

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**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.)

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

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

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

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>ENERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>511</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ENERGY CORPORATION</u></p> <p><u>639 LOYOLA AVE.</u> <u>L-ENT-15N EB AND C</u> <u>NEW ORLEANS, LA 70113</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1990</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>72-1229752</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>504-576-4000</u></p> <p><b>2d</b> Business code (see instructions) <u>221100</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/08/2025	REGINALD JACKSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/08/2025	STEVEN BRADY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  <b>EMPLOYEE BENEFITS COMMITTEE OF ENERGY CORPORATION</b>  639 LOYOLA AVE. L-ENT-15N EB AND C NEW ORLEANS, LA 70113	<b>3b</b> Administrator's EIN 72-1269450  <b>3c</b> Administrator's telephone number 504-576-4000
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	24285
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	12125
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	12262
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	11908
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	0
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	24170
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4B 4G 4L 4U

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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

<p><b>A</b> Name of plan <b>ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>511</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ENTERGY CORPORATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>72-1229752</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
**AIG PROPERTY CASUALTY, U.S./NATIONAL UNION FIRE INS. CO. OF PITTSBURGH**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0687550	19445	GTP 0009161116	12221	04/01/2023	03/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	30608

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**AON RISK SERVICES NORTHEAST INC** **ONE LIBERTY PLAZA**  
**165 BROADWAY**  
**NEW YORK, NY 10006**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	30608		

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

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

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	153037
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>511</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ENTERGY CORPORATION</b>		<b>D</b> Employer Identification Number (EIN) <b>72-1229752</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5581829</b>	<b>65978</b>	<b>1121854</b>	<b>24177</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
(6) Total additions .....			<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....			<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	23659014	
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	2210382	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	0	
(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		25869396
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>	21661479	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	1824676	
(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		23486155
(4) Claims charged .....	<b>9b(4)</b>		23516616
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>	0	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	0	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	0	
(D) Other expenses .....	<b>9c(1)(D)</b>	538045	
(E) Taxes .....	<b>9c(1)(E)</b>	716970	
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	517388	
(G) Other retention charges .....	<b>9c(1)(G)</b>	580377	
(H) Total retention .....	<b>9c(1)(H)</b>		2352780
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		0
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		0
(2) Claim reserves .....	<b>9d(2)</b>		12455012
(3) Other reserves .....	<b>9d(3)</b>		25680126
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		0

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>511</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ENTERGY CORPORATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>72-1229752</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0100087	15126	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits..... **7c(2)**  
 (3) Interest credited during the year..... **7c(3)**  
 (4) Transferred from separate account ..... **7c(4)**  
 (5) Other (specify below)..... **7c(5)**  
 ▶

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

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

**e** Deductions:

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

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

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	502990
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <u>ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>511</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ENTERGY CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>72-1229752</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ENT CORP COS NB EMP WEL BEN TST-L</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>ENTERGY CORPORATION</u>		
<b>c</b> EIN-PN <u>22-3404057-501</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>49523786</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ENT CORP COS BARG EMP WEL BEN TST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>ENTERGY CORPORATION</u>		
<b>c</b> EIN-PN <u>13-3817903-501</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>38301019</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

**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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>511</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ENTERGY CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>72-1229752</b>

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	<b>87625072</b>
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	<b>87824805</b>
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	87625072	87824805
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	87625072	87824805

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	11629850	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	5938817	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		17568667
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		6911375
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		24480042

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	24280309	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		24280309
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		24280309

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		199733
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		11000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

**ENERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN**  
**Modified Cash Basis Financial Statements and Independent Auditor's Report**  
**As of and for the Years Ended December 31, 2024 and 2023**

**EIN 72-1229752 / PN 511**

**EIN 72-1229752 / PN 511**  
**ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN**

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of Entergy Corporation Companies' Benefits Plus Life Insurance Plan

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

We have performed audits of the financial statements of Entergy Corporation Companies' Benefits Plus Life Insurance Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements (modified cash basis) ("the financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

### Opinion

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

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- The information in the 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.

## **Basis of Accounting**

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

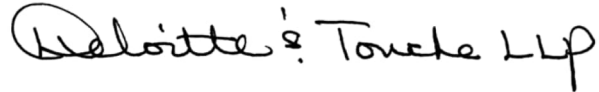
- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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

A handwritten signature in black ink that reads "Deloitte & Touche LLP". The signature is written in a cursive, flowing style.

October 8, 2025

**EIN 72-1229752 / PN 511**  
**ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN**  
**Statements of Net Assets Available for Benefits-Modified Cash Basis**  
**As of December 31, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
Assets:		
Plan Interest in Master Trusts (Note 3):		
Non-Bargaining Trust - Life	\$49,523,786	\$49,644,371
Bargaining Trust	38,301,019	37,980,701
Total Plan Interest in Master Trusts	87,824,805	87,625,072
 Net assets available for benefits	 \$87,824,805	 \$87,625,072

See Notes to Modified Cash Basis Financial Statements.

**EIN 72-1229752 / PN 511**  
**ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN**  
**Statements of Changes in Net Assets Available for Benefits-Modified Cash Basis**  
**For the Years Ended December 31, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
Net assets available for benefits - beginning of year	\$87,625,072	\$84,132,881
Plan interest in Master Trusts' investment income (Note 3):		
Non-Bargaining Trust - Life	4,177,121	6,110,612
Bargaining Trust	2,734,254	4,220,699
Total Plan interest in Master Trusts' investment income	6,911,375	10,331,311
Contributions:		
Employer contributions - net (Note 2)	11,629,850	13,008,244
Participant contributions	5,938,817	5,336,474
Total contributions	17,568,667	18,344,718
Premium payments	24,280,309	25,183,838
Net increase	199,733	3,492,191
Net assets available for benefits - end of year	\$87,824,805	\$87,625,072

See Notes to Modified Cash Basis Financial Statements.

## ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

## Notes to Modified Cash Basis Financial Statements

As of and for the Years Ended December 31, 2024 and 2023

**NOTE 1. DESCRIPTION OF THE PLAN**

**General** The following description of the Entergy Corporation Companies' Benefits Plus Life Insurance Plan (the Plan) provides only general information. Participants should refer to the Plan document, as amended, and the Summary Plan Description, as amended by applicable Summaries of Material Modifications, for a more complete description of the Plan's provisions. The Plan document, as amended, governs the operation of the Plan and payment of all benefits. Therefore, any conflict between this description of the Plan and the terms of the Plan shall be resolved by reference to the full Plan document, as amended. The Entergy Employee Benefits Committee controls and manages the operation and administration of the Plan.

**Benefits and Eligibility** The Plan makes life insurance coverage available to eligible employees and disabled former employees, along with their eligible dependents, as well as certain retirees of the Employers. Plan participants who participate in an Entergy-sponsored defined benefit cash balance plan (including Appendix J of Retirement Plan I, Non-Bargaining), Savings Plan of Entergy Corporation and Subsidiaries VIII, or Savings Plan of Entergy Corporation and Subsidiaries IX are not eligible to participate in the Plan as retirees. The Employers are subsidiaries of Entergy Corporation (Entergy) that have adopted the Plan as participating employers. Entergy is the Plan Sponsor. Coverage for eligible employees and disabled former employees is provided at various levels depending upon a participant's compensation level and coverage option chosen; coverage levels for retiree life insurance are based on prescribed formulas set forth in the Plan. The Employers and the Plan participants share in the cost of coverage, except that Employers generally pay the full cost of retiree life insurance coverage for most retirees. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended, (ERISA) and the regulations issued thereunder.

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

**Basis of Accounting** The Plan's financial statements are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Contributions are recognized at the time they are received and premiums are recognized at the time they are paid.

**Use of Estimates** The preparation of the Plan's financial statements in accordance with the modified cash basis of accounting requires the Plan administrator to make significant estimates and assumptions. These estimates and assumptions affect the reported amounts of net assets available for benefits, the actuarial present value of accumulated plan benefits and changes therein, the changes in net assets available for benefits, and the disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

**Risks and Uncertainties** Contributions to the Plan are made, and the benefit obligations are reported, based on certain assumptions pertaining to interest rates, inflation rates, employee compensation, and demographics. Investment securities are exposed to various risks, such as interest rate, market, and credit risks, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the changing nature of these assumptions and the level of risk associated with investment securities, it is at least reasonably possible that changes in these assumptions and in the values of investment securities will

## ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

## Notes to Modified Cash Basis Financial Statements

As of and for the Years Ended December 31, 2024 and 2023

occur in the near term. Additionally, such changes could materially affect the bank-administered trusts' (Master Trusts) investment account balances (see Note 3) and the amounts reported in the financial statements.

**Payment of Benefits** Payments of claims and insurance premiums are recorded when paid.

**Valuation of Investments** Investments are stated at fair value. Fair value of a financial instrument is the amount 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 a discussion of fair value measurements.

**Income Recognition** The difference in fair value of the assets in the Master Trusts from one period to the next is recognized and included in the Plan Interest in Master Trusts' investment income in the accompanying Statements of Changes in Net Assets Available for Benefits-Modified Cash Basis. The Plan's interest in the Master Trusts' investment income includes its interest in realized and unrealized gains and losses, interest income, and dividend income. Sales and purchases of securities in the Master Trusts are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Contributions and Funding Policy** The Plan is funded through contributions from the Employers and the participants. The Employers make contributions at such times and in such amounts as necessary for the payment of premiums to the third party insurance company and additional funding as described below. The cost of an active participant's contribution required under the Plan varies depending on the coverage elected by the participant. For most retired participants, the cost of their coverage is provided by the Employer. For certain retired participants, the cost of their coverage is provided in part by the Employer and in part by the retired participant. The cost to these retired participants depends on the coverage they have elected.

Additionally, pursuant to regulatory directives, certain of the Employers are allowed to recover retiree life insurance premium obligations in their revenues but must make deposits for such obligations in the Master Trusts, which are trusts established as Voluntary Employees' Beneficiary Associations (VEBAs) under Internal Revenue Code (IRC) Section 501(c)(9). The amounts funded are based on actuarial projections and regulatory directives and are subject to the provisions of IRC Sections 419 and 419A. After the Employers pay the retiree life insurance premiums, they receive reimbursement from the Master Trusts.

## ENERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

## Notes to Modified Cash Basis Financial Statements

As of and for the Years Ended December 31, 2024 and 2023

The table below shows the components of Employer contributions - net as reported on the Statements of Changes in Net Assets Available for Benefits-Modified Cash Basis:

	<u>2024</u>	<u>2023</u>
<b>Benefits and insurance premium payments by Employers</b>	\$18,341,492	\$19,847,364
<b>Non-Bargaining Trust - Life:</b>		
Payments to Employers for benefits and premium payments	(4,297,706)	(4,332,292)
<b>Bargaining Trust:</b>		
Payments to Employers for benefits and premium payments	(2,413,936)	(2,506,828)
<b>Employer contributions - net</b>	<u>\$11,629,850</u>	<u>\$13,008,244</u>

**Expenses** Expenses incurred related to the administration of the Plan are paid out of the general assets of the Employers, unless such expenses are paid from the assets of the Master Trusts. Expenses paid out of the general assets of the Employers are considered Employer costs and are not included in the Plan's financial statements.

**NOTE 3. MASTER TRUST INVESTMENTS**

The Plan's assets are deposited in two Master Trusts, established by Entergy and maintained by the Trustee. The Plan holds an undivided beneficial interest in the Entergy Corporation Companies' Non-Bargaining Employees' Welfare Benefit Trust – Life (Non-Bargaining Trust - Life) and the Entergy Corporation Companies' Bargaining Employees' Welfare Benefit Trust (Bargaining Trust).

The Plan's assets to the total trust assets as of December 31, 2024 and 2023 is as follows:

Trust	Approximate Percentage of Plan Assets to Total Trust Assets	
	2024	2023
Non-Bargaining Trust - Life	100%	100%
Bargaining Trust	7.9%	8.2%

The Plan maintains an undivided beneficial interest in each of the investment accounts of the Master Trusts. Use of the Master Trusts permits the commingling of the trust assets for investment and administrative purposes. Although assets are commingled in the Master Trusts, the Trustee maintains supporting records for the purpose of allocating the interest in net earnings and the administrative expenses of the investment accounts to the various participating plans. Interest in an investment account's net earnings is comprised of interest and dividends and realized and unrealized gains and losses. Interest from these investments is allocated monthly to the Plan based on the Plan's portion of net assets in the pooled accounts.

## ENERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

## Notes to Modified Cash Basis Financial Statements

As of and for the Years Ended December 31, 2024 and 2023

The following table presents the net assets of the Master Trusts and the Plan's interest in the net assets of the Master Trust investments as of December 31, 2024:

	<b>Non- Bargaining Master Trust - Life</b>	<b>The Plan's Interest in Non- Bargaining Master Trust Balances</b>	<b>Bargaining Master Trust</b>	<b>The Plan's Interest in Bargaining Master Trust Balances</b>
<b><u>Net Assets</u></b>				
Investments:				
U.S. Government securities	\$13,331,551	\$13,331,551	\$206,616,635	\$16,307,505
Corporate debt instruments:				
Preferred	5,345,076	5,345,076	73,126,057	5,771,576
All other	4,994,993	4,994,993	82,252,519	6,491,894
Common collective trust	24,867,899	24,867,899	109,087,743	8,609,903
Registered investment companies	81,218	81,218	1,197,724	94,532
Other - fixed income	763,382	763,382	10,750,250	848,479
Total investments	49,384,119	49,384,119	483,030,928	38,123,889
Receivables from the sale of investments and accrued income	174,396	174,396	2,621,298	206,890
Less: Liabilities from the purchase of investments	34,729	34,729	377,057	29,760
Net assets	\$49,523,786	\$49,523,786	\$485,275,169	\$38,301,019

## ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

## Notes to Modified Cash Basis Financial Statements

As of and for the Years Ended December 31, 2024 and 2023

The following table presents the net assets of the Master Trusts and the Plan's interest in the net assets of the Master Trust investments as of December 31, 2023:

	<b>Non- Bargaining Master Trust - Life</b>	<b>The Plan's Interest in Non- Bargaining Master Trust Balances</b>	<b>Bargaining Master Trust</b>	<b>The Plan's Interest in Bargaining Master Trust Balances</b>
<b>Net Assets</b>				
Investments:				
U.S. Government securities	\$13,357,717	\$13,357,717	\$151,007,136	\$12,432,227
Corporate debt instruments:				
Preferred	3,880,820	3,880,820	41,519,330	3,418,234
All other	4,318,695	4,318,695	55,803,222	4,594,209
Common collective trust	26,875,290	26,875,290	200,877,451	16,537,986
Registered investment companies	146,009	146,009	230,532	18,979
Other - fixed income	904,519	904,519	9,864,779	812,155
Total investments	<u>49,483,050</u>	<u>49,483,050</u>	<u>459,302,450</u>	<u>37,813,790</u>
Receivables from the sale of investments and accrued income	209,871	209,871	2,384,964	196,351
Less: Liabilities from the purchase of investments	48,550	48,550	357,595	29,440
Net assets	<u>\$49,644,371</u>	<u>\$49,644,371</u>	<u>\$461,329,819</u>	<u>\$37,980,701</u>

The following table presents the investment income (losses) of the Master Trusts for the years ended December 31, 2024 and 2023:

	<b>December 31, 2024</b>		<b>December 31, 2023</b>	
	<b>Non- Bargaining Master Trust - Life</b>	<b>Bargaining Master Trust</b>	<b>Non- Bargaining Master Trust - Life</b>	<b>Bargaining Master Trust</b>
Interest	\$877,170	\$12,159,263	\$787,488	\$8,768,242
Dividends:				
Registered investment companies	11,343	144,188	9,885	81,654
Net (depreciation) appreciation in fair value of investments	(609,035)	(5,480,139)	434,037	5,176,547
Net investment gain from:				
Common collective trusts	4,172,424	27,278,328	5,157,296	36,856,634
Other income	14,792	18,030	3,520	25,250
Less: Administrative expenses	289,573	747,571	281,614	1,094,341
Total investment income	<u>\$4,177,121</u>	<u>\$33,372,099</u>	<u>\$6,110,612</u>	<u>\$49,813,986</u>

**ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN****Notes to Modified Cash Basis Financial Statements****As of and for the Years Ended December 31, 2024 and 2023**

For the year ended December 31, 2024, the Non-Bargaining Trust - Life had no transfers to the trust and transfers from the trust of \$4,297,706. For the year ended December 31, 2023, the Non-Bargaining Trust - Life had no transfers to the trust and transfers from the trust of \$4,332,292.

For the year ended December 31, 2024, the Bargaining Trust had no transfers to the trust and transfers from the trust of \$9,426,749. For the year ended December 31, 2023, the Bargaining Trust had no transfers to the trust and transfers from the trust of \$9,846,889.

**NOTE 4. FAIR VALUE MEASUREMENTS**

Accounting standards provide the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The Master Trusts classify its investments as follows:

- Level 1 - Level 1 inputs are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.
- Level 2 - Level 2 inputs are inputs other than quoted prices included in Level 1 that are, either directly or indirectly, observable for the asset or liability at the measurement date. Assets are valued based on prices derived by an independent party that uses inputs such as benchmark yields, reported trades, broker/dealer quotes, and issuer spreads. Prices are reviewed and can be challenged with the independent parties and/or overridden by Entergy if it is believed such would be more reflective of fair value. Level 2 inputs include the following:
  - quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability; or
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3 - Level 3 refers to securities valued based on significant unobservable inputs.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth by level within the fair value hierarchy a summary of the Master Trusts' investments measured at fair value on a recurring basis as of December 31, 2024 and 2023.

## ENERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

## Notes to Modified Cash Basis Financial Statements

As of and for the Years Ended December 31, 2024 and 2023

**2024****Non-Bargaining Trust - Life**

	<u>Level 1</u>		<u>Level 2</u>		<u>Level 3</u>	<u>Total</u>
<b>Equity Securities:</b>						
Common collective trust (a)						\$24,867,899
<b>Fixed income securities:</b>						
U.S. Government securities	6,153,088 (b)		7,178,463 (d)		—	13,331,551
Corporate debt instruments	—		10,340,069 (d)		—	10,340,069
Registered investment companies	81,218 (c)		—		—	81,218
Other	—		763,382 (e)		—	763,382
<b>Total</b>	<u>\$6,234,306</u>		<u>\$18,281,914</u>		<u>\$—</u>	<u>\$49,384,119</u>

**Bargaining Trust**

	<u>Level 1</u>		<u>Level 2</u>		<u>Level 3</u>	<u>Total</u>
<b>Equity Securities:</b>						
Common collective trust (a)						\$109,087,743
<b>Fixed income securities:</b>						
U.S. Government securities	101,394,324 (d)		105,222,311 (e)		—	206,616,635
Corporate debt instruments	—		155,378,576 (e)		—	155,378,576
Registered investment companies	1,197,724 (b)		—		—	1,197,724
Other	—		10,750,250 (c)		—	10,750,250
<b>Total</b>	<u>\$102,592,048</u>		<u>\$271,351,137</u>		<u>\$—</u>	<u>\$483,030,928</u>

## ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

## Notes to Modified Cash Basis Financial Statements

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**2023****Non-Bargaining Trust - Life**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Equity Securities:</b>				
Common collective trust (a)				\$26,875,290
<b>Fixed income securities:</b>				
U.S. Government securities	6,313,660 (b)	7,044,057 (d)	—	13,357,717
Corporate debt instruments	—	8,199,515 (d)	—	8,199,515
Registered investment companies	146,009 (c)	—	—	146,009
Other	—	904,519 (e)	—	904,519
<b>Total</b>	<u>\$6,459,669</u>	<u>\$16,148,091</u>	<u>\$—</u>	<u>\$49,483,050</u>

**Bargaining Trust**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Equity Securities:</b>				
Common collective trust (a)				\$200,877,451
<b>Fixed income securities:</b>				
U.S. Government securities	73,904,828 (b)	77,102,308 (d)	—	151,007,136
Corporate debt instruments	—	97,322,552 (d)	—	97,322,552
Registered investment companies	230,532 (c)	—	—	230,532
Other	—	9,864,779 (e)	—	9,864,779
<b>Total</b>	<u>\$74,135,360</u>	<u>\$184,289,639</u>	<u>\$—</u>	<u>\$459,302,450</u>

**ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN****Notes to Modified Cash Basis Financial Statements****As of and for the Years Ended December 31, 2024 and 2023**

- (a) The common collective trusts hold investments in accordance with stated objectives. The investment strategy of the trusts is to capture the growth potential of equity markets by replicating the performance of a specified index. The issuer of these funds allows daily trading at the net asset value and trades settle at a later date, with no other trading restrictions. Net asset value per share of common collective trusts estimate fair value. Common collective trusts are not publicly quoted, and are valued by the fund administrators using net asset value as a practical expedient. Accordingly, these funds are not assigned a level in the fair value table, but are included in the total.
- (b) Certain fixed income debt securities (government) are stated at fair value determined by quoted market prices.
- (c) Registered investment companies are money market mutual funds with a stable net asset value of one dollar per share. Registered investment companies may hold investments in domestic and international bond markets or domestic equities valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value and to transact at that price. The money market mutual funds held by the trusts are deemed to be actively traded.
- (d) Certain fixed income debt securities (corporate, government, and securitized) are stated at fair value as determined by broker quotes.
- (e) The other remaining assets are U.S. municipal and foreign government bonds stated at fair value as determined by broker quotes.

**NOTE 5. POSTRETIREMENT BENEFIT OBLIGATION**

The postretirement benefit obligation represents the actuarial present value of estimated future benefits that are attributable to employee service rendered prior to January 1, 2025. Postretirement benefits include future payments expected to be paid to or for (a) currently retired employees and their beneficiaries and dependents and (b) active employees and their beneficiaries and dependents after retirement from service with the Employers. Prior to an employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service rendered to the valuation date.

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

## ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

## Notes to Modified Cash Basis Financial Statements

As of and for the Years Ended December 31, 2024 and 2023

The significant actuarial assumptions used in the valuation below were as follows:

**Postretirement Benefits**

Significant Assumptions	December 31, 2024	December 31, 2023
<b>Discount rate</b>	5.66%	5.01%
<b>Mortality</b>	Pri.H-2012 Headcount Weighted Employee and Retiree Mortality Table, Generational Projection Using Scale MP-2021 with Aon's Endemic Adjustment	Pri.H-2012 Headcount Weighted Employee and Retiree Mortality Table, Generational Projection Using Scale MP-2021 with Aon's Endemic Adjustment
<b>Expected return on assets</b>	Non-taxable 6.28%	Non-taxable 6.42%
<b>Average retirement age</b>	63	63

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the Plan's benefit obligation.

The Plan's benefit obligation at December 31, 2024 and 2023, related to the following categories of participants is as follows:

	<u>2024</u>	<u>2023</u>
<b>Postretirement benefit obligation</b>		
Retired participants	\$246,838,000	\$254,140,000
All other participants	28,209,000	31,052,000
<b>Total</b>	<u>\$275,047,000</u>	<u>\$285,192,000</u>

The changes in the Plan's benefit obligation from the year ended December 31, 2023 to December 31, 2024 are as follows:

	<u>2024</u>	<u>2023</u>
<b>Postretirement benefit obligation</b>		
Balance at beginning of year	\$285,192,000	\$281,352,000
Benefits earned	2,738,596	3,661,502
Benefits paid (before participant contributions)	(15,192,000)	(17,216,000)
Interest	13,552,000	13,884,000
Changes in actuarial assumptions and other actuarial gains and losses	(11,243,596)	3,510,498
Balance at end of year	<u>\$275,047,000</u>	<u>\$285,192,000</u>

The Plan's deficiency of net assets as compared to benefit obligations as of December 31, 2024 and 2023, relates primarily to postretirement obligations. As explained in Note 2, pursuant to regulatory directives, certain of the Employers are allowed to recover retiree benefit costs in their revenues, but must make deposits for such obligations in external Master Trusts established for the IRC Section

**ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN****Notes to Modified Cash Basis Financial Statements****As of and for the Years Ended December 31, 2024 and 2023**

501(c)(9) VEBAs. The amounts funded are based on actuarial projections and are subject to the provisions of IRC Sections 419 and 419A. It is expected that any deficiency will be funded by future participant and employer contributions.

**NOTE 6. PREMIUM STABILIZATION RESERVES**

The Plan may have premium stabilization reserves with one of its insurers, Metropolitan Life Insurance Company. Premium stabilization reserves exist when premiums paid to an insurance company exceed the total of claims paid and other charges. Entergy believes that these reserves held by the insurance company will be used to reduce future premium payments of the Plan. At December 31, 2024 and 2023, the premium stabilization reserve was \$25,680,126 and \$23,872,479, respectively.

**NOTE 7. PLAN TERMINATION**

Although it has not expressed any intention to terminate the Plan, the Sponsor has the right at any time to terminate, suspend, withdraw, amend, or modify the Plan or any of its provisions. Any such amendment or termination may affect employees who have not yet retired as well as former employees who have already retired and/or their dependents. In the event of termination of the Plan, the net assets of the trusts will be used to satisfy remaining eligible participants' benefits until funds are exhausted.

**NOTE 8. TAX STATUS**

On May 31, 1996, the Sponsor received exempt status letters, retroactive to October 13, 1994, from the IRS with respect to the Bargaining Master Trust, stating that the Trust is exempt from federal income tax under IRC Section 501(a), as an organization described in IRC Section 501(c)(9). No provision for income taxes has been included in the Plan's financial statements. However, the Bargaining Master Trust may be subject to unrelated business income tax under IRC Section 511(b).

On June 11, 1997, the Sponsor received an exempt status letter, retroactive to January 1, 1996, from the IRS with respect to the Non-Bargaining - Life Trust, stating that the Master Trust is exempt from federal income tax under IRC Section 501(a), as an organization described in IRC Section 501(c)(9). No provision for income taxes has been included in the Plan's financial statements. However, the Non-Bargaining - Life Trust may be subject to unrelated business income tax under IRC Section 511(b).

The Master Trusts agreements have since been amended. The Sponsor is not aware of any course of action or series of events that have occurred that would adversely affect the tax status of the Master Trusts and believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related Master Trusts continue to be tax-exempt.

**EIN 72-1229752 / PN 511**  
**ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN**  
**Notes to Modified Cash Basis Financial Statements**  
**As of and for the Years Ended December 31, 2024 and 2023**

**NOTE 9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS**

The Master Trusts utilize various investment managers to manage their net assets. These net assets may be invested in funds managed by the investment managers. Therefore, these transactions qualify as exempt party-in-interest transactions. In Plan management's opinion, fees paid during the years ended December 31, 2024 and 2023 for services rendered by parties-in-interest were based upon customary and reasonable rates for such services.

**NOTE 10. CERTIFIED INVESTMENT INFORMATION**

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under this election, the following investment information has been certified by the Trustee, The Bank of New York Mellon, as complete and accurate, and is not subject to auditing procedures performed by independent auditors:

- Plan interest in Master Trusts of \$87,824,805 and \$87,625,072 as presented in the Statements of Net Assets Available for Benefits-Modified Cash Basis as of December 31, 2024 and 2023, respectively;
- Plan interest in Master Trusts' investment income of \$6,911,375 and \$10,331,311 as presented in the Statements of Changes in Net Assets Available for Benefits-Modified Cash Basis for the years ended December 31, 2024 and 2023, respectively;
- The net assets of the Master Trusts as of December 31, 2024 and 2023 and investment income of the Master Trusts for the years ended December 31, 2024 and 2023 disclosed in Note 3; and
- The investment balances of the Master Trusts as of December 31, 2024 and 2023 in Note 4.

**NOTE 11. SUBSEQUENT EVENTS**

Subsequent events were evaluated through October 8, 2025, the date the financial statements were available to be issued. There are no subsequent events that require adjustment to or disclosure in the financial statements.