

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                       |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                |
| 1a      | Name of plan<br>GREEN MOUNTAIN POWER CORPORATION RETIREE HEALTH AND WELFARE BENEFIT PLAN                                                                                                                                                                                                                                              |
| 1b      | Three-digit plan number (PN) ▶ 511                                                                                                                                                                                                                                                                                                    |
| 1c      | Effective date of plan<br>01/01/1976                                                                                                                                                                                                                                                                                                  |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>GREEN MOUNTAIN POWER CORPORATION<br><br>163 ACORN LANE<br>COLCHESTER, VT 05446 |
| 2b      | Employer Identification Number (EIN)<br>03-0127430                                                                                                                                                                                                                                                                                    |
| 2c      | Plan Sponsor's telephone number<br>802-770-3247                                                                                                                                                                                                                                                                                       |
| 2d      | Business code (see instructions)<br>221100                                                                                                                                                                                                                                                                                            |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/13/2025 | JOSEPH MCKEARIN                                              |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                             |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 550                                                                                                                                                                                                                                                                                                 |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 0<br><b>6a(2)</b> 0<br><b>6b</b> 558<br><b>6c</b> 0<br><b>6d</b> 558<br><b>6e</b><br><b>6f</b><br><b>6g(1)</b><br><b>6g(2)</b><br><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>                                                                                                                                                                                                                                                                                                     |

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

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

4A 4B 4D 4E

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

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

**a Pension Schedules**

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 2
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
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| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                      |     |
| A Name of plan<br>GREEN MOUNTAIN POWER CORPORATION RETIREE HEALTH AND WELFARE BENEFIT PLAN | B Three-digit plan number (PN) ▶                     | 511 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GREEN MOUNTAIN POWER CORPORATION | D Employer Identification Number (EIN)<br>03-0127430 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
UNUM LIFE INSURANCE COMPANY OF AMERICA

| (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     |
| 01-0278678 | 62235         | 399390                                | 502                                                                         | 01/01/2024              | 12/31/2024 |

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

|                                               |                                        |
|-----------------------------------------------|----------------------------------------|
| (a) Total amount of commissions paid<br>13805 | (b) Total amount of fees paid<br>11834 |
|-----------------------------------------------|----------------------------------------|

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  
WILLIS TOWERS WATSON NORTHEAST 10 STATE HOUSE SQUARE, FLOOR 11  
HARTFORD, CT 06103

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                         | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose             |                       |
| 13805                                         | 11834                           | ADDITIONAL COMPENSATION | 3                     |

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

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

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

---

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

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

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

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(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>0</b> |
| <b>c</b> Additions: (1) Contributions deposited during the year .....<br>(2) Dividends and credits.....<br>(3) Interest credited during the year.....<br>(4) Transferred from separate account .....<br>(5) Other (specify below).....<br>▶ | <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>0</b> |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                       | <b>7d</b>    | <b>0</b> |
| <b>e</b> Deductions:                                                                                                                                                                                                                        |              |          |
| (1) Disbursed from fund to pay benefits or purchase annuities during year                                                                                                                                                                   | <b>7e(1)</b> |          |
| (2) Administration charge made by carrier.....                                                                                                                                                                                              | <b>7e(2)</b> |          |
| (3) Transferred to separate account .....                                                                                                                                                                                                   | <b>7e(3)</b> |          |
| (4) Other (specify below).....<br>▶                                                                                                                                                                                                         | <b>7e(4)</b> |          |
|                                                                                                                                                                                                                                             |              |          |
| (5) Total deductions .....                                                                                                                                                                                                                  | <b>7e(5)</b> | <b>0</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>    | <b>0</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) ▶

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> | 946726 |
| <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. ▶

CARRIER FAILED TO PROVIDE A BREAKDOWN OF COMMISSIONS/FEE/PREMIUMS BETWEEN PLANS OF PLAN SPONSOR

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
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| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                      |     |
| A Name of plan<br>GREEN MOUNTAIN POWER CORPORATION RETIREE HEALTH AND WELFARE BENEFIT PLAN | B Three-digit plan number (PN) ▶                     | 511 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GREEN MOUNTAIN POWER CORPORATION | D Employer Identification Number (EIN)<br>03-0127430 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFILIATES

| (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     |
| 59-1031071 | 67369         | 2464322,3207780                       | 1334                                                                        | 01/01/2024              | 12/31/2024 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|                                      |                               |

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |                                                                                                                                                                                                                                 |              |   |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                   | <b>4</b>     |   |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                      | <b>5</b>     |   |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                 |              |   |
| <b>a</b> | 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. ....<br>Specify nature of costs ▶                           | <b>6d</b>    |   |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                        |              |   |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>                                                                                               |              |   |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                   |              |   |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |              |   |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                   | <b>7b</b>    | 0 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                    | <b>7c(1)</b> |   |
|          | (2) Dividends and credits.....                                                                                                                                                                                                  | <b>7c(2)</b> |   |
|          | (3) Interest credited during the year.....                                                                                                                                                                                      | <b>7c(3)</b> |   |
|          | (4) Transferred from separate account .....                                                                                                                                                                                     | <b>7c(4)</b> |   |
|          | (5) Other (specify below).....<br>▶                                                                                                                                                                                             | <b>7c(5)</b> |   |
|          |                                                                                                                                                                                                                                 |              |   |
|          | (6) Total additions .....                                                                                                                                                                                                       | <b>7c(6)</b> | 0 |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                    | <b>7d</b>    | 0 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                     |              |   |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                 | <b>7e(1)</b> |   |
|          | (2) Administration charge made by carrier.....                                                                                                                                                                                  | <b>7e(2)</b> |   |
|          | (3) Transferred to separate account .....                                                                                                                                                                                       | <b>7e(3)</b> |   |
|          | (4) Other (specify below).....<br>▶                                                                                                                                                                                             | <b>7e(4)</b> |   |
|          |                                                                                                                                                                                                                                 |              |   |
|          | (5) Total deductions .....                                                                                                                                                                                                      | <b>7e(5)</b> | 0 |
| <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>    | 0 |

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> | 1304552 |
| <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. ....<br>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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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 |                                                      |
| A Name of plan<br>GREEN MOUNTAIN POWER CORPORATION RETIREE HEALTH AND WELFARE BENEFIT PLAN | B Three-digit plan number (PN) ▶ 511                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GREEN MOUNTAIN POWER CORPORATION | D Employer Identification Number (EIN)<br>03-0127430 |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 27 33<br>49 50 72<br>99 | NONE                                                                                              | 319865                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WILLIS TOWERS WATSON, LLC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 39900                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MCSOLEY MCCOY AND CO.

03-0327374

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 17000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | 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                                                                                                                                                   |                                                                                                                                                                                                                                                                                   |                                                      |
| A Name of plan<br>GREEN MOUNTAIN POWER CORPORATION RETIREE HEALTH AND WELFARE BENEFIT PLAN                                                                                                                                                   |                                                                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 511                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GREEN MOUNTAIN POWER CORPORATION                                                                                                                                                   |                                                                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>03-0127430 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <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>                  | 51047                 | 55135           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 1146236               | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 14000878              | 0               |
| <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>               | 7621265               | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <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>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 8765399               | 33652132        |
| <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>    | 31584825              | 33707267        |
| <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>    | 31584825              | 33707267        |

**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: (A) Employers .....                                  | <b>2a(1)(A)</b> |            |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) 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), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 826329     |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 826329    |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (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>  |            |           |
| (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> |            | 2026460   |
| <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>     |            | 2852789   |

**Expenses**

|                                                                                             |               |        |        |
|---------------------------------------------------------------------------------------------|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 603350 |        |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |        |        |
| (3) Other .....                                                                             | <b>2e(3)</b>  |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |        | 603350 |
| <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>  | 126997 |        |
| (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> |        | 126997 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |        | 730347 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2122442 |
| <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: MCSOLEY MCCOY AND CO.

(2) EIN: 03-0327374

**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.)                 |                                     | <input checked="" type="checkbox"/> |         |
| <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.) |                                     | <input checked="" type="checkbox"/> |         |
| <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.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <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.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 1000000 |
| <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?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <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?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <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?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <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.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <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.)                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <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?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <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 \_\_\_\_\_.

**GREEN MOUNTAIN POWER CORPORATION  
RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Financial Statements and Schedule  
(With Independent Auditors' Report)

December 31, 2024 and 2023

**GREEN MOUNTAIN POWER CORPORATION**  
**RETIREE HEALTH AND WELFARE BENEFIT PLAN**  
December 31, 2024 and 2023

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Independent Auditors' Report

To the Retirement Board of  
Green Mountain Power Corporation  
Retiree Health and Welfare Benefit Plan  
Colchester, Vermont

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

We have performed audits of the accompanying financial statements of Green Mountain Power Corporation Retiree Health and Welfare Benefit 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 plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

**Opinion**

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

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

- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions 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. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

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

### **Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

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

#### **Supplemental Schedule Required by ERISA**

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

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

In our opinion—

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

*McSoley McCoy & Co.*

South Burlington, Vermont  
October 6, 2025  
VT Reg. No. 92-349

**Green Mountain Power Corporation**  
**Retiree Health and Welfare Benefit Plan**  
Statements of Net Assets Available for Plan Benefits  
December 31, 2024 and 2023

|                                                                              | <u>2024</u>          | <u>2023</u>          |
|------------------------------------------------------------------------------|----------------------|----------------------|
| Assets:                                                                      |                      |                      |
| Investments at fair value                                                    | \$ 33,652,132        | \$ 31,533,778        |
| Accrued investment income                                                    | 55,135               | 51,047               |
| Net assets held in GMP defined benefit plan restricted for<br>401(h) account | <u>4,810,264</u>     | <u>4,730,725</u>     |
| Net assets available for plan benefits                                       | <u>\$ 38,517,531</u> | <u>\$ 36,315,550</u> |

See accompanying notes to the financial statements.

**Green Mountain Power Corporation**  
**Retiree Health and Welfare Benefit Plan**  
Statements of Changes in Net Assets Available for Plan Benefits  
For the Years Ended December 31, 2024 and 2023

|                                                               | <u>2024</u>          | <u>2023</u>          |
|---------------------------------------------------------------|----------------------|----------------------|
| Additions to net assets attributed to:                        |                      |                      |
| Investment income:                                            |                      |                      |
| Net appreciation in fair value of investments                 | \$ 2,026,459         | \$ 3,128,368         |
| Interest and dividends                                        | <u>826,329</u>       | <u>785,377</u>       |
| Total additions                                               | <u>2,852,788</u>     | <u>3,913,745</u>     |
| Deductions from net assets attributed to:                     |                      |                      |
| Benefits paid                                                 | 603,350              | 1,430,531            |
| Annuity contract purchases                                    | -                    | 9,990,368            |
| Administrative expenses                                       | <u>126,996</u>       | <u>182,379</u>       |
| Total deductions                                              | <u>730,346</u>       | <u>11,603,278</u>    |
| Net increase in 401(h) account                                | <u>79,539</u>        | <u>150,908</u>       |
| Increase (decrease) in net assets available for plan benefits | 2,201,981            | (7,538,625)          |
| Net assets available for plan benefits                        |                      |                      |
| Beginning of year                                             | <u>36,315,550</u>    | <u>43,854,175</u>    |
| End of year                                                   | <u>\$ 38,517,531</u> | <u>\$ 36,315,550</u> |

See accompanying notes to the financial statements.

**GREEN MOUNTAIN POWER CORPORATION**  
**RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

**(1) Description of the Plan**

***(a) General***

The Green Mountain Power Corporation Retiree Health and Welfare Benefit Plan (the “Plan”) provides certain postretirement health and death benefits to eligible retired employees of Green Mountain Power Corporation (the “Company”). Assets of the Plan, held in a welfare benefit trust (“Trust”), are for postretirement benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the Company and the activity of the Trust is administered by the Retirement Board appointed by the Company’s Board of Directors.

Effective June 30, 2023, the current Company coverage for Medicare-eligible retirees ended. Funds disbursed from the Plan were used to purchase annuities with an annual reimbursement allowance for these individuals.

***(b) Funding Policy***

The Company’s funding policy is to make aggregate contributions equal to the annual postretirement benefit cost, less actual and estimated direct benefit payments made throughout the year from the Company’s general funds. No such contributions were made in 2024 or 2023.

***(c) Benefits***

The Plan provides health benefits (including dental) and life insurance benefits. The Company purchases annual insurance contracts to fully cover any exposure under life insurance benefits. These premiums are paid from the Plan’s assets. All other Plan benefits are self-insured. The claims for the self-insured benefits are processed by the Plan’s third party claims processors under administrative services only arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by either the Plan’s Trust or the general assets of the Company.

***(d) 401(h) Accounts***

The Plan includes a health and welfare component, in addition to normal retirement benefits, to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). Two separate accounts have been established and are maintained in the Green Mountain Power Corporation Employees’ Retirement Plan and Trust for the net assets related to the medical component (the 401(h) accounts). In accordance with IRC 401(h), the Plan’s investments in the 401(h) accounts may not be used, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in the Green Mountain Power Corporation Employees’ Retirement Plan.

**GREEN MOUNTAIN POWER CORPORATION**  
**RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

**Description of the Plan (continued)**

***(e) Stop Loss Insurance***

The Company has entered into a stop-loss insurance arrangement on behalf of the Plan in an effort to limit its exposure for self-insured benefits. The individual stop-loss limit is \$250,000.

**(2) Significant Accounting Policies**

***(a) Basis of Accounting***

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

***(b) Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

***(c) Investment Valuation and Income Recognition***

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

***(d) Risks and Uncertainties***

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

**GREEN MOUNTAIN POWER CORPORATION**  
**RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

**Significant Accounting Policies (continued)**

***(e) Administrative Expenses***

Investment, actuarial, and other professional fees are paid by the Plan. All other administrative expenses of the Plan are paid by the Company.

***(f) Payment of Benefits***

Premiums and claims paid by either the Company or the Plan are recorded as benefits paid in the accompanying statements of changes in net assets available for plan benefits. Claims and premiums that have been processed and approved for payment at year-end, but not paid, and claims incurred but not reported are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements.

During 2023, the Plan purchased \$9,990,368 in group annuity contracts to fund the payment of benefits to certain participants. Such benefit obligations are considered allocated and are excluded from the Plan's assets. Since the Plan is no longer responsible for paying these benefits, the assets held by the insurance company are not included in the accompanying statements of net assets available for plan benefits as of December 31, 2023.

***(g) Subsequent Events***

Plan management evaluated subsequent events through October 6, 2025, the date the Plan's financial statements were available to be used.

**(3) Plan Termination**

The Company believes that the Plan will continue without interruption; however, it reserves the right, under the Plan, to suspend or discontinue any contributions not legally required to be made at any time and to terminate the Plan in accordance with ERISA and any other applicable laws, provided that termination does not result in a reversion of the assets to the Company. In the event of termination of the Plan, the trustee will continue to administer the Trust until all of the purposes for which it has been established have been accomplished, or until the trustee has disposed of all the Trust's assets after the payment of, or other provision for, all expenses incurred in the administration of the Trust, all in accordance with the written order of the Company.

**GREEN MOUNTAIN POWER CORPORATION**  
**RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

**(4) Information Certified by the Trustee**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Midwest Institutional Trust Company, the trustee of the Plan, has certified as being complete and accurate the investments reflected on the statements of net assets available for plan benefits as of December 31, 2024 and 2023, the investment activity reflected in the statements of changes in net assets available for plan benefits for the years then ended, and the investment information included in the supplemental schedule of assets held at December 31, 2024.

**(5) Fair Value Measurements**

Generally accepted accounting principles in the United States of America establish a framework for measuring fair value. That framework provides a 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 three levels of the fair value hierarchy are described as follows:

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

Level 2      Inputs to the valuation methodology include:

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

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

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

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

**GREEN MOUNTAIN POWER CORPORATION**  
**RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

**Fair Value Measurements (continued)**

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

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

*Cash and cash equivalents:* Valued at cost.

*Fixed income securities:* Valued based on a matrix pricing system. The variables in the matrix system include: interest rate, maturity date, bond rating, and call feature.

*Pooled funds:* The pooled funds, whose sole assets are underlying mutual funds, are reported at fair value based on the quoted market prices of the underlying mutual funds. Pooled funds that consist of investment funds made up of a variety of different investment assets are valued on the aggregate fair value of the underlying assets. The units of these pooled funds are not actively traded. Accordingly, each individual underlying asset is evaluated to determine where its fair value measurement falls within the fair value hierarchy. The entire pooled fund is included within the fair value hierarchy based on the lowest level of any asset, or group of assets, that is significant to the overall fair value measurement.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

|                           | (Level 1)            | (Level 2)           | (Level 3)   | Total                |
|---------------------------|----------------------|---------------------|-------------|----------------------|
| Common stocks             | \$ 9,812,606         | \$ -                | \$ -        | \$ 9,812,606         |
| Fixed income securities   | 7,430,545            | 6,403,516           | -           | 13,834,061           |
| Pooled funds              | 8,848,058            | -                   | -           | 8,848,058            |
| Cash and cash equivalents | 234,893              | 922,514             | -           | 1,157,407            |
| Total                     | <u>\$ 26,326,102</u> | <u>\$ 7,326,030</u> | <u>\$ -</u> | <u>\$ 33,652,132</u> |

**GREEN MOUNTAIN POWER CORPORATION  
RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

**Fair Value Measurements (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

|                           | (Level 1)            | (Level 2)            | (Level 3)   | Total                |
|---------------------------|----------------------|----------------------|-------------|----------------------|
| Common stocks             | \$ 6,738,134         | \$ 883,131           | \$ -        | \$ 7,621,265         |
| Fixed income securities   | 3,951,786            | 10,049,092           | -           | 14,000,878           |
| Pooled funds              | 4,269,074            | 4,496,325            | -           | 8,765,399            |
| Cash and cash equivalents | -                    | 1,146,236            | -           | 1,146,236            |
| Total                     | <u>\$ 14,958,994</u> | <u>\$ 16,574,784</u> | <u>\$ -</u> | <u>\$ 31,533,778</u> |

**(6) Postretirement Benefit Obligation**

The Plan's postretirement benefit obligation for health and death benefits was estimated by the Plan's actuary, Willis Towers Watson, in accordance with accepted actuarial principles.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to January 1st of the plan year. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated union employees and their beneficiaries and dependents and (2) active union employees and their beneficiaries and dependents after retirement from service with the Company. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of expected postretirement benefit obligation that is attributed to the employee's service rendered prior to the valuation date.

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

**GREEN MOUNTAIN POWER CORPORATION**  
**RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

**Postretirement Benefit Obligations (continued)**

The following significant actuarial assumptions were used in the valuation as of January 1, 2024 and 2023:

|                         | <u>2024</u>                                                    | <u>2023</u>                                                    |
|-------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| Health care cost trend: |                                                                |                                                                |
| First year              | 6.5%                                                           | 6.5%                                                           |
| Ultimate                | 5%                                                             | 5%                                                             |
| Years to reach ultimate | 8 years                                                        | 6 years                                                        |
| Salary increases        | 3.25%                                                          | 3.25%                                                          |
| Investment return       | 6.1%                                                           | 5.6%                                                           |
| Mortality               | Pri-2012<br>Mortality Table<br>Projected with<br>Scale MP-2021 | Pri-2012<br>Mortality Table<br>Projected with<br>Scale MP-2021 |

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

Based upon the above assumptions, the actuarial present value of accumulated plan benefits as of January 1, 2024 and 2023, the latest date such amounts have been computed, are as follows:

|                                                               | <u>2024</u>          | <u>2023</u>          |
|---------------------------------------------------------------|----------------------|----------------------|
| Actuarial present value of accumulated plan benefits:         |                      |                      |
| Participants currently receiving benefits                     | \$ 5,654,387         | \$ 22,174,374        |
| Eligible active employees                                     | 4,352,295            | 5,073,175            |
| Other active employees                                        | <u>3,013,093</u>     | <u>2,543,906</u>     |
| Total actuarial present value of<br>accumulated plan benefits | <u>\$ 13,019,775</u> | <u>\$ 29,791,455</u> |

**GREEN MOUNTAIN POWER CORPORATION**  
**RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

**Postretirement Benefit Obligations (continued)**

The change in actuarial present value of accumulated plan benefits for the year ended January 1, 2024, the latest date such amounts have been computed, are as follows:

|                                             | <u>2024</u>          |
|---------------------------------------------|----------------------|
| Actuarial present value of accumulated plan |                      |
| benefits at beginning of year               | \$ 29,791,455        |
| Benefits accumulated                        | 310,963              |
| Actuarial losses                            | 2,430,461            |
| Decrease in discount period                 | 1,370,829            |
| Benefits paid                               | (11,420,899)         |
| Change in Plan provisions                   | (9,658,552)          |
| Change in assumptions                       | <u>195,518</u>       |
| Actuarial present value of accumulated plan |                      |
| benefits at end of year                     | <u>\$ 13,019,775</u> |

The effect of a one-percentage-point increase in the assumed health care cost trend increases the actuarial present value of accumulated plan benefits by 1.14% at January 1, 2024.

The Plan's postretirement benefit obligation does not reflect an amount associated with Medicare subsidy allowed under the Medicare Prescription Drug Improvement and Modernization Act of 2003 because the Plan is not directly entitled to the Medicare subsidy.

In addition to the actuarial present value of accumulated plan benefits, the Plan has an obligation for claims payable and claims incurred but not reported (IBNR) at December 31, 2024. This obligation is estimated by plan management based on claims data provided by the third party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment. Claims can be either paid by the Company or the Plan; therefore claims payable and IBNR at December 31, 2024 cannot be estimated.

**(7) Tax Status**

The Plan is required to operate in conformity with applicable requirements of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is currently designed and is being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

**GREEN MOUNTAIN POWER CORPORATION**  
**RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

**Tax Status (continued)**

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax period in progress. The plan administrator believes it is no longer subject to income tax examination for years prior to 2021.

**(8) Related Parties**

The Plan has several arrangements with service providers. These transactions are considered party-in-interest transactions under ERISA.

**(9) 401(h) Accounts**

A portion of the Plan's obligations are funded through contributions to the Green Mountain Power Corporation Employees' Retirement Plan in accordance with IRC Section 401(h).

The following tables present the components of the net assets available for such obligation at December 31, 2024 and 2023 and the related changes in net assets available for the years then ended:

|                            | <u>2024</u>         | <u>2023</u>         |
|----------------------------|---------------------|---------------------|
| Investments at fair value: |                     |                     |
| Exchange traded funds      | \$ 2,792,028        | \$ 2,539,550        |
| Cash equivalents           | 192,034             | 212,939             |
| Pooled funds               | 1,825,493           | 1,977,108           |
| Accrued income             | <u>709</u>          | <u>1,128</u>        |
| Net assets available       | <u>\$ 4,810,264</u> | <u>\$ 4,730,725</u> |

**GREEN MOUNTAIN POWER CORPORATION  
RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

**401(h) Accounts (continued)**

|                                  | 2024             | 2023              |
|----------------------------------|------------------|-------------------|
| Interest and dividend income     | \$ 150,528       | \$ 115,299        |
| Fair value of investments        | 199,335          | 563,613           |
| Administrative expenses          | (7,733)          | (7,861)           |
| Benefit payments                 | <u>(262,591)</u> | <u>(520,143)</u>  |
| Net increase in assets available | <u>\$ 79,539</u> | <u>\$ 150,908</u> |

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

*Pooled funds and exchange traded funds:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Cash equivalents:* Valued at cost.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Based on the fair value hierarchy as of December 31, 2024 and 2023, the Plan's investments in the 401(h) accounts are classified as Level 1, except for cash equivalents which are classified as Level 2.

**(10) Interest in Green Mountain Power Master Trust**

The Plan's 401(h) account investments are held in the Green Mountain Power Corporation Master Trust (the "Master Trust"), which was established in 2004 for the investments of assets of the Plan and other Green Mountain Power Corporation's sponsored retirement plans. Each participating retirement plan has an individual interest in the Master Trust. The assets of the Master Trust are held by the trustee.

The value of the Plan's interest in the Master Trust in 2024 and 2023 is based on actual contributions and allocated investment income less actual distributions and allocated administrative expenses. At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust is approximately 3.22% and 3.27%, respectively. The total investment income (including net appreciation in fair value of investments) of the Master Trust is allocated to the individual plans based upon the time the Plan's assets were invested in the Master Trust.

**GREEN MOUNTAIN POWER CORPORATION**  
**RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

**Interest in Green Mountain Power Master Trust (continued)**

The following table presents the investments and other assets and liabilities of the Master Trust as of December 31, 2024 and 2023:

|                                           | <u>December 31, 2024</u> |                     | <u>December 31, 2023</u> |                     |
|-------------------------------------------|--------------------------|---------------------|--------------------------|---------------------|
|                                           | Green Mountain           | Plan's Interest in  | Green Mountain           | Plan's Interest in  |
|                                           | Power Master Trust       | Green Mountain      | Power Master Trust       | Green Mountain      |
|                                           |                          | Power Master Trust  |                          | Power Master Trust  |
| Common stock                              | \$ 41,324,327            | \$ -                | \$ 39,204,933            | \$ -                |
| Government securities                     | 18,880,166               | -                   | 17,271,656               | -                   |
| Municipal securities                      | 301,732                  | -                   | 835,573                  | -                   |
| Exchange trade funds                      | 2,792,028                | 2,792,028           | 2,539,550                | 2,539,550           |
| Foreign bonds                             | 4,629,112                | -                   | 5,138,045                | -                   |
| Corporate bonds                           | 53,056,386               | -                   | 51,602,431               | -                   |
| Limited partnerships                      | -                        | -                   | 9,508                    | -                   |
| Pooled funds                              | 1,825,493                | 1,825,493           | 4,535,857                | 1,977,108           |
| Preferred stock                           | 42,799                   | -                   | 114,874                  | -                   |
| Cash and cash equivalents                 | 3,805,927                | 192,034             | 4,077,552                | 212,939             |
| Total investments in fair value hierarchy | 126,657,970              | 4,809,555           | 125,329,979              | 4,729,597           |
| Investments measured at NAV               | 14,574,155               | -                   | 12,296,166               | -                   |
| Total investments                         | 141,232,125              | 4,809,555           | 137,626,145              | 4,729,597           |
| Accrued income                            | 697,825                  | 709                 | 673,908                  | 1,128               |
| Total net assets                          | <u>\$ 141,929,950</u>    | <u>\$ 4,810,264</u> | <u>\$ 138,300,053</u>    | <u>\$ 4,730,725</u> |

The following are net appreciation in the fair value of investments and investment income for the Master Trust for the years ended December 31, 2024 and 2023:

|                                               | <u>2024</u>         | <u>2023</u>          |
|-----------------------------------------------|---------------------|----------------------|
| Interest and dividends                        | \$ 3,511,888        | \$ 2,893,660         |
| Net appreciation in fair value of investments | <u>5,189,404</u>    | <u>11,491,855</u>    |
| Total                                         | <u>\$ 8,701,292</u> | <u>\$ 14,385,515</u> |

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

**GREEN MOUNTAIN POWER CORPORATION**  
**RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

**Interest in Green Mountain Power Master Trust (continued)**

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

*Common stock, foreign bonds, pooled funds, and exchange trade funds:* Valued at closing price reported on the active market on which the individual securities are traded. The common stock portion is considered closely held and is based on unobservable market data.

*Corporate bonds, government securities, municipal securities and preferred stock:* Valued based on a matrix pricing system. The variables in the matrix system include: interest rate, maturity date, bond rating, and call feature.

*Limited partnerships:* Valued based on the capital position reported on the most recent K-1 schedule received by the trustee. Certain limited partnerships are valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

*Cash and cash equivalents:* Valued at cost.

The following table sets forth by level, within the fair value hierarchy, the assets at fair value of the Master Trust as of December 31, 2024 and 2023:

|                                           | <u>Assets at Fair Value as of December 31, 2024</u> |                      |             |                       |
|-------------------------------------------|-----------------------------------------------------|----------------------|-------------|-----------------------|
|                                           | (Level 1)                                           | (Level 2)            | (Level 3)   | Total                 |
| Common stock                              | \$ 33,845,310                                       | \$ 7,479,017         | \$ -        | \$ 41,324,327         |
| Government securities                     | -                                                   | 18,880,166           | -           | 18,880,166            |
| Municipal securities                      | -                                                   | 301,732              | -           | 301,732               |
| Exchange trade funds                      | 2,792,028                                           | -                    | -           | 2,792,028             |
| Foreign bonds                             | -                                                   | 4,629,112            | -           | 4,629,112             |
| Corporate bonds                           | -                                                   | 53,056,386           | -           | 53,056,386            |
| Pooled funds                              | 1,825,493                                           | -                    | -           | 1,825,493             |
| Preferred stock                           | 42,799                                              | -                    | -           | 42,799                |
| Cash and cash equivalents                 | 383,046                                             | 3,422,881            | -           | 3,805,927             |
| Total investments in fair value hierarchy | 38,888,676                                          | 87,769,294           | -           | 126,657,970           |
| Investments measured at NAV               | -                                                   | -                    | -           | 14,574,155            |
| Total investments                         | <u>\$ 38,888,676</u>                                | <u>\$ 87,769,294</u> | <u>\$ -</u> | <u>\$ 141,232,125</u> |

**GREEN MOUNTAIN POWER CORPORATION**  
**RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

**Interest in Green Mountain Power Master Trust (continued)**

|                                           | <u>Assets at Fair Value as of December 31, 2023</u> |                      |             |                       |
|-------------------------------------------|-----------------------------------------------------|----------------------|-------------|-----------------------|
|                                           | (Level 1)                                           | (Level 2)            | (Level 3)   | Total                 |
| Common stock                              | \$ 39,204,933                                       | \$ -                 | \$ -        | \$ 39,204,933         |
| Government securities                     | -                                                   | 17,271,656           | -           | 17,271,656            |
| Municipal securities                      | -                                                   | 835,573              | -           | 835,573               |
| Exchange trade funds                      | 2,539,550                                           | -                    | -           | 2,539,550             |
| Foreign bonds                             | -                                                   | 5,138,045            | -           | 5,138,045             |
| Corporate bonds                           | -                                                   | 51,602,431           | -           | 51,602,431            |
| Limited partnerships                      | -                                                   | 9,508                | -           | 9,508                 |
| Pooled funds                              | 3,245,595                                           | 1,290,262            | -           | 4,535,857             |
| Preferred stock                           | 114,874                                             | -                    | -           | 114,874               |
| Cash and cash equivalents                 | -                                                   | 4,077,552            | -           | 4,077,552             |
| Total investments in fair value hierarchy | 45,104,952                                          | 80,225,027           | -           | 125,329,979           |
| Investments measured at NAV               | -                                                   | -                    | -           | 12,296,166            |
| Total investments                         | <u>\$ 45,104,952</u>                                | <u>\$ 80,225,027</u> | <u>\$ -</u> | <u>\$ 137,626,145</u> |

The Master Trust made purchases of \$0 for the years ended December 31, 2024 and 2023, respectively, and sales of \$0 and \$75,437 for the years ended December 31, 2024 and 2023, respectively, for level 3 assets.

**(11) Reconciliation of Financial Statements to Form 5500**

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

|                                                                         | December 31,         |                      |
|-------------------------------------------------------------------------|----------------------|----------------------|
|                                                                         | 2024                 | 2023                 |
| Net assets available for plan benefits per the financial statements     | \$ 38,517,531        | \$ 36,315,550        |
| Less: Assets held in 401(h) account not included as assets on Form 5500 | <u>(4,810,264)</u>   | <u>(4,730,725)</u>   |
| Net assets available for plan benefits per the Form 5500                | <u>\$ 33,707,267</u> | <u>\$ 31,584,825</u> |

**GREEN MOUNTAIN POWER CORPORATION**  
**RETIREE HEALTH AND WELFARE BENEFIT PLAN**

Notes to Financial Statements  
December 31, 2024 and 2023

**Reconciliation of Financial Statements to Form 5500 (continued)**

The following is a reconciliation of the net increase in net assets available for plan benefits for the year ended December 31, 2024:

|                                                                                 | <u>2024</u>         |
|---------------------------------------------------------------------------------|---------------------|
| Increase in net assets available for plan benefits per the financial statements | \$ 2,201,981        |
| Less: Change in 401(h) account                                                  | <u>(79,539)</u>     |
| Net increase in net assets available for plan benefits per the Form 5500        | <u>\$ 2,122,442</u> |

**Green Mountain Power Corporation**  
**Retiree Health and Welfare Benefit Plan**  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024

Plan Sponsor: Green Mountain Power Corporation  
Sponsor's EIN: 03-0127430  
Plan number: 511

| (a) | (b)                                                      | (c)                                               | (d)        | (e)              |
|-----|----------------------------------------------------------|---------------------------------------------------|------------|------------------|
|     | Identity of issue, borrower, lessor,<br>or similar party | including<br>collateral,<br>par or maturity value | Cost       | Current<br>value |
|     | <b>Cash and Cash Equivalents</b>                         |                                                   |            |                  |
| *   | Bank Deposits Program Morgan Stanley Citigroup           | 193,107.920 units                                 | \$ 193,107 | \$ 193,107       |
|     | Federated Hermes Government Obligations Fund #117        | 234,892.910 units                                 | 234,893    | 234,893          |
|     | Cash                                                     | 76,114.000 units                                  | 76,114     | 76,114           |
|     | GS Fin Sq Gov #466                                       | 653,292.230 units                                 | 653,293    | 653,293          |
|     | Total cash and cash equivalents                          |                                                   | 1,157,407  | 1,157,407        |
|     | <b>Common Stocks</b>                                     |                                                   |            |                  |
|     | Ishares Core S&P 500 ETF                                 | 5,287.000 shares                                  | 1,760,479  | 3,112,351        |
|     | Ishares Core S&P Mid-Cap ETF                             | 12,275.000 shares                                 | 486,069    | 764,855          |
|     | Ishares Core S&P Small-Cap ETF                           | 6,318.000 shares                                  | 561,165    | 727,960          |
|     | Ishares Russell 1000 Growth ETF                          | 4,396.000 shares                                  | 689,179    | 1,765,346        |
|     | Ishares Russell 2000 Growth                              | 1,060.000 shares                                  | 74,851     | 305,089          |
|     | Ishares Russell 2000                                     | 3,068.000 shares                                  | 175,369    | 677,905          |
|     | Vanguard Intl Equity Index Fds Ftse                      | 42,834.000 shares                                 | 2,309,922  | 2,459,100        |
|     | Total common stocks                                      |                                                   | 6,057,034  | 9,812,606        |
|     | <b>Pooled Funds</b>                                      |                                                   |            |                  |
|     | Oakmark Global Select Fund                               | 9,723.621 shares                                  | 1,388,805  | 1,479,060        |
|     | Thornburg Developing World Fund Class I                  | 31,942.985 shares                                 | 838,889    | 695,079          |
|     | Tweedy Browne Global Value Fund #1                       | 47,025.155 shares                                 | 1,307,562  | 1,201,493        |
|     | Vanguard Institutional Index Fd                          | 11,427.000 shares                                 | 1,883,463  | 5,472,426        |
|     | Total pooled funds                                       |                                                   | 5,418,719  | 8,848,058        |
|     | <b>Fixed Income Securities</b>                           |                                                   |            |                  |
|     | US Treasury Note 3.375% Dtd 09/15/2024 Due 09/15/2027    | 60,000.000 shares                                 | 59,164     | 58,643           |
|     | US Treasury Note 4.125% Dtd 10/31/2024 Due 10/31/2029    | 10,000.000 shares                                 | 9,926      | 9,888            |
|     | US Treasury Note 4.125% Dtd 11/30/2024 Due 11/30/2029    | 14,000.000 shares                                 | 14,027     | 13,843           |
|     | US Treasury Note 4.625% Dtd 11/15/2023 Due 11/15/2026    | 60,000.000 shares                                 | 60,347     | 60,401           |
|     | US Treasury Note 4.375% Dtd 05/15/2024 Due 05/15/2034    | 40,000.000 shares                                 | 41,564     | 39,398           |
|     | US Treasury Note 4.25% Dtd 06/30/2024 Due 06/30/2029     | 85,000.000 shares                                 | 84,303     | 84,550           |
|     | US Treasury Note 3.875% Dtd 08/15/2024 Due 08/15/2034    | 35,000.000 shares                                 | 35,523     | 33,105           |
|     | US Treasury Bond Stripped Due 2/15/2053                  | 120,000.000 shares                                | 33,046     | 31,222           |
|     | US Treasury Bond Stripped Prin Due 8/15/2053             | 180,000.000 shares                                | 51,538     | 47,351           |
|     | US Treasury Bond Stripped Prin Due 5/15/2054             | 880,000.000 shares                                | 273,783    | 227,850          |
|     | US Treasury Bond 4.75% Dtd 11/15/2023 Due 11/15/2053     | 5,000.000 shares                                  | 5,123      | 4,948            |
|     | US Treasury Note 4.50% Dtd 02/15/2024 Due 02/15/2044     | 65,000.000 shares                                 | 65,152     | 62,061           |
|     | US Treasury Note 4.625% Dtd 05/15/2024 Due 05/15/2054    | 25,000.000 shares                                 | 27,816     | 24,298           |

**Green Mountain Power Corporation**  
**Retiree Health and Welfare Benefit Plan**  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024

Plan Sponsor: Green Mountain Power Corporation  
Sponsor's EIN: 03-0127430  
Plan number: 511

| (a) | (b)                                                      | (c)                                               | (d)     | (e)              |
|-----|----------------------------------------------------------|---------------------------------------------------|---------|------------------|
|     | Identity of issue, borrower, lessor,<br>or similar party | including<br>collateral,<br>par or maturity value | Cost    | Current<br>value |
|     | US Treasury Note 4.625% Dtd 05/15/2024 Due 05/15/2044    | 15,000.000 shares                                 | 15,614  | 14,547           |
|     | US Treasury Note 4.125% Dtd 08/15/2024 Due 08/15/2044    | 80,000.000 shares                                 | 78,398  | 72,423           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 11/15/2051     | 185,000.000 shares                                | 69,778  | 49,301           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 8/15/2052      | 85,000.000 shares                                 | 28,270  | 22,296           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 2/15/2053      | 115,000.000 shares                                | 38,067  | 29,854           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 5/15/2045      | 95,000.000 shares                                 | 41,013  | 34,066           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 2/15/2054      | 120,000.000 shares                                | 38,335  | 30,560           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 11/15/2042     | 30,000.000 shares                                 | 13,277  | 12,125           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 2/15/2043      | 100,000.000 shares                                | 37,300  | 39,942           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 8/15/2043      | 120,000.000 shares                                | 54,967  | 46,746           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 11/15/2043     | 200,000.000 shares                                | 88,186  | 77,106           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 8/15/2044      | 265,000.000 shares                                | 116,653 | 98,355           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 2/15/2046      | 235,000.000 shares                                | 82,603  | 81,066           |
|     | US Treasury SEC Stripped Int Pmt Due 11/15/2046          | 375,000.000 shares                                | 154,440 | 124,894          |
|     | US Treasury SEC Stripped Int Pmt Tint Due 11/15/2047     | 235,000.000 shares                                | 135,597 | 74,584           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 2/15/2049      | 290,000.000 shares                                | 147,410 | 86,290           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 11/15/2049     | 240,000.000 shares                                | 109,267 | 69,096           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 11/15/2050     | 195,000.000 shares                                | 109,785 | 53,801           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 8/15/2051      | 65,000.000 shares                                 | 18,398  | 17,460           |
|     | US Treasury SEC Stripped Int Pmt Tint Due 5/15/2054      | 120,000.000 shares                                | 38,390  | 30,378           |
|     | California ST GO Bds Taxable 7.30% Dtd 10/15/2009        | 40,000.000 shares                                 | 55,020  | 45,544           |
|     | AT&T Inc                                                 | 50,000.000 shares                                 | 57,523  | 48,917           |
|     | AT&T Inc Gbl NT                                          | 5,000.000 shares                                  | 4,599   | 4,547            |
|     | Abbvie Inc Sr NT                                         | 20,000.000 shares                                 | 20,075  | 19,760           |
|     | Allstate Corp Sr NT                                      | 50,000.000 shares                                 | 55,520  | 40,141           |
|     | Amazon Com Inc Sr NT 2.50%                               | 75,000.000 shares                                 | 74,254  | 44,745           |
|     | Ameren III Co 1st Mtg 3.70%                              | 70,000.000 shares                                 | 75,417  | 52,731           |
|     | Amgen Inc Sr NT 3.0%                                     | 35,000.000 shares                                 | 29,448  | 29,800           |
|     | American Elec Pwr Inc                                    | 30,000.000 shares                                 | 29,903  | 30,743           |
|     | American Express Co Sr NT 5.85%                          | 35,000.000 shares                                 | 35,421  | 35,394           |
|     | American Honda Fin Corp MTN Fr 4.4%                      | 20,000.000 shares                                 | 19,976  | 19,447           |
|     | American Honda Fin Corp MTN Fr                           | 10,000.000 shares                                 | 10,389  | 10,417           |
|     | American Tower Corp New Sr NT 2.75%                      | 70,000.000 shares                                 | 66,763  | 67,234           |
|     | Anheiser Busch Inbev Worldwide Inc 4.75%                 | 50,000.000 shares                                 | 50,465  | 50,107           |
|     | Anthem Inc NT 4.10%                                      | 20,000.000 shares                                 | 18,989  | 18,493           |
|     | Apple Inc Sr 4.375%                                      | 70,000.000 shares                                 | 78,783  | 61,792           |
|     | Astrazeneca PLC Gbl NT                                   | 15,000.000 shares                                 | 10,627  | 9,809            |
|     | Avalonbay Cmnty Inc MTN Fr 5.35%                         | 30,000.000 shares                                 | 30,731  | 30,161           |
|     | Avalonbay Cmnty Inc MTN Fr 2.30%                         | 15,000.000 shares                                 | 14,475  | 13,199           |
|     | Ares Capital Corp Sr NT                                  | 55,000.000 shares                                 | 56,204  | 57,008           |
|     | Arthur J & Co Sr Gbl NT                                  | 20,000.000 shares                                 | 19,822  | 19,499           |
|     | Bbcm Mortgage Trust Ser 2023 C22 Cl                      | 50,000.000 shares                                 | 51,575  | 55,042           |
|     | BMO Mtg Tr Ser 2023 C2 Cl A S Fltg Rate                  | 50,000.000 shares                                 | 51,500  | 52,939           |
|     | Bk of America Corp Fr Var Rate                           | 85,000.000 shares                                 | 79,821  | 77,143           |
|     | Bank Nova Scotia Halifax Fr 2.45%                        | 40,000.000 shares                                 | 38,267  | 33,386           |
|     | Berkshire Hathaway Energy Co Sr Gbl 4.3%                 | 35,000.000 shares                                 | 43,530  | 30,285           |

**Green Mountain Power Corporation**  
**Retiree Health and Welfare Benefit Plan**  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024

Plan Sponsor: Green Mountain Power Corporation  
Sponsor's EIN: 03-0127430  
Plan number: 511

| (a) | (b)                                                      | (c)                                               | (d)       | (e)              |
|-----|----------------------------------------------------------|---------------------------------------------------|-----------|------------------|
|     | Identity of issue, borrower, lessor,<br>or similar party | including<br>collateral,<br>par or maturity value | Cost      | Current<br>value |
|     | Bhp Billiton Fin USA LTD Sr NT                           | 35,000.000 shares                                 | 35,521    | 34,383           |
|     | Blackstone Private Credit Fund Sr Gbl NT 2.625%          | 25,000.000 shares                                 | 22,225    | 23,824           |
|     | Borgwarner Inc Gbl NT 4.95%                              | 35,000.000 shares                                 | 35,265    | 34,806           |
|     | Boston Gas Co Sr 114a NT                                 | 40,000.000 shares                                 | 41,696    | 36,298           |
|     | BP Cap Mkts Amer Inc Sr NT 2.939%                        | 25,000.000 shares                                 | 23,609    | 15,478           |
|     | BP Cap Mkts Amer Inc NT 2.721%                           | 40,000.000 shares                                 | 32,943    | 34,228           |
|     | Burlington Northn Santa Fe CP Sr Deb                     | 40,000.000 shares                                 | 45,867    | 38,281           |
|     | Brean Asset Back Secs Tr 2023- RM6                       | 91,186.540 shares                                 | 86,809    | 89,336           |
|     | Brighthouse Finl Inc Sr Gbl 3.7%                         | 25,000.000 shares                                 | 24,229    | 24,256           |
|     | Bristol Myers Squibb Co Sr NT                            | 25,000.000 shares                                 | 25,241    | 26,231           |
|     | Brookfield Fin Inc Sr NT                                 | 35,000.000 shares                                 | 33,427    | 34,768           |
|     | Cigna Corp New Sr NT                                     | 22,000.000 shares                                 | 22,659    | 19,253           |
|     | CVS Health Corp Sr NT 1.75%                              | 40,000.000 shares                                 | 36,423    | 32,561           |
|     | Cameron Lng LLC Sr SEC 144a NT 2.902%                    | 40,000.000 shares                                 | 40,229    | 34,830           |
|     | Canadian Natl Ry Co 3.65%                                | 40,000.000 shares                                 | 40,097    | 30,066           |
|     | Capital One Finl Corp                                    | 45,000.000 shares                                 | 41,804    | 44,855           |
|     | Centerpoint Energy Res Corp Sr NT 1.75%                  | 25,000.000 shares                                 | 23,352    | 20,958           |
|     | Chubb Ina Hldgs Inc Sr NT                                | 15,000.000 shares                                 | 15,436    | 14,813           |
|     | Cisco Sys Inc 5.5%                                       | 30,000.000 shares                                 | 42,621    | 30,245           |
|     | Cisco Sys Inc                                            | 5,000.000 shares                                  | 4,995     | 4,982            |
|     | Citigroup Inc Sr NT Var Rate                             | 40,000.000 shares                                 | 40,622    | 35,390           |
|     | Comcast Corp New NT 4.25%                                | 70,000.000 shares                                 | 71,812    | 65,308           |
|     | Comcast Corp New NT 3.4%                                 | 65,000.000 shares                                 | 69,830    | 45,642           |
|     | Commonwealth Edison Co Intg Bd 3.70%                     | 60,000.000 shares                                 | 54,104    | 45,779           |
|     | Conagra Brands Inc Sr Gbl NT 1.375%                      | 50,000.000 shares                                 | 48,621    | 45,393           |
|     | Consolidated Edison Co N Y Inc 2014a 4.45%               | 45,000.000 shares                                 | 49,559    | 38,434           |
|     | Conocophillips Sr NT 5.3%                                | 35,000.000 shares                                 | 34,672    | 32,379           |
|     | Corporate Office Pptys L P Sr Gbl NT 2.00%               | 40,000.000 shares                                 | 37,035    | 35,192           |
|     | Corebridge Finl Inc 3.65%                                | 40,000.000 shares                                 | 40,869    | 41,049           |
|     | Deere & Co Sr NT 5.05%                                   | 35,000.000 shares                                 | 34,733    | 34,846           |
|     | Dte Elec Co 1m A Bd 2.95%                                | 55,000.000 shares                                 | 49,968    | 35,727           |
|     | Drive Auto Receivable 5.52%                              | 50,000.000 shares                                 | 49,991    | 49,077           |
|     | Duke Energy Ind LLC 1m Xxx                               | 70,000.000 shares                                 | 80,431    | 52,193           |
|     | Duke Energy Ind LLC 1m Xxx 4.3%                          | 10,000.000 shares                                 | 9,763     | 9,844            |
|     | Energy Transfer L P Sr Gbl                               | 15,000.00 shares                                  | 16,107    | 15,849           |
|     | Enterprise Prods Oper LLC Sr NT                          | 10,000.000 shares                                 | 9,024     | 9,040            |
|     | Eversource Energy 2.9%                                   | 25,000.000 shares                                 | 22,708    | 23,997           |
|     | Exxon Mobil Corp 3.095%                                  | 35,000.000 shares                                 | 25,633    | 23,317           |
|     | Florida Pwr & LT Co 1st Mtg 5.25%                        | 30,000.000 shares                                 | 35,467    | 29,092           |
|     | General Mtrs Finl Co Inc Sr Gbl                          | 50,000.000 shares                                 | 45,943    | 48,285           |
|     | General Dynamics Corp Sr Gbl NT 4.25%                    | 25,000.000 shares                                 | 27,870    | 21,819           |
|     | Gilead Sciences Inc Sr Gbl NT 4.00%                      | 25,000.000 shares                                 | 25,382    | 22,052           |
|     | Goldman Sachs Group Inc Sr Gbl NT                        | 35,000.000 shares                                 | 33,857    | 28,884           |
|     | Guggenheim Total Return Bond Is                          | 91,343.459 shares                                 | 2,137,438 | 2,142,004        |
|     | HCA Sr Gbl 5.2%                                          | 50,000.000 shares                                 | 50,449    | 50,123           |
|     | Home Depot Inc Sr Gbl                                    | 45,000.000 shares                                 | 54,448    | 38,439           |

**Green Mountain Power Corporation**  
**Retiree Health and Welfare Benefit Plan**  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024

Plan Sponsor: Green Mountain Power Corporation  
Sponsor's EIN: 03-0127430  
Plan number: 511

| (a) | (b)                                                      | (c)                                               | (d)       | (e)              |
|-----|----------------------------------------------------------|---------------------------------------------------|-----------|------------------|
|     | Identity of issue, borrower, lessor,<br>or similar party | including<br>collateral,<br>par or maturity value | Cost      | Current<br>value |
|     | Honeywell Intl Inc Sr NT                                 | 35,000.000 shares                                 | 35,092    | 32,777           |
|     | Hyundai Cap Amer Fr 5.68%                                | 40,000.000 shares                                 | 40,720    | 40,581           |
|     | Intel Corp Sr Gbl NT                                     | 45,000.000 shares                                 | 44,431    | 29,678           |
|     | Intercontinental Exchange Inc Sr NT                      | 45,000.000 shares                                 | 41,562    | 31,454           |
|     | Ishares Core U.S. Aggregate Bond ETF                     | 18,897.000 shares                                 | 1,848,506 | 1,831,099        |
|     | Jpmdb Coml Mtg SEC Tr Ser 2017 C5 Cl A S                 | 180,000.000 shares                                | 172,020   | 162,351          |
|     | Jpmdbb Coml Mtg SEC Tr Ser 2015 C28 Cl B                 | 55,000.000 shares                                 | 51,896    | 54,096           |
|     | JP Morgan Chase Bank NA NT                               | 75,000.000 shares                                 | 76,916    | 63,989           |
|     | Johnson & Johnson Sr NT 3.55%                            | 20,000.000 shares                                 | 18,051    | 17,465           |
|     | Johnson & Johnson Sr NT 3.5%                             | 30,000.000 shares                                 | 23,082    | 22,535           |
|     | Kimco Rlty Corp Sr Gbl                                   | 35,000.000 shares                                 | 34,600    | 33,854           |
|     | Kinder Morgan Inc Del Sr Gbl 5.6%                        | 25,000.000 shares                                 | 25,667    | 24,997           |
|     | Lilly Eli & Co Sr NT                                     | 25,000.000 shares                                 | 19,916    | 19,557           |
|     | Manulife Finl Corp SB NT                                 | 35,000.000 shares                                 | 36,306    | 34,131           |
|     | Mastercard Inc Sr Gbl NT                                 | 40,000.000 shares                                 | 44,150    | 30,176           |
|     | Microsoft Corp Sr Gbl NT 2.921%                          | 80,000.000 shares                                 | 92,917    | 52,850           |
|     | Midamerican Energy Co lmtg Bd                            | 30,000.000 shares                                 | 34,114    | 26,936           |
|     | Motorola Solutions Inc Sr NT 5%                          | 20,000.000 shares                                 | 20,593    | 19,969           |
|     | Motorola Solutions Inc Sr NT 5.4%                        | 15,000.000 shares                                 | 14,974    | 15,006           |
|     | National Rural Utils Coop Fin Gbl                        | 60,000.000 shares                                 | 64,442    | 62,069           |
|     | Nevada Power Co Sr SEC CC NT                             | 50,000.000 shares                                 | 47,643    | 47,706           |
|     | New York Life Ins Co 144a NT                             | 50,000.000 shares                                 | 57,828    | 36,407           |
|     | Northrop Grumman Corp Sr NT                              | 35,000.000 shares                                 | 31,922    | 33,457           |
|     | Oge Energy Corp Sr NT                                    | 30,000.000 shares                                 | 31,003    | 30,491           |
|     | Oreily Automotive Inc Sr NT                              | 50,000.000 shares                                 | 45,969    | 41,008           |
|     | Omnicom Group Inc Sr NT                                  | 40,000.000 shares                                 | 36,751    | 34,194           |
|     | Oncor Elec Delivery Co LLC Sr SEC Gbl NT 3.80%           | 45,000.000 shares                                 | 42,186    | 33,930           |
|     | Oracle Corp Sr NT                                        | 15,000.000 shares                                 | 14,956    | 14,216           |
|     | Paypal Hldgs Inc Sr NT                                   | 15,000.000 shares                                 | 15,109    | 14,903           |
|     | Penske Truck Leasing Co L P Sr 144a                      | 25,000.000 shares                                 | 23,772    | 23,867           |
|     | Pepsico Inc Sr NT                                        | 15,000.000 shares                                 | 9,730     | 9,783            |
|     | Pfizer Inc Sr NT                                         | 50,000.000 shares                                 | 51,717    | 46,816           |
|     | Philip Morris Intl Inc Sr NT                             | 35,000.000 shares                                 | 34,429    | 34,228           |
|     | Principal Life Global Fdg II 48 144a                     | 20,000.000 shares                                 | 19,984    | 19,942           |
|     | Private Expt Fdg Corp Fr                                 | 15,000.000 shares                                 | 15,029    | 14,711           |
|     | Prologis L P NT                                          | 35,000.000 shares                                 | 35,279    | 34,183           |
|     | Prudential Finl Inc Mtns Book Fr                         | 35,000.000                                        | 37,117    | 25,832           |
|     | Public Svc Elec Gas Co MTN Fr 4.05%                      | 40,000.000                                        | 39,752    | 31,798           |
|     | Reynolds American Inc 4.45%                              | 55,000.000                                        | 53,995    | 54,847           |
|     | Rtx Corporation Gbl NT                                   | 30,000.000                                        | 33,680    | 26,628           |
|     | Santander Drive Auto Rec Tr Ser 2022 3 Cl C 4.86%        | 165,000.000                                       | 164,968   | 164,646          |
|     | Simon Ppty Group LP Sr Gbl NT 3.375%                     | 25,000.000                                        | 23,504    | 24,308           |
|     | Simon Ppty Group LP Sr Gbl NT 3.80%                      | 45,000.000                                        | 30,773    | 33,126           |
|     | Sofi Prfssnal Prgrm Ser 2020 A Cl A                      | 39,138.430                                        | 39,119    | 37,244           |
|     | Southern Calif Edison Co 4.2%                            | 10,000.000                                        | 9,801     | 9,973            |
|     | Southern Calif Edison Co 4.875%                          | 5,000.000                                         | 5,009     | 5,015            |

**Green Mountain Power Corporation**  
**Retiree Health and Welfare Benefit Plan**  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024

Plan Sponsor: Green Mountain Power Corporation  
Sponsor's EIN: 03-0127430  
Plan number: 511

| (a) | (b)                                                      | (c)                                               | (d)           | (e)              |
|-----|----------------------------------------------------------|---------------------------------------------------|---------------|------------------|
|     | Identity of issue, borrower, lessor,<br>or similar party | including<br>collateral,<br>par or maturity value | Cost          | Current<br>value |
|     | Southern Calif Edison Co 5.15%                           | 20,000.000                                        | 20,031        | 20,117           |
|     | State Str Corp Sr NT                                     | 35,000.000                                        | 34,870        | 34,778           |
|     | Statoll Asa NT                                           | 35,000.000                                        | 34,932        | 28,672           |
|     | Sunoco Logistics Partners Sr NT                          | 65,000.000                                        | 69,142        | 64,145           |
|     | Totalenergies Cap Sa Sr Gbl NT                           | 20,000.000                                        | 19,874        | 19,224           |
|     | Toronto Dominion Bank Fr                                 | 30,000.000                                        | 27,806        | 28,426           |
|     | United Parcel Service Inc Sr NT                          | 40,000.000                                        | 37,032        | 30,270           |
|     | US Bancorp Medium Term Nts                               | 15,000.000                                        | 14,322        | 14,877           |
|     | Unitedhealth Group Inc NT 4.625%                         | 70,000.000                                        | 80,702        | 66,093           |
|     | Vanguard Short Term Inmt Grade                           | 7.904                                             | 80            | 81               |
|     | Vanguard Mun Bd Fds Tax-Exempt Bd Index Fd ETF           | 6,307.000                                         | 317,493       | 316,170          |
|     | Vanguard Inter Term T/E Fd Adm #542                      | 231,479.028                                       | 3,123,282     | 3,141,170        |
|     | Verizon Communications Inc Sr NT                         | 50,000.000                                        | 59,721        | 46,324           |
|     | Verizon Communications Inc                               | 0.000                                             | 111           | -                |
|     | Verizon Communications Inc Sr Gbl                        | 23,000.000                                        | 24,918        | 22,076           |
|     | Vici Properties LP Sr Gbl NT                             | 10,000.000                                        | 9,966         | 9,755            |
|     | Virginia Elec & Pwr Co Sr Gbl C NT                       | 20,000.000                                        | 19,528        | 19,901           |
|     | Vulcan Matls Co Sr NT                                    | 5,000.000                                         | 4,995         | 4,995            |
|     | Walmart Inc Sr Gbl                                       | 40,000.000                                        | 35,804        | 34,891           |
|     | Wells Fargo & Co New Medium Term Sr                      | 80,000.000                                        | 78,099        | 78,930           |
|     | Total fixed income securities                            |                                                   | 14,790,629    | 13,834,061       |
|     | Total investments                                        |                                                   | \$ 27,423,789 | \$ 33,652,132    |

\* Party-in-interest

|                         |                                                                          |
|-------------------------|--------------------------------------------------------------------------|
| <b>Plan Name</b>        | Green Mountain Power Corporation Retiree Health and Welfare Benefit Plan |
| <b>Plan Sponsor EIN</b> | 03-0127430                                                               |
| <b>ERISA Plan #</b>     | 511                                                                      |
| <b>Plan Year Ending</b> | December 31, 2024                                                        |

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Schedule H, Part III, Item 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

| <b>Form/Schedule</b> | <b>Item #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|----------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H          | Line 3        | Financial Statements Used in Formulating the IQPA's Opinion | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         |                   |