

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, 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: ENTERGY CORPORATION COMPANIES' NON-BARGAINING EMPLOYEES' WELFARE BENEFIT TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): ENTERGY CORPORATION
2b Employer Identification Number (EIN): 13-3817904
2c Plan Sponsor's telephone number: 504-576-4000
2d Business code (see instructions)

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, Date, Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/08/2025, REGINALD JACKSON; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 10/08/2025, REGINALD JACKSON; 4. Signature of 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 EMPLOYEE BENEFITS COMMITTEE OF ENERGY CORPORATION 639 LOYOLA AVE. L-ENT-15N EBC NEW ORLEANS, LA 70113	3b Administrator's EIN 72-1269450 3c Administrator's telephone number 504-576-4000																				
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																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d																					
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:

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

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 ENTERGY CORPORATION COMPANIES' NON-BARGAINING EMPLOYEES' WELFARE BENEFIT TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ENTERGY CORPORATION	D Employer Identification Number (EIN) 13-3817904	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

AON CONSULTING, INC.

22-2232264

(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 50	NONE	146531	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)

AETNA LIFE INSURANCE COMPANY

06-6033492

(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?
13 99	NONE	93128	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)

T. ROWE PRICE ASSOCIATES, INC.

52-0556948

(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 50 51	NONE	82272	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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)

DELOITTE & TOUCHE

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	52000	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)

CALLAN

94-2192581

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 70	NONE	24209	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)

BLACKROCK INST TRUST CO., N.A.

94-3112180

(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 50 51	NONE	23060	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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)

THE BANK OF NEW YORK MELLON

13-5160832

(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 50	NONE	13103	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

STATE STREET GLOBAL ADVISOR TRST CO

81-4017137

(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?
18 19 28 50 51	NONE	9605	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RAWLINGS COMPANY

31-1563156

(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?
13	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	204487	Yes <input type="checkbox"/> No <input checked="" 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)

COTIVITI HEALTHCARE

56-2059380

(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?
13	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	195658	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OMNICLAIM

27-0083277

(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?
13	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	27628	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SCIO HEALTH ANALYTICS

82-0572194

(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?
13	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	23322	Yes <input type="checkbox"/> No <input checked="" 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)

EQUIAN

27-0083277

(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?
13	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	21743	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EQUICLAIM

20-5716594

(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?
13	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6417	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

OPTUMINSIGHT

41-1858498

(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?
13	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5000	Yes <input type="checkbox"/> No <input checked="" 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
RAWLINGS COMPANY	13	204487

(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.
AETNA LIFE INSURANCE COMPANY 06-6033492	OVERPAYMENT RECOVERY SERVICES HEALTH CLAIMS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COTIVITI HEALTHCARE	13	195658

(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.
AETNA LIFE INSURANCE COMPANY 06-6033492	OVERPAYMENT RECOVERY SERVICES HEALTH CLAIMS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
OMNICLAIM	13	27628

(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.
AETNA LIFE INSURANCE COMPANY 06-6033492	OVERPAYMENT RECOVERY SERVICES HEALTH CLAIMS

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
SCIO HEALTH ANALYTICS	13	23322

(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.
AETNA LIFE INSURANCE COMPANY 06-6033492	OVERPAYMENT RECOVERY SERVICES HEALTH CLAIMS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EQUIAN	13	21743

(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.
AETNA LIFE INSURANCE COMPANY 06-6033492	OVERPAYMENT RECOVERY SERVICES HEALTH CLAIMS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EQUICLAIM	13	6417

(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.
AETNA LIFE INSURANCE COMPANY 06-6033492	OVERPAYMENT RECOVERY SERVICES HEALTH CLAIMS

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
OPTUMINSIGHT	13	5000
(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.	
AETNA LIFE INSURANCE COMPANY 06-6033492	OVERPAYMENT RECOVERY SERVICES HEALTH CLAIMS	
(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>ENERGY CORPORATION COMPANIES' NON-BARGAINING EMPLOYEES' WELFARE BENEFIT TRUST</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>ENERGY CORPORATION</u>	D Employer Identification Number (EIN) <u>13-3817904</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>U.S. EQUITY MARKET FUND B</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INST TRUST CO., N.A.</u>		
c EIN-PN <u>94-3149377-001</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>17625135</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI ACWI EX-US NL B</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INST TRUST CO., N.A.</u>		
c EIN-PN <u>80-0506377-001</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>10145431</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK U.S. MONEY MARKET FUND B</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INST TRUST CO., N.A.</u>		
c EIN-PN <u>94-6589506-001</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>58</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
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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 ENTERGY CORPORATION COMPANIES' NON-BARGAINING EMPLOYEES' WELFARE BENEFIT TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ENTERGY CORPORATION	D Employer Identification Number (EIN) 13-3817904

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)	678849 1032830
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1 1
(2) U.S. Government securities	1c(2)	374937 378815
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	475130 489655
(B) All other	1c(3)(B)	526040
(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)	48807026 27770624
(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)	171854 1015904
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	46741498 69047000

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	97775335	99734829
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	108	514
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	108	514
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	97775227	99734315

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
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)	16276	
(C) Corporate debt instruments.....	2b(1)(C)	18966	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2577971	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2613213
(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)	117873	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		117873
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	11402630	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	11455652	
(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)	-870937	
(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)		6664171
(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)		
c Other income	2c		-446961
d Total income. Add all income amounts in column (b) and enter total	2d		8024337

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
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)	93128	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	52000	
(5) Investment advisory and investment management fees	2i(5)	139145	
(6) Bank or trust company trustee/custodial fees	2i(6)	13103	
(7) Actuarial fees	2i(7)	146531	
(8) Legal fees	2i(8)	4008	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	-281748	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		166167
j Total expenses. Add all expense amounts in column (b) and enter total	2j		166167

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7858170
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		5899082

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:

(2) EIN:

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.)			
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?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
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?			
l Has the plan failed to provide any benefit when due under the plan?			
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 _____.



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

NON-BARGAINED VEBA - K36G60860000

11/1/2024 - 12/31/2024

ENTERGY NON-BARGAINED VEBA

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH					
K36F60816302	999G10114 BLACKROCK-CASH HELD FOR FUTURE INVT	0.920	0.92	0.92	0.00
TOTAL INTEREST-BEARING CASH					
U. S. GOVERNMENT SECURITIES					
K36F60817802	13033DAL9 CALIFORNIA HOUSING FINANCE 1 A 4.375% 09/20/2036 DD 05/01/23	370,446.815	372,085.96	378,815.21	6,729.25
TOTAL U. S. GOVERNMENT SECURITIES					
CORPORATE DEBT INSTRUMENTS - PREFERRED					
K36F60817802	29157TAC0 EMORY UNIVERSITY 1.566% 09/01/2025 DD 05/20/20	500,000.000	471,533.33	489,655.00	18,121.67
TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED					
OTHER INVESTMENTS					
K36F60817802	010685KF1 ALACHUA CNTY FL HLTH FACS AUTH 5.000% 12/01/2044 DD 10/22/14	670,000.000	666,085.77	670,207.70	4,121.93
K36F60817802	04052FFF7 ARIZONA ST INDL DEV AUTH NATIO 5.000% 11/01/2054 DD 10/30/24	550,000.000	580,697.27	583,940.50	3,243.23
K36F60817802	041438HD7 ARLINGTON CNTY VA INDL DEV AUT 4.000% 07/01/2045 DD 05/20/20	810,000.000	779,253.26	784,979.10	5,725.84
K36F60817802	041807FE3 ARLINGTON TX HGR EDU FIN CORP 5.000% 08/15/2043 DD 09/28/23	400,000.000	442,673.42	428,160.00	-14,513.42
K36F60817802	047870NE6 ATLANTA GA WTR & WSTWTR REVENU 5.000% 11/01/2040 DD 03/12/15	1,000,000.000	1,004,145.99	1,002,890.00	-1,255.99
K36F60817802	052398FD1 AUSTIN TX ARPT SYS REVENUE 5.000% 11/15/2041 DD 02/02/17	375,000.000	381,914.77	380,062.50	-1,852.27
K36F60817802	09182TDB0 BLACK BELT ENERGY GAS DIST AL VAR RT 10/01/2054 DD 11/17/23	500,000.000	552,184.90	541,520.00	-10,664.90
K36F60817802	107416QJ1 BREVARD CNTY FL HLTH FACS AUTH 5.000% 04/01/2040 DD 04/13/22	550,000.000	600,729.60	590,342.50	-10,387.10
K36F60817802	13013JFW1 CALIFORNIA CMNTY CHOICE FING A VAR RT 01/01/2056 DD 12/20/24	100,000.000	110,095.64	109,010.00	-1,085.64
K36F60817802	13032UD70 CALIFORNIA ST HLTH FACS FING A 3.000% 08/15/2051 DD 12/01/21	500,000.000	431,155.95	410,055.00	-21,100.95
K36F60817802	13034AK82 CALIFORNIA ST INFRASTRUCTURE & 4.000% 07/01/2050 DD 09/17/20	500,000.000	496,259.06	474,830.00	-21,429.06
K36F60817802	153476DD5 CENTRL FL EXPRESSWAY AUTH SR L 5.000% 07/01/2042 DD 12/28/17	140,000.000	144,152.02	144,103.40	-48.62
K36F60817802	153476DX1 CENTRL FL EXPRESSWAY AUTH SR L 5.000% 07/01/2031 DD 11/29/18	185,000.000	200,379.69	196,553.25	-3,826.44
K36F60817802	160853UE5 CHARLOTTE-MECKLENBURG NC HOSP 5.000% 01/15/2035 DD 11/13/18	350,000.000	380,761.53	370,020.00	-10,741.53
K36F60817802	161045TC3 CHARLOTTE NC WTR & SWR SYS REV 5.000% 07/01/2044 DD 06/26/24	1,500,000.000	1,683,884.81	1,655,490.00	-28,394.81
K36F60817802	165588FH2 CHESTER CNTY PA INDL DEV AUTH 4.000% 12/01/2046 DD 07/15/21	70,000.000	69,924.84	66,591.00	-3,333.84
K36F60817802	167593RL8 CHICAGO IL O'HARE INTERNATIONAL 5.000% 01/01/2034 DD 10/15/15	225,000.000	224,996.27	225,000.00	3.73
K36F60817802	18085PRB2 CLARK CNTY NV ARPT REVENUE 5.000% 07/01/2040 DD	400,000.000	416,579.47	411,524.00	-5,055.47



Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

NON-BARGAINED VEBA - K36G60860000

11/1/2024 - 12/31/2024

ENTERGY NON-BARGAINED VEBA

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K36F60817802	04/25/17 CLIFTON TX HGR EDU FIN CORP ED 4.000% 08/15/2044 DD	500,000.000	485,396.52	487,030.00	1,633.48
K36F60817802	05/30/24 COLORADO ST HLTH FACS AUTH REV 5.000% 05/15/2040 DD	200,000.000	200,158.44	200,424.00	265.56
K36F60817802	12/08/15 COLORADO ST HLTH FACS AUTH REV 5.000% 11/01/2033 DD	225,000.000	242,063.98	241,656.75	-407.23
K36F60817802	11/20/19 COLORADO ST HLTH FACS AUTH REV 4.000% 11/15/2050 DD	1,375,000.000	1,300,942.45	1,274,226.25	-26,716.20
K36F60817802	07/01/21 COLORADO ST HLTH FACS AUTH REV 4.000% 05/15/2052 DD	1,500,000.000	1,427,953.56	1,434,780.00	6,826.44
K36F60817802	08/01/22 CONNECTICUT ST HLTH & EDUC TNL VAR RT 07/01/2049 DD	380,000.000	369,333.40	378,787.80	9,454.40
K36F60817802	08/23/22 COOK CNTY IL SALES TAX REVENUE 5.250% 11/15/2045 DD	500,000.000	550,141.38	536,610.00	-13,531.38
K36F60817802	08/23/22 COOK CNTY IL SALES TAX REVENUE 5.000% 11/15/2043 DD	650,000.000	716,879.92	690,469.00	-26,410.92
K36F60817802	08/20/24 DALLAS TX INDEP SCH DIST 4.000% 02/15/2064 DD 02/08/24	1,000,000.000	973,081.83	952,630.00	-20,451.83
K36F60817802	12/03/15 DE KALB CNTY GA WTR & SWR REVE 5.000% 10/01/2032 DD	250,000.000	253,710.49	252,747.50	-962.99
K36F60817802	03/01/17 DELAWARE RIVER PA JT TOLL BRID 5.000% 07/01/2042 DD	75,000.000	77,932.26	76,964.25	-968.01
K36F60817802	08/28/18 DENTON TX INDEP SCH DIST 5.000% 08/15/2042 DD 08/10/23	475,000.000	527,592.68	516,871.25	-10,721.43
K36F60817802	08/30/18 DENVER CO CITY & CNTY DEDICATE 5.000% 08/01/2048 DD	500,000.000	506,384.73	509,345.00	2,960.27
K36F60817802	08/30/18 DENVER CITY & CNTY CO ARPT REV 5.000% 12/01/2033 DD	100,000.000	108,639.30	105,858.00	-2,781.30
K36F60817802	01/18/17 DIST OF COLUMBIA 5.000% 06/01/2042 DD 12/21/17	1,000,000.000	1,028,970.27	1,028,230.00	-740.27
K36F60817802	01/18/17 DIST OF COLUMBIA UNIV REVENUE 5.000% 04/01/2036 DD	5,000.000	5,360.03	5,222.35	-137.68
K36F60817802	01/18/17 DIST OF COLUMBIA UNIV REVENUE 5.000% 04/01/2036 DD	195,000.000	203,236.05	199,288.05	-3,948.00
K36F60817802	07/31/18 FAIRFAX CNTY VA INDL DEV AUTH 5.000% 05/15/2028 DD	100,000.000	108,390.70	106,467.00	-1,923.70
K36F60817802	10/30/19 FRANKLIN CNTY OH HOSP FACS REV 5.000% 11/01/2048 DD	310,000.000	350,532.69	343,929.50	-6,603.19
K36F60817802	08/03/17 FULTON CNTY GA DEV AUTH HOSP 5.000% 04/01/2047 DD	125,000.000	127,681.66	126,288.75	-1,392.91
K36F60817802	37329DBE6 MUNI ELEC AUTH OF GA 5.000% 01/01/2029 DD 12/20/18	500,000.000	530,999.81	523,790.00	-7,209.81
K36F60817802	373586HU3 GEORGIA ST PORTS AUTH 5.000% 07/01/2047 DD 08/17/22	400,000.000	444,154.53	428,528.00	-15,626.53
K36F60817802	38611TBQ9 GRAND PARKWAY TRANSPRTN CORP T 5.000% 10/01/2043 DD	500,000.000	522,663.52	516,340.00	-6,323.52
K36F60817802	38611TDQ7 GRAND PARKWAY TRANSPRTN CORP T 4.000% 10/01/2049 DD	645,000.000	644,137.04	613,078.95	-31,058.09
K36F60817802	386442WS2 GRAND RIVER OK DAM AUTH REVENU 5.000% 06/01/2032 DD	250,000.000	257,219.62	257,380.00	160.38
K36F60817802	39081JAA6 GREAT LAKES MI WTR AUTH WTR SP 5.000% 07/01/2046 DD	300,000.000	302,621.40	303,111.00	489.60
K36F60817802	40932TKT9 HAMPTON ROADS VA SANTN DIST WS 5.000% 10/01/2039 DD	500,000.000	537,237.56	526,450.00	-10,787.56
K36F60817802	41423PAW7 HARRIS CNTY TX TOLL ROAD REVEN 5.000% 08/15/2043 DD	500,000.000	522,663.99	515,140.00	-7,523.99



NON-BARGAINED VEBA - K36G60860000

Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E

Status: FINAL

11/1/2024 - 12/31/2024

ENTERGY NON-BARGAINED VEBA

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K36F60817802	HARRIS CNTY TX TOLL ROAD REVEN 4.000% 08/15/2054 DD 06/11/24	1,000,000.000	941,989.74	935,360.00	-6,629.74
K36F60817802	HONOLULU CITY & CNTY HI 5.250% 07/01/2049 DD 07/24/24	1,000,000.000	1,109,207.97	1,106,000.00	-3,207.97
K36F60817802	HOUSTON TX ARPT SYS REVENUE 5.000% 07/01/2038 DD 03/20/18	500,000.000	529,554.97	521,290.00	-8,264.97
K36F60817802	HOUSTON TX ARPT SYS REVENUE 5.000% 07/01/2039 DD 08/02/18	500,000.000	526,350.32	519,970.00	-6,380.32
K36F60817802	IDAHO ST HLTH FACs AUTH REVENU 5.000% 03/01/2034 DD 08/20/14	400,000.000	398,129.91	400,148.00	2,018.09
K36F60817802	ILLINOIS ST FIN AUTH REVENUE 5.000% 02/15/2033 DD 08/16/16	250,000.000	256,826.79	257,525.00	698.21
K36F60817802	ILLINOIS ST FIN AUTH REVENUE 5.000% 02/15/2036 DD 08/16/16	35,000.000	36,083.32	35,867.65	-215.67
K36F60817802	ILLINOIS ST FIN AUTH REVENUE 5.000% 02/15/2041 DD 08/16/16	630,000.000	642,248.28	639,601.20	-2,647.08
K36F60817802	ILLINOIS ST FIN AUTH REVENUE 5.000% 08/15/2051 DD 04/14/22	500,000.000	536,856.99	521,355.00	-15,501.99
K36F60817802	ILLINOIS ST TOLL HIGHWAY AUTH 5.000% 01/01/2036 DD 12/04/14	200,000.000	199,459.60	200,394.00	934.40
K36F60817802	ILLINOIS ST TOLL HIGHWAY AUTH 5.000% 01/01/2040 DD 12/17/15	900,000.000	910,533.45	906,939.00	-3,594.45
K36F60817802	KILGORE TX INDEP SCH DIST 2.500% 02/15/2038 DD 02/15/22	750,000.000	645,148.90	604,260.00	-40,888.90
K36F60817802	LONG ISLAND NY PWR AUTH ELEC S 5.000% 09/01/2035 DD 10/30/18	500,000.000	545,409.34	527,145.00	-18,264.34
K36F60817802	LOUDOUN CNTY VA ECON DEV AUTH 4.000% 10/01/2052 DD 09/15/22	350,000.000	355,292.82	348,019.00	-7,273.82
K36F60817802	MADISON CNTY NY CAPITAL RESOUR 5.000% 07/01/2040 DD 05/14/15	1,000,000.000	1,017,142.82	1,005,890.00	-11,252.82
K36F60817802	MAIN STREET NATURAL GAS INC GA VAR RT 12/01/2052 DD 08/03/22	325,000.000	342,703.69	338,416.00	-4,287.69
K36F60817802	MAIN STREET NATURAL GAS INC GA VAR RT 05/01/2054 DD 01/23/24	250,000.000	263,852.08	265,012.50	1,160.42
K36F60817802	MAIN STREET NATURAL GAS INC GA VAR RT 05/01/2055 DD 12/18/24	500,000.000	536,368.58	527,670.00	-8,698.58
K36F60817802	MAIN STREET NATURAL GAS INC GA 5.500% 09/15/2028 DD 10/04/07	250,000.000	266,455.66	264,067.50	-2,388.16
K36F60817802	MANSFIELD TX INDEP SCH DIST 4.000% 02/15/2054 DD 07/23/24	1,525,000.000	1,442,599.76	1,444,037.75	1,437.99
K36F60817802	MARICOPA CNTY AZ INDL DEV AUTH 5.000% 09/01/2036 DD 01/03/19	375,000.000	396,939.64	391,875.00	-5,064.64
K36F60817802	MARICOPA CNTY AZ INDL DEV AUTH 5.000% 01/01/2038 DD 11/17/16	500,000.000	513,056.98	510,210.00	-2,846.98
K36F60817802	MARYLAND ST HLTH & HGR EDUCNTL 5.000% 07/01/2047 DD 07/30/15	1,000,000.000	1,005,371.00	1,003,340.00	-2,031.00
K36F60817802	MARYLAND ST STADIUM AUTH REVEN 5.000% 05/01/2046 DD 05/05/16	350,000.000	363,915.13	359,310.00	-4,605.13
K36F60817802	MASSACHUSETTS ST BAY TRANSPRTN 4.000% 07/01/2040 DD 04/15/21	370,000.000	385,167.36	374,639.80	-10,527.56
K36F60817802	MASSACHUSETTS ST PORT AUTH 5.000% 07/01/2035 DD 07/17/14	125,000.000	124,459.44	125,103.75	644.31
K36F60817802	MET GOVT NASHVILLE & DAVIDSON 5.000% 10/01/2054 DD 08/01/24	1,515,000.000	1,655,586.81	1,634,791.05	-20,795.76
K36F60817802	MET NASHVILLE TN ARPT AUTH ARP 4.000% 07/01/2049 DD	500,000.000	491,369.96	478,625.00	-12,744.96

Schedule of Investments at End of Plan Year at Revalued Cost

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Status: FINAL

NON-BARGAINED VEBA - K36G60860000

11/1/2024 - 12/31/2024

ENTERGY NON-BARGAINED VEBA

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K36F60817802	12/17/19 MET NASHVILLE TN ARPT AUTH ARP 5.000% 07/01/2052 DD	80,000.000	87,061.81	84,101.60	-2,960.21
K36F60817802	12/07/22 MIAMI BEACH FL HLTH FACS AUTH 5.000% 11/15/2039 DD	120,000.000	119,972.66	120,025.20	52.54
K36F60817802	09/04/14 MIAMI-DADE CNTY FL AVIATION RE 5.000% 10/01/2034 DD	50,000.000	50,864.91	50,968.50	103.59
K36F60817802	08/25/16 MIAMI-DADE CNTY FL AVIATION RE 5.000% 10/01/2041 DD	175,000.000	177,749.18	177,210.25	-538.93
K36F60817802	08/25/16 MICHIGAN ST FIN AUTH REVENUE 5.000% 07/01/2033 DD	175,000.000	176,357.88	176,184.75	-173.13
K36F60817802	12/15/15 MICHIGAN ST HOSP FIN AUTH 5.000% 11/15/2047 DD 04/01/20	535,000.000	561,163.12	551,221.20	-9,941.92
K36F60817802	5977833H0 MIDLAND TX INDEP SCH DIST 4.000% 02/15/2054 DD 04/04/24	200,000.000	188,179.85	190,338.00	2,158.15
K36F60817802	60412AQT1 MINNESOTA ST 4.000% 08/01/2042 DD 08/20/24	1,000,000.000	1,040,221.58	1,012,360.00	-27,861.58
K36F60817802	64966MZ8 NEW YORK NY 5.000% 04/01/2043 DD 04/19/18	700,000.000	729,974.51	723,590.00	-6,384.51
K36F60817802	64971XQM3 NEW YORK CITY NY TRANSITIONAL 4.000% 05/01/2045 DD	250,000.000	249,728.28	243,685.00	-6,043.28
K36F60817802	64971XUD8 NEW YORK CITY NY TRANSITIONAL 4.000% 05/01/2041 DD	400,000.000	405,400.82	398,728.00	-6,672.82
K36F60817802	64972GE42 NEW YORK CITY NY MUNI WTR FIN 4.125% 06/15/2046 DD	500,000.000	506,051.53	493,965.00	-12,086.53
K36F60817802	64972GNE0 NEW YORK CITY NY MUNI WTR FIN 5.250% 06/15/2047 DD	750,000.000	773,757.35	769,717.50	-4,039.85
K36F60817802	64972JHX9 NEW YORK NY CITY TRANSITIONAL 5.000% 05/01/2045 DD	875,000.000	965,014.28	948,622.50	-16,391.78
K36F60817802	64990BNJ8 NEW YORK ST DORM AUTH REVENUES 5.000% 05/01/2036 DD	350,000.000	351,792.32	351,613.50	-178.82
K36F60817802	64990F3V4 NEW YORK ST DORM AUTH ST PERSO 5.000% 02/15/2031 DD	1,000,000.000	1,007,970.49	1,001,710.00	-6,260.49
K36F60817802	64990KDJ9 NEW YORK ST DORM AUTH ST PERSO 5.000% 03/15/2043 DD	500,000.000	531,526.27	523,175.00	-8,351.27
K36F60817802	650009W58 NEW YORK ST THRUWAY AUTH 4.000% 01/01/2040 DD	500,000.000	512,248.32	501,395.00	-10,853.32
K36F60817802	656009LE5 NORFOLK VA WTR REVENUE 5.250% 11/01/2036 DD 04/16/15	425,000.000	429,966.49	432,446.00	2,479.51
K36F60817802	65819GKX5 NORTH CAROLINA ST CAPITAL FACS 5.000% 10/01/2055 DD	275,000.000	281,640.98	278,913.25	-2,727.73
K36F60817802	66285WG59 N TX TOLLWAY AUTH REVENUE 4.000% 01/01/2040 DD	100,000.000	102,079.96	97,012.00	-5,067.96
K36F60817802	66285WSR8 N TX TOLLWAY AUTH REVENUE 5.000% 01/01/2039 DD	235,000.000	237,029.90	237,380.55	350.65
K36F60817802	66285WXN1 N TX TOLLWAY AUTH REVENUE 5.000% 01/01/2048 DD	250,000.000	253,298.21	253,197.50	-100.71
K36F60817802	67865EBR2 OKLAHOMA CITY OK WTR UTILITIES 5.250% 07/01/2064 DD	200,000.000	219,086.58	217,760.00	-1,326.58
K36F60817802	679111D27 OKLAHOMA ST TURNPIKE AUTH 5.500% 01/01/2053 DD	600,000.000	663,364.64	659,610.00	-3,754.64
K36F60817802	679111XZ2 OKLAHOMA ST TURNPIKE AUTH 5.000% 01/01/2047 DD	525,000.000	536,899.84	535,599.75	-1,300.09
K36F60817802	679111ZF4 OKLAHOMA ST TURNPIKE AUTH 5.000% 01/01/2036 DD	170,000.000	177,648.12	175,270.00	-2,378.12
K36F60817802	68450LGO2 ORANGE CNTY FL HLTH FACS AUTH 4.000% 10/01/2052 DD	550,000.000	540,455.54	503,739.50	-36,716.04



Schedule of Investments at End of Plan Year at Revalued Cost

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NON-BARGAINED VEBA - K36G60860000

11/1/2024 - 12/31/2024

ENTERGY NON-BARGAINED VEBA

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K36F60817802	68450LHG3 ORANGE CNTY FL HLTH FACS AUTH 5.000% 10/01/2039 DD 02/02/23	75,000,000	83,260.42	82,095.00	-1,165.42
K36F60817802	692039TR1 OXNARD CA UNION HIGH SCH DIST 3.500% 08/01/2045 DD 07/07/22	500,000,000	479,703.12	457,630.00	-22,073.12
K36F60817802	70879QXV0 PENNSYLVANIA ST HSG FIN AGY SF 6.250% 10/01/2054 DD 08/29/24	125,000,000	137,970.31	136,955.00	-1,015.31
K36F60817802	709224QF9 PENNSYLVANIA ST TURNPIKE COMMI 5.000% 12/01/2041 DD 06/21/16	1,000,000,000	1,016,276.88	1,014,080.00	-2,196.88
K36F60817802	71883MLZ5 PHOENIX AZ CIVIC IMPT CORP ARP 5.000% 07/01/2038 DD 11/21/17	120,000,000	125,526.02	123,859.20	-1,666.82
K36F60817802	74265LM62 PRIV CLGS & UNIVS AUTH GA 5.000% 10/01/2038 DD 09/29/16	285,000,000	293,568.58	290,383.65	-3,184.93
K36F60817802	74440DFC3 KENTUCKY ST PUBLIC ENERGY AUTH VAR RT 01/01/2055 DD 06/27/24	1,000,000,000	1,055,958.27	1,065,110.00	9,151.73
K36F60817802	762197YR6 RHODE ISLAND ST HLTH & EDUC TNL 5.250% 08/15/2043 DD 09/25/18	500,000,000	533,528.31	523,315.00	-10,213.31
K36F60817802	785840HD4 SACRAMENTO CA AREA FLOOD CONTR 5.000% 10/01/2039 DD 06/11/14	325,000,000	323,295.95	325,243.75	1,947.80
K36F60817802	795576GS0 SALT LAKE CITY UT ARPT REVENUE 5.000% 07/01/2047 DD 02/23/17	425,000,000	435,167.95	432,539.50	-2,628.45
K36F60817802	795576JC2 SALT LAKE CITY UT ARPT REVENUE 5.000% 07/01/2043 DD 10/31/18	1,110,000,000	1,144,479.32	1,147,973.10	3,493.78
K36F60817802	79742GAA9 SAN DIEGO CNTY CA REGL ARPT AU 5.000% 07/01/2044 DD 02/19/14	300,000,000	298,926.81	300,216.00	1,289.19
K36F60817802	84136FAV9 SOUTHEAST ENERGY AUTH AL COMMO VAR RT 12/01/2051 DD 06/29/21	500,000,000	498,850.73	497,375.00	-1,475.73
K36F60817802	873519QN5 TACOMA WA ELEC SYS REVENUE 5.000% 01/01/2054 DD 02/15/24	500,000,000	540,277.74	528,135.00	-12,142.74
K36F60817802	876381FK4 TARRANT CNTY TX CULTURAL EDU F 5.000% 02/15/2041 DD 11/18/16	500,000,000	509,238.82	506,815.00	-2,423.82
K36F60817802	880397CJ1 TENNERGY CORP TN GAS REVENUE VAR RT 10/01/2054 DD 07/03/24	350,000,000	365,829.89	367,342.50	1,512.61
K36F60817802	882667AV0 TEXAS ST PRIV ACTIVITY BOND SU 5.000% 12/31/2036 DD 12/17/19	650,000,000	692,388.75	681,362.50	-11,026.25
K36F60817802	882667BM9 TEXAS ST PRIV ACTIVITY BOND SU 4.000% 06/30/2036 DD 09/18/20	500,000,000	511,713.35	494,365.00	-17,348.35
K36F60817802	882723ZV4 TEXAS ST 5.000% 10/01/2036 DD 10/07/15	1,500,000,000	1,516,503.90	1,515,675.00	-828.90
K36F60817802	88283KCG1 TEXAS ST TRANSPRTN COMMISSION 5.000% 08/15/2041 DD 08/07/24	100,000,000	110,103.67	109,254.00	-849.67
K36F60817802	897579BT4 TROY NY CAPITAL RESOURCE CORP 5.000% 09/01/2035 DD 06/03/20	215,000,000	234,461.65	231,987.15	-2,474.50
K36F60817802	913366KS8 UNIV OF CALIFORNIA CA RGTS MED 5.000% 05/15/2047 DD 05/11/22	500,000,000	557,844.30	538,165.00	-19,679.30
K36F60817802	91417K4V0 UNIV OF COLORADO CO ENTERPRISE 5.000% 06/01/2049 DD 10/15/19	500,000,000	564,264.59	541,080.00	-23,184.59
K36F60817802	914455QZ6 UNIV OF MICHIGAN MI 5.000% 04/01/2042 DD 01/25/17	150,000,000	159,570.30	156,670.50	-2,899.80
K36F60817802	914714CZ1 UNIV OF NORTH CAROLINA AT CHAP 5.000% 02/01/2049 DD 12/05/19	840,000,000	1,000,984.15	942,060.00	-58,924.15
K36F60817802	91514AJV8 UNIV OF TEXAS TX UNIV REVENUES 5.000% 08/15/2049 DD 07/18/19	500,000,000	577,822.51	578,395.00	572.49
K36F60817802	915217WN9 UNIV OF VIRGINIA VA UNIV REVEN 5.000% 04/01/2039 DD 02/22/17	500,000,000	522,935.86	517,865.00	-5,070.86
K36F60817802	92778VPK8 VIRGINIA ST CLG BLDG AUTH EDUC 4.000% 02/01/2041 DD 05/07/24	580,000,000	579,971.00	576,786.80	-3,184.20



Schedule of Investments at End of Plan Year at Revalued Cost

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NON-BARGAINED VEBA - K36G60860000

1/1/2024 - 12/31/2024

ENTERGY NON-BARGAINED VEBA

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
K36F60817802	WASHINGTON DC MET AREA TRANSIT 5.000% 07/01/2042 DD 08/17/17	500,000.000	512,712.20	512,855.00	142.80
K36F60817802	WASHINGTON DC MET AREA TRANSIT 5.500% 07/15/2051 DD 03/14/23	250,000.000	286,695.15	274,472.50	-12,222.65
K36F60817802	WASHINGTON DC MET AREA TRANSIT 5.000% 07/15/2042 DD 08/17/23	500,000.000	571,482.32	543,020.00	-28,462.32
K36F60817802	WASHINGTON DC MET AREA TRANSIT 5.250% 07/15/2053 DD 08/17/23	200,000.000	224,844.45	215,164.00	-9,680.45
K36F60817802	WASHINGTON ST 5.000% 08/01/2034 DD 07/14/16	1,000,000.000	1,026,309.93	1,023,880.00	-2,429.93
K36F60817802	WAYNE CNTY MI ARPT AUTH REVENU 5.000% 12/01/2030 DD 10/15/15	500,000.000	508,522.68	506,610.00	-1,912.68
K36F60817802	WAYNE CNTY MI ARPT AUTH REVENU 5.000% 12/01/2042 DD 10/12/17	75,000.000	77,166.72	76,813.50	-353.22
K36F60817802	WEST VIRGINIA ST PARKWAYS AUTH 5.000% 06/01/2043 DD 08/14/18	1,020,000.000	1,058,090.43	1,058,127.60	37.17
TOTAL OTHER INVESTMENTS			69,942,787.83	69,047,000.35	-895,787.48

COMMON/COLLECTIVE TRUST

K36F60816302	BARCLAY U.S. EQUITY MARKET FUND B	60,605.239	6,203,323.26	17,625,135.00	11,421,811.74
K36F60817202	BLACKROCK-CASH & SHORT TERM FUND	57.650	57.65	57.65	0.00
K36F60817202	BLACKROCK MSCI ACWI EX-U.S. INDEX NON-LENDABLE FUND B	489,711.232	6,639,289.27	10,145,431.33	3,506,142.06
TOTAL COMMON/COLLECTIVE TRUST			12,842,670.18	27,770,623.98	14,927,953.80

REGISTERED INVESTMENT COMPANIES

K36F60816302	DREYFUS GOVT CM BOLD 6	1,655.540	1,655.54	1,655.54	0.00
K36F60817102	DREYFUS GOVT CM BOLD 6	2,855.070	2,855.07	2,855.07	0.00
K36F60817802	DREYFUS GOVT CM BOLD 6	1,011,393.710	1,011,393.71	1,011,393.71	0.00
TOTAL REGISTERED INVESTMENT COMPANIES			1,015,904.32	1,015,904.32	0.00

GRAND TOTAL

84,644,982.54	98,701,999.78	14,057,017.24
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0.00 C

14,057,017.24 I



NON-BARGAINED VEBA - K36G60860000

1/1/2024 - 12/31/2024

ENTERGY NON-BARGAINED VEBA

Report ID: T6400

Status: FINAL

5% VALUE :	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
	4,888,761.37								
K36F60816302	999G01626	BARCLAY U.S. EQUITY MARKET FUND B	S	55,021.190	0.00	0.00	14,716,722.00	4,658,416.88	10,058,305.12
K36F60817202	99VVAMVL1	BLACKROCK MSCI ACWI EX-U.S. INDEX NON-LENDABLE FUND B	S	459,372.670	0.00	0.00	9,544,536.66	5,043,742.50	4,500,794.16
K36F60817802	99VVCPT9	DREYFUS GOVT CM BOLD 6	B	23,561,646.880	0.00	23,561,646.88	0.00	0.00	0.00



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500
Status: FINAL

NON-BARGAINED VEBA - K36G60860000

1/1/2024 - 12/31/2024

ENTERGY NON-BARGAINED VEBA

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Assets Disposed	Cost of	Gain/Loss
5% VALUE :								
	4,888,761.37							
5	999G01626	BARCLAY U.S. EQUITY MARKET FUND B	65,954.960	0.00	17,662,149.53	5,584,133.76		12,078,015.77
2	99VAVMVL1	BLACKROCK MSCI ACWI EX-U.S. INDEX NON-LENDABLE FUND B	24.820	514.09	0.00	0.00	0.00	0.00
9	99VAVMVL1	BLACKROCK MSCI ACWI EX-U.S. INDEX NON-LENDABLE FUND B	1,841.300	38,365.70	0.00	0.00	0.00	0.00
4	99VAVMVL1	BLACKROCK MSCI ACWI EX-U.S. INDEX NON-LENDABLE FUND B	482,936.700	0.00	10,038,829.40	5,330,080.51		4,708,748.89
80	99VVCPT9	DREYFUS GOVT CM BOLD 6	38,143,854.170	38,143,854.17	0.00	0.00	0.00	0.00
56	99VVCPT9	DREYFUS GOVT CM BOLD 6	37,299,804.150	0.00	37,299,804.15	37,299,804.15		0.00