENT MEDICAL SAVINGS ACCOUNT PLAN FOR UNION EMPLOYEES
(EIN: 27-3585052, PLAN # 502)
Schedule H, line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2024

Single Transactions in Excess of Five Percent of Current Value of Plan Assets

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Number of Transactions	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Category (i) - Single transactions in excess of 5% of Plan assets</i>								
	Fidelity 500 Index Fund	1	-	952,931	-	626,064	952,931	326,867
	Fidelity Mid Cap Index Fund	1	-	488,537	-	415,778	488,537	72,760
	Fidelity US Bond	1	-	564,926	-	621,305	564,926	(56,379)
	First Am Govt Ob FD CI X	1	274,754	-	-	274,754	274,754	-
	First Am Govt Ob FD CI X	1	-	304,436	-	304,436	304,436	-
	First Am Govt Ob FD CI X	1	-	279,850	-	279,850	279,850	-
	Schwab US Large Cap Etf	1	1,424,395	-	-	1,424,395	1,424,395	-

Series of Transactions with Same Broker in Excess of Five Percent of Current Value of Plan Assets

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Number of Transactions	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Category (ii) - Series of transactions with the same broker in excess of 5% of Plan assets</i>								
<i>Jonestrading Institutional Service</i>		12	258,302	137,539	-	387,941	395,841	7,900
	Ishares Trust Ishares 5 10 Year Etf	2	54,813	4,000	-	58,870	58,813	(57)
	Ishares Core US Aggregate Bond Etf	6	195,117	32,440	-	228,368	227,557	(811)
	Schwab US Large Cap Etf	4	14,746	94,725	-	100,703	109,471	8,768
<i>Virtu Americas LLC</i>		10	1,448,840	168,754	-	1,606,016	1,617,594	11,578
	Ishares Trust Ishares 5 10 Year Etf	3	2,931	2,129	-	5,091	5,060	(31)
	Ishares Core US Aggregate Bond Etf	3	21,514	-	-	21,514	21,514	-
	Schwab US Large Cap Etf	4	1,424,395	166,625	-	1,579,411	1,591,020	11,609

Series of Transactions in Excess of Five Percent of Current Value of Plan Assets

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Number of Transactions	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Category (iii) - Series of transactions in excess of 5% of Plan assets</i>								
	Fidelity 500 Index Fund	6	56,962	1,025,364	-	733,761	1,082,326	348,565
	Fidelity Mid Cap Index Fund	4	31,818	526,296	-	481,826	558,114	76,288
	Fidelity US Bond Index	14	90,493	605,863	-	759,520	696,356	(63,164)
	First Am Govt Ob Fd CI X	73	932,406	928,580	-	1,860,986	1,860,986	-
	Pgim Total Return Bond CI R6	12	246,955	29,866	-	277,529	276,821	(708)
	Schwab US Large Cap Etf	8	1,439,141	261,350	-	1,680,114	1,700,491	20,377

Single Transactions with Same Broker in Excess of Five Percent of Current Value of Plan Assets

(a) Identity of Party Involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Number of Transactions	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Category (iv) - Single transactions with the same broker in excess of 5% of Plan assets</i>								
Virtu Americas LLC	Schwab US Large Cap Etf	1	1,424,395	-	-	1,424,395	1,424,395	-

**CONSTELLATION MYSTIC POWER, LLC POST-EMPLOYMENT
MEDICAL SAVINGS ACCOUNT PLAN FOR UNION EMPLOYEES
(EIN: 27-3585052, PLAN # 502)
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024**

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
			BOOK	MARKET
<u>Interest-bearing cash</u>				
	First American Prime Oblig Fund CI X		\$ 73,182	\$ 73,182
		Total interest-bearing cash	73,182	73,182
<u>Registered investment companies</u>				
	Artisan High Income Fund		74,068	70,480
	Baird Aggregate Bond Fd Instl		325,033	303,993
	Clearbridge International Growth		100,532	109,820
	Cohen & Steers Instl Realty		97,470	101,924
	Columbia Small Cap Growth Instl		45,513	53,394
	Fidelity Emerging Markets Index Fund		206,662	205,862
	Fidelity International Index Fund		208,974	223,020
	Ishares Core US Aggregate Bond		183,379	177,618
	Ishares Trust Ishares 5 10 Year		51,527	50,377
	Mondrian International Value Equity Fund		117,770	112,750
	Nuveen Real Estate Secure R6		330,073	304,548
	Nyli MacKay High Yield Corp Bd Fd R6		70,293	69,992
	Pgim Total Return Bond CI R6		216,382	210,241
	Schwab US Large Cap		1,198,167	1,291,775
	Undiscovered Mgrs Behavioral Value		82,004	81,747
		Total registered investment companies	3,307,847	3,367,541
		Total investments	\$ 3,381,029	\$ 3,440,723

**CONSTELLATION MYSTIC POWER, LLC POST-EMPLOYMENT
MEDICAL SAVINGS ACCOUNT PLAN FOR UNION EMPLOYEES
(EIN: 27-3585052, PLAN # 502)**

**Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)
For the Year Ended December 31, 2024**

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
AMERICAN CENTURY SMALL CAP VALUE FUND		(166)	89,989
ARTISAN HIGH INCOME FUND		(26,468)	94,142
BAIRD AGGREGATE BOND FD INSTL		(120,802)	64,020
CLEARBRIDGE INTERNATIONAL GROWTH		(18,724)	23,625
COHEN & STEERS INSTL REALTY		(129,845)	35,634
COLUMBIA SMALL CAP GROWTH I INSTL		(7,019)	21,428
FIDELITY 500 INDEX FUND		(56,962)	1,025,364
FIDELITY EMERGING MARKETS INDEX FUND		(56,419)	59,529
FIDELITY INTERNATIONAL INDEX FUND		(55,508)	49,964
FIDELITY MID CAP INDEX FUND		(31,818)	526,297
FIDELITY US BOND INDEX		(90,494)	605,863
FIRST AM GOVT OB FD CL X		(932,406)	928,580
ISHARES CORE US AGGREGATE BOND		(216,630)	32,440
ISHARES TRUST ISHARES 5 10 YEAR		(57,744)	6,129
MONDRIAN INTERNATIONAL VALUE EQUITY FUND		(36,932)	34,278
NUVEEN REAL ESTATE SECUR R6		(119,701)	167,854
NYLI MACKAY HIGH YIELD CORP BD		(79,692)	9,452
PGIM TOTAL RETURN BOND CL R6		(246,955)	29,866
SCHWAB US LARGE CAP		(1,439,141)	261,349
UNDISCOVERED MGRS BEHAVIORAL VALUE		(102,499)	24,601