

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TECO ENERGY GROUP VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC.
1b Three-digit plan number (PN): 504
1c Effective date of plan: 01/04/1974
2a Plan sponsor's name (employer, if for a single-employer plan): TECO ENERGY, LLC
Mailing address: P.O. BOX 111 TAMPA, FL 33601
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions): 702 NORTH FRANKLIN STREET TAMPA, FL 33602
2b Employer Identification Number (EIN): 59-2052286
2c Plan Sponsor's telephone number: 813-228-1731
2d Business code (see instructions): 551112

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan TECO ENERGY GROUP VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC.</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>504</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TECO ENERGY, LLC</p>	<p>D Employer Identification Number (EIN) 59-2052286</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GF3-890-LF0021	4147	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">29564</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS **4565 PAYSHERE CIRCLE**
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	29564	SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		1747875
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan TECO ENERGY GROUP VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC.</p>	<p>B Three-digit plan number (PN) ▶ 504</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TECO ENERGY, LLC</p>	<p>D Employer Identification Number (EIN) 59-2052286</p>

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	SA3-890-LF0021	7482	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 0	(b) Total amount of fees paid 59865
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MERCER HEALTH & BENEFITS **4565 PAYSHERE CIRCLE**
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	59865	SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3406551
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan TECO ENERGY GROUP VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC.	B Three-digit plan number (PN) ▶	504
C Plan sponsor's name as shown on line 2a of Form 5500 TECO ENERGY, LLC	D Employer Identification Number (EIN) 59-2052286	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MERCER H&B

34-2015463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	75850	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)

BNY MELLON

25-1926855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21	NONE	11974	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TECO ENERGY GROUP VOLUNTARY EMPLOYEES' BENEFICIARY ASSOC.	B Three-digit plan number (PN) ▶ 504
C Plan sponsor's name as shown on line 2a of Form 5500 TECO ENERGY, LLC	D Employer Identification Number (EIN) 59-2052286

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	0 3359
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	893014 885076
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	893014	888435
Liabilities			
g Benefit claims payable.....	1g	117738	356893
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	6439	8390
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	124177	365283
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	768837	523152

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	3474055	
(B) Participants.....	2a(1)(B)	1171529	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4645584
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	36461	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		36461
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4682045

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	667320	
(2) To insurance carriers for the provision of benefits	2e(2)	4169254	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4836574
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	75850	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	3334	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	11972	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		91156
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4927730

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-245685
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

TECO ENERGY GROUP

VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION

REPORT ON AUDITS OF FINANCIAL STATEMENTS AND ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

**As of December 31, 2024 and 2023 and
for the year ended December 31, 2024**

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
TECO Energy Group Voluntary Employees' Beneficiary Association
Tampa, Florida

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of TECO Energy Group Voluntary Employees' Beneficiary Association, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, the statements of benefit obligations as of December 31, 2024 and 2023, the statement of changes in benefit obligations for the year ended December 31, 2024 and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of TECO Energy Group Voluntary Employees' Beneficiary Association as of December 31, 2024 and 2023, the changes in its net assets available for benefits for the year ended December 31, 2024, the benefit obligations as of December 31, 2024 and 2023, and the changes in benefit obligations for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of TECO Energy Group Voluntary Employees' Beneficiary Association 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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 TECO Energy Group Voluntary Employees' Beneficiary Association's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of TECO Energy Group Voluntary Employees' Beneficiary Association'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 TECO Energy Group Voluntary Employees' Beneficiary Association's ability to continue as a going concern for a reasonable period of time.

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 Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024, and schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



CliftonLarsonAllen LLP

Tampa, Florida
October 8, 2025

TECO ENERGY GROUP
VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
	<u> </u>	<u> </u>
Assets		
Short-term investments (Note 3)	\$ 885,076	\$ 893,014
Receivables	3,359	-
Total assets	<u>888,435</u>	<u>893,014</u>
 Liabilities		
Administrative expenses payable	<u>8,390</u>	<u>6,439</u>
Total liabilities	<u>8,390</u>	<u>6,439</u>
 Total net assets available for benefits	 <u>\$ 880,045</u>	 <u>\$ 886,575</u>

See Accompanying Notes to Financial Statements.

**TECO ENERGY GROUP
VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>Year Ended December 31, 2024</u>
Net assets available for benefits	
Balance at beginning of year	<u>\$ 886,575</u>
Additions:	
Interest	36,461
Employer contributions: Disability & Survivor Income	1,476,695
Employer contributions: Life Insurance	1,397,360
Employer contributions	600,000
Employee voluntary contributions	<u>1,171,529</u>
Total Additions	<u>4,682,045</u>
Deductions:	
Disability and survivor benefits	428,165
Disability insurance premiums and fees	1,476,695
Life insurance premiums and fees – active and retired employees	2,568,889
Life insurance premiums and fees – disabled employees	123,670
Administrative expenses	<u>91,156</u>
Total deductions	<u>4,688,575</u>
Net decrease during the year	<u>(6,530)</u>
Balance at end of the year	<u>\$ 880,045</u>

See Accompanying Notes to Financial Statements.

TECO ENERGY GROUP
VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION
STATEMENTS OF BENEFIT OBLIGATIONS

	December 31,	
	2024	2023
Benefit Obligations (Note 5)		
Postemployment amounts currently payable		
Claims payable, claims incurred but not reported, and premiums due to insurers	\$ 356,893	\$ 117,738
Postemployment benefit obligations, net of amounts currently payable		
Death and disability benefits for inactive participants	6,472,691	6,824,656
Postretirement benefit obligations, net of amounts currently payable		
Retired participants	22,926,564	22,435,156
Other active participants fully eligible for benefits	76,353	124,936
Participants not yet fully eligible for benefits	7,889,251	8,298,946
Total postretirement benefit obligations, net of amounts currently payable	30,892,168	30,859,038
Total benefit obligations	\$ 37,721,752	\$ 37,801,432

See Accompanying Notes to Financial Statements.

TECO ENERGY GROUP
VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION
STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

	Year Ended
	December 31, 2024
Postemployment amounts currently payable (1)	
Balance at beginning of the year	\$ 117,738
Claims payable, claims incurred but not reported, and premiums due to insurers	4,836,574
Claims and insurance premiums paid	(4,597,419)
Balance at end of the year	\$ 356,893
Postemployment benefit obligations, net of amounts currently payable	
Balance at beginning of the year	\$ 6,824,656
Increase (decrease) in postemployment benefits attributable to:	
Benefits earned	254,566
Benefits reclassified to amounts currently payable	(641,041)
Interest	323,256
Changes in actuarial assumptions and other gains and losses	(288,746)
Balance at end of the year	\$ 6,472,691
Postretirement benefit obligations, net of amounts currently payable	
Balance at beginning of the year	\$ 30,859,038
Increase (decrease) in postretirement benefits attributable to:	
Benefits earned	549,330
Benefits reclassified to amounts currently payable	(1,436,873)
Interest	1,591,424
Changes in actuarial assumptions and other gains and losses	(670,751)
Balance at end of the year	\$ 30,892,168
Total benefit obligations	\$ 37,721,752

(1) In addition to postemployment benefit obligations and postretirement life insurance benefit obligations, the amounts currently payable also include life insurance premiums for active employees, as this is a benefit of the plan.

See Accompanying Notes to Financial Statements.

**TECO ENERGY GROUP
VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION**

NOTES TO FINANCIAL STATEMENTS

1. **Description of Plan**

The TECO Energy Group Voluntary Employees' Beneficiary Association (the Plan) provides for disability, survivor income and life insurance benefits covering eligible employees of TECO Energy, LLC., and participating subsidiaries (the Employers). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Disability and survivor income benefits are noncontributory. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the provisions.

General

- (a) **Disability Income Plan** - Prior to January 1, 2001, the Disability Income Plan was a self-insured benefit. Full and part-time employees of the participating Employers were eligible. Employees became eligible for the Disability Income Plan on the first day of the month following their date of hire. Effective January 1, 2001, the Disability Income Plan became a fully-insured benefit under a group disability income policy with Liberty Life Assurance Company of Boston (Liberty) for participants with a date of disability on or after January 1, 2001. Effective January 1, 2007, Hartford Life and Accident Insurance Company (the Hartford) provides this coverage under substantially similar terms for participants with a date of disability on or after January 1, 2007. Effective January 1, 2012, The Prudential Insurance Company of America (Prudential) provides this coverage under substantially similar terms for participants with a date of disability on or after January 1, 2012. Effective January 1, 2019, Lincoln Financial Group provides this coverage under substantially the same terms for participants with a date of disability on or after January 1, 2019. The premiums for the group disability income policy are paid by the Employers and are included as contributions in the Plan's financial statements. The gross disability amounts may differ for each employer or business unit. Claims for disability income benefits for participants whose date of disability was prior to January 1, 2001 remain payable from the Plan until the participant's retirement date.
- (b) **Survivor Income Plan** – Full-time and former full-time employees who transfer to part-time status after attaining early retirement age are eligible. For nonexempt employees hired on or after January 1, 1983, eligibility is determined by (1) below. For Tampa Electric Company and TECO Energy employees hired prior to January 1, 1983, eligibility is determined by the earlier of (1) or (2) below:
- (1) Age plus service equals 50, provided at least 5 years of service.
 - (2) Attainment of age 45.

A disabled employee eligible for a benefit under the Disability Income Plan is also eligible

for the Survivor Income Plan provided eligibility for the Survivor Income Plan was satisfied prior to qualifying for Disability Income Plan benefit provisions. The survivor income benefit is based on the prospective TECO Energy Group Retirement Plan benefit at the date of disability.

- (c) **Life Insurance Plan** - Full and part-time employees and retirees in the TECO Energy Group Retirement Plan are eligible for this benefit.

Benefits

(a) **Disability Income Plan (for those who became disabled prior to January 1, 2001)**

- (1) For those eligible employees whose date of disability was prior to January 1, 2001, the disability benefit became payable on the first day of the seventh month coincident with or the next month following the participant's date of disability. Benefits will cease at the earliest of: i) cessation of total disability, ii) death, iii) if disability occurred prior to age 60, the disability benefit will cease at Normal Retirement Date; if disability occurred after age 60 disability payments will be made for 60 months or until attainment of age 70, if earlier, iv) receipt of retirement benefits under the TECO Energy Group Retirement Plan, or v) failure to participate in any programs for review, evaluation, treatment or rehabilitation of the disability.
- (2) The gross disability benefit is equal to 45% of the participant's final monthly earnings, less 50% of the participant's Social Security benefit. Final monthly earnings are the greater of the participant's rate of straight-time pay as of date of disability (as if paid monthly), the average of the last 60 consecutive months, or the average of 5 highest calendar years of annual earnings on date of disability. Participants have a minimum benefit equal to their accrued TECO Energy Group Retirement Plan benefit as of the date of disability.
- (3) The gross disability benefit is reduced by any benefits payable to the participant under Worker's Compensation or the Employers' salary continuation programs.

(b) **Disability Income Plan (for those who became disabled on or after January 1, 2001)**

- (1) For those eligible employees whose date of disability was on or after January 1, 2001, the disability benefit became payable at the end of salary continuation, or 180 days. LTD benefits will continue until the earlier of: (1) recovery, (2) return to work, (3) refusal of a medical examination or recommended treatment or rehabilitation, (4) no longer meets definition of disability (5) death (6) reaches normal retirement date.
- (2) As of January 1, 2001, the gross disability benefit for all employees, except employees covered by the Tampa Electric IBEW (International Brotherhood of Electrical Workers) Local 108 Memorandum of Agreement, is equal to 60% of the employee's basic monthly earnings, less 100% of the employee's Social Security disability benefits. Basic monthly earnings are defined as the employee's monthly

rate of earnings in effect prior to the date disability begins. Such earnings will not include commissions and extra compensation other than overtime pay and incentive bonuses. Incentive bonuses will be averaged over the lesser of (a) the 12-month period prior to the date disability begins; or (b) the period of employment. Participants have a minimum monthly benefit of \$100 or 10% of the covered person's gross monthly benefit, whichever is greater; and a maximum monthly benefit of \$10,000. For employees covered by IBEW Memorandum of Agreement, the gross disability benefit is equal to 45% of the employee's basic monthly earnings, less 50% of the employee's Social Security disability benefits. Effective April 1, 2010, for employees covered by the IBEW Memorandum of Agreement, the gross disability benefit is equal to 60% of the employee's basic monthly earnings, less 100% of the employee's Social Security disability benefits.

- (3) The gross disability benefit is reduced by any benefits payable to the participant under Workers Compensation, Retirement Plan or the Employers' salary continuation programs.

(c) **Disability Income Plan (for those who became disabled on or after January 1, 2015)**

- (1) For employees, whose date of disability was on or after January 1, 2015, except employees covered by Tampa Electric IBEW Local 108 Memorandum of Agreement, eligibility for disability benefits was changed to a tiered system based on years of service. Employees with 2 or less years of service are not eligible for a disability benefit. Employees with more than 2 years, but less than 5 years of service, are eligible for a maximum disability benefit of 2 years. Employees with more than 5 years, but less than 10 years of service, are eligible for a maximum disability benefit of 5 years. Employees with more than 10 years of service are eligible for a maximum disability benefit up to age 65. This has been amended so that, effective July 1, 2018, benefits begin the day after a 180-day elimination period. Once the elimination period is complete, the maximum benefit duration for employees age 65 and under is up to the employee's normal retirement age. Employees age 65 and over have a maximum benefit duration ranging from 12 to 24 months. Employees' normal retirement age is their retirement age under the Social Security Act where retirement age depends on their year of birth.
- (2) As of January 1, 2015, the gross disability benefit for all eligible employees, except eligible employees covered by Tampa Electric IBEW Local 108 Memorandum of Agreement, is equal to 60% of the employee's basic monthly earnings, less 100% of the employee's Primary and Family Social Security disability benefits. Basic monthly earnings are defined as the employee's monthly rate of earnings in effect prior to the date disability begins. Such earnings will not include commissions and extra compensation other than a 3-year average of overtime and incentive bonuses. This has been amended so that, effective July 1, 2018, basic monthly earnings are defined as the employee's monthly rate of earnings in effect prior to the date disability begins. Such earnings will not include commissions and extra compensation other than overtime and incentive bonuses paid during the shorter of :

(1) the 12 month period just prior to the date the disability begins or (2) the employee's period of employment.

- (3) As of January 1, 2015, for all employees, except employees covered by Tampa Electric IBEW Local 108 Memorandum of Agreement, eligible for a disability benefit due to a Mental and Nervous condition will be limited to a maximum disability benefit of 24 months, unless currently in a treatment facility.

(c) **Survivor Income Plan**

- (1) The annual survivor benefit is a benefit commencing on the first day of the month following the participant's death and continuing until the death or remarriage of the spouse.
- (2) The benefit is equal to 50% of the projected normal retirement benefit reduced by: i) 2% for each full year that the participant's age at death exceeds the age of the surviving spouse by more than ten years and ii) by any death benefit payable under the TECO Energy Group Retirement Plan. For participants who are at least age 55 with 5 years of service at death, the Survivor Income Plan provides a death benefit equal to the benefit the spouse would have received if the employee had retired on the first day of the month following his date of death and had elected the 50% Contingent Annuitant Option.

(d) **Life Insurance Plan**

- (1) Life insurance benefits payable upon the death of an active employee are determined in accordance with the group policy issued by The Lincoln National Life Insurance Company. Premiums for the Plan are paid by the Employers in order to provide current active employees with non-contributory life insurance coverage in the amount of 150 percent of annual base salary and are included as contributions in the Plan's financial statements. Employees may purchase supplemental life insurance coverage.
- (2) Premiums for retiree coverage are paid by the Employers. In general, life insurance amounts payable upon the death of a retired TECO Energy employee equal 25% of the employee's final base pay, rounded to the next \$1,000, with a minimum of \$10,000, and a maximum of \$25,000. The Life Insurance Plan is fully insured through The Lincoln National Life Insurance Company.
- (3) Premiums for disabled employees' coverage are paid by the Plan. Life insurance benefits payable upon the death of a disabled TECO Energy employee equal their amount of non-contributory coverage in effect as of the date of their disability.

Termination

While the Employers have not expressed any intent to discontinue the Plan, they may do

so at any time subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In the event of termination of the Plan, the payment of benefits to participants will be made by the Trustee subject to Internal Revenue Service (IRS) and ERISA rules.

2. **Summary of Significant Accounting Policies**

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting, except for benefits paid to participants, which are recorded when paid.

Investments Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Benefits Committee determines the Plan's valuation policies utilizing information provided by investment advisors, custodians, and the insurance company.

The accounting guidance for fair value measures specifies a hierarchy of valuation techniques based on whether the inputs to those valuation techniques are observable or unobservable. In accordance with this guidance, these two types of inputs have created the following fair value hierarchy:

- *Level 1* – Quoted prices are available in active markets for identical assets or liabilities as of the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis. Level 1 primarily consists of financial instruments such as listed equities and U.S. government treasury securities.
- *Level 2* – Pricing inputs are other than quoted prices in active markets included in Level 1, which are either directly or indirectly observable as of the reporting date. Level 2 includes those financial instruments that are valued using models or other valuation methodologies. These models are primarily industry-standard models that consider various assumptions, including quoted forward prices for commodities, time value, volatility factors, and current market and contractual prices for the underlying instruments, as well as other relevant economic measures. Substantially all of these assumptions are observable in the marketplace throughout the full term of the instrument, can be derived from observable data or are supported by observable levels at which transactions are executed in the marketplace.
- *Level 3* – Pricing inputs include significant inputs that are generally not observable in the marketplace. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value. Level 3 instruments include those that may be more structured or otherwise tailored to customers' needs. At each balance sheet date, the company performs an analysis of all instruments subject to the

accounting guidance for fair value measures and includes in Level 3 all of those whose fair value is based on significant unobservable inputs.

This hierarchy requires the use of observable market data when available.

Purchases and sales of securities are reflected on the trade date. Gain or loss on sales of securities is based on average cost. Income from investments is recorded as earned on an accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents in the Statement of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

Actuarial Method

Service Cost and Accumulated Postretirement Benefit Obligation (APBO) are based on a projected unit credit actuarial cost method allocated from date of hire to full eligibility date. See Note 5, Benefit Obligations for further information.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates, and such differences could be material.

Uncertain Tax Positions

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 IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, 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 periods in progress.

Administrative Expenses

The cost of Plan administration is paid from Plan assets.

Subsequent Events

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 8, 2025, the date the financial statements were available to be issued.

3. Investments

As of December 31, 2024, the Plan's investments are held by a bank-administered trust fund (the Trust) at The Bank of New York Mellon (Bank of New York). Bank of New York measures fair value using the procedures set forth below for all investments. When available, Bank of New York uses quoted market prices on investments traded on an exchange to determine fair value and classifies such items as Level 1. In some cases where a market exchange price is available, but the investments are traded in a secondary market, Bank of New York makes use of acceptable practical expedients to calculate fair value, and classifies such items as Level 2.

If observable transactions and other market data are not available, fair value is based upon third party developed models that use, when available, current market-based or independently-sourced market parameters such as interest rates, currency rates or option volatilities. Items valued using third party generated models are classified according to the lowest level input or value driver that is most significant to the valuation. Thus, an item may be classified in Level 3 even though there may be significant inputs that are readily observable.

There are three main approaches to measuring the fair value of assets and liabilities:

1) *Market Approach* - The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities (including a business). The market approach includes the use of matrix pricing.

2) *Income Approach* - The income approach uses valuation techniques to convert future amounts (for example, cash flows or earnings) to a single present amount (discounted). The measurement is based on the value indicated by current market expectations about those future amounts.

3) *Cost Approach* - The cost approach is based on the amount that currently would be required to replace the service capacity of an asset (often referred to as current replacement cost). The cost approach assumes that the fair value would not exceed what it would cost a market participant to acquire or construct a substitute asset of comparable utility, adjusted for obsolescence.

The following table sets forth by level within the fair value hierarchy the Plan's investments as of December 31, 2024 and 2023. As required by the accounting guidance for fair value measures, the investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The company's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation

of fair value assets and liabilities and their placement within the fair value hierarchy levels. For the short-term investment fund (STIF), the market approach was used in determining fair value.

	<u>At Fair Value as of December 31, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
STIF	\$885,076	\$-	\$-	\$885,076

	<u>At Fair Value as of December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
STIF	\$893,014	\$-	\$-	\$893,014

The STIF is a money market mutual fund that is valued using the net asset value (NAV), as determined by the fund’s trustee in accordance with U.S. GAAP, at year end. Shares may be sold any day the fund is accepting purchase orders, and the next NAV calculated after the order is accepted. The NAV is validated with purchases and sales at NAV, making this a Level 1 asset.

4. **Contributions**

The Employer made contributions of \$600,000 to the Plan in 2024 for payments of benefits from the VEBA Trust. The remaining contributions to the Plan totaling \$4,045,584 (including \$1,171,529 of active employee contributions) represent disability and survivor income premiums and life insurance premium payments contributed to the Plan and, in turn, paid directly to the insurer in the form of premium payments on the Statement of Changes in Net Assets Available for Benefits. In 2007, TECO Energy, Inc. began funding the VEBA Trust on a pay-as-you-go basis based on an estimate of the benefit payments to be made from the Trust in the current year. Previously, these benefits were paid from the existing Trust assets. Employee contributions are for supplemental life insurance coverage.

5. **Benefit Obligations**

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31, 2024. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the Employers. Prior to an active employee’s full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee’s service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust

such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The postemployment benefit obligation is measured as the actuarial present value of the future benefits attributed to participants' services rendered to the measurement date. This amount represents the benefit obligation that is to be funded by contributions from the Employers and from existing Plan assets. The obligation is measured assuming that the Plan continues in effect and all assumptions about future events are met. The benefit obligation is discounted using the assumed rates and other factors indicated below.

The more significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 are as follows:

Assumed discount rate for postemployment liabilities		4.96% 2024, and 4.97% 2023.
Assumed discount rate for postretirement liabilities		5.69% for 2024 and 5.28% for 2023.
Mortality basis		Disabled – 2008 Group Long-Term Disability Table (GLTD)
	2024	Pri-2012 annuitant mortality table with no collar adjustment, with generational mortality improvements using Mercer's modified version of the MP-2021 projection scale.
	2023	Pri-2012 annuitant mortality table with no collar adjustment, with generational mortality improvements using Mercer's modified version of the MP-2021 projection scale.
Retirement age		Age 65, or age on valuation date if greater than 65.
Early retirement	2024	2% of eligible active participants are assumed to retire at each age from 50 to 54, 2.5% are assumed to retire at each age from 55 to 56, 5% are assumed to retire at each age from 57 to 58, 9% are assumed to retire at each age from 59 to 60, 19% are assumed to retire at each age from 61 to 63, 26% are assumed to

retire at age 64, 30% are assumed to retire at each age from 65 to 71. Those remaining are assumed to retire at age 72+. These represent the percentage of participants reaching each age who are expected to retire at that age.

2023

2% of eligible active participants are assumed to retire at each age from 50 to 54, 2.5% are assumed to retire at each age from 55 to 56, 5% are assumed to retire at each age from 57 to 58, 9% are assumed to retire at each age from 59 to 60, 19% are assumed to retire at each age from 61 to 63, 26% are assumed to retire at age 64, 30% are assumed to retire at each age from 65 to 71. Those remaining are assumed to retire at age 72+. These represent the percentage of participants reaching each age who are expected to retire at that age.

Health care cost trend rates
and trend rate sensitivity

2024

The percentage increase in the following year's claim cost for pre-65 participants ranges from 5.78% in 2025 to 4.00% in 2047 and beyond. The percentage increase in the following year's claim cost for post-65 participants ranges from 7.23% in 2024 to 4.00% in 2047 and beyond. The effect of a one-percentage point change in assumed healthcare trend cost trend rates on aggregate service and interest cost is an increase of \$11,734. The effect of a one-percentage-point change in assumed healthcare cost trend rates on the year end benefit obligation is an increase of \$1,071,535.

2023

The percentage increase in the following year's claim cost for pre-65 participants ranges from 6.09% in 2024 to 4.00% in 2047 and beyond. The percentage increase in the following year's claim cost for post-65 participants ranges from 6.43% in 2024 to 4.00% in 2047 and

beyond. The effect of a one-percentage point change in assumed healthcare trend cost trend rates on aggregate service and interest cost is an increase of \$44,118. The effect of a one-percentage-point change in assumed healthcare cost trend rates on the year end benefit obligation is an increase of \$775,858.

The most significant actuarial assumption change was the assumed discount rate for postretirement obligations, which increased from 5.28% in 2023 to 5.69% in 2024. This accounted for most of the decrease in actuarial assumptions totaling approximately \$2,596,495.

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

6. **Tax Status**

The Internal Revenue Service has determined and informed the Employer by letter dated October 15, 1974 that the trust is designed in accordance with Section 501 (c) 9 applicable sections of the Internal Revenue Code (IRC) and is entitled to favorable tax treatment (tax exempt). The Plan administrator and the Plan's tax counsel believe that the Plan, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. **Risks and Uncertainties**

The postretirement and postemployment benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, demographics, and historical claims-cost data. It is at least reasonably possible that changes in risks in the near term could materially affect amounts reported in the statements of benefit obligations and changes therein.

Additionally, investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with the Plan's investments, it is at least reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

8. **Concentrations of Credit Risk**

Financial instruments which potentially subject the Plan to concentrations of credit risk consist of the Plan's investments.

Management maintains the Plan's investments with what management believes to be high credit quality financial institutions and attempts to limit the amount of credit exposure to any particular investment.

9. **Reconciliation of Financial Statements to Form 5500**

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

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per the Financial Statements	\$880,045	\$886,575
Claims Payable	<u>(356,893)</u>	<u>(117,738)</u>
Per Form 5500	<u>\$523,152</u>	<u>\$768,837</u>

The following is a reconciliation of benefits paid per the financial statements to the Form 5500 for the year ended December 31, 2024:

Benefits Paid per the Financial Statements	\$4,597,419
Add: Claims Payable at End of Year	356,893
Less: Prior year Claims Payable	<u>(117,738)</u>
Benefits Paid per Form 5500	<u>\$4,836,574</u>

**ERISA-REQUIRED
SUPPLEMENTAL SCHEDULES**

TECO ENERGY GROUP VOLUNTARY EMPLOYEES' BENEFIT ASSOCIATION
EIN# 59-2052286 PLAN# 504
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

{a} {b}	{c}	{d}	{e}
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
<u>Short-Term Investments</u>			
*Fidelity			
Fidelity Investment MMKT Government	Money Market	\$885,076	\$885,076
		<u>\$885,076</u>	<u>\$885,076</u>

* Party-in-interest as defined by ERISA.

See accompanying Independent Auditor's Report.

TECO ENERGY GROUP VOLUNTARY EMPLOYEES' BENEFIT ASSOCIATION
EIN# 59-2052286 PLAN# 504
SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2024

{a}	{b}	{c}	{d}	{e}	{f}	{g}	{h}	{i}
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u> <u>Single Transaction</u>	<u>Lease Rental</u>	<u>Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Value of Asset⁽¹⁾</u>	<u>Net Gain or (Loss)</u>
Fidelity Investment MMKT Government	Money Market	-	\$50,280	-	None	\$50,280	\$50,280	\$ 0
Fidelity Investment MMKT Government	Money Market	\$600,000	-	-	None	\$600,000	\$600,000	\$ 0

TECO ENERGY GROUP VOLUNTARY EMPLOYEES' BENEFIT ASSOCIATION
EIN# 59-2052286 PLAN# 504
SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2024

{a}	{b}	{c}	{d}	{e}	{f}	{g}	{h}	{i}
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Value of Asset⁽¹⁾</u>	<u>Net Gain or (Loss)</u>
<u>Aggregate Transaction</u>								
Fidelity Investment MMKT Government	Money Market	-	\$635,354 (37 Sales)	-	None	\$635,354	\$635,354	\$ 0
Fidelity Investment MMKT Government	Money Market	\$627,416 (18 Purchases)	-	-	None	\$627,416	\$627,416	\$ 0

⁽¹⁾ *Current value at date of acquisition or disposition.*

See accompanying Independent Auditor's Report

TECO ENERGY GROUP VOLUNTARY EMPLOYEES' BENEFIT ASSOCIATION
EIN# 59-2052286 PLAN# 504
SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2024

{a}	{b}	{c}	{d}	{e}	{f}	{g}	{h}	{i}
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u> <u>Single Transaction</u>	<u>Lease Rental</u>	<u>Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Value of Asset⁽¹⁾</u>	<u>Net Gain or (Loss)</u>
Fidelity Investment MMKT Government	Money Market	-	\$50,280	-	None	\$50,280	\$50,280	\$ 0
Fidelity Investment MMKT Government	Money Market	\$600,000	-	-	None	\$600,000	\$600,000	\$ 0

TECO ENERGY GROUP VOLUNTARY EMPLOYEES' BENEFIT ASSOCIATION
EIN# 59-2052286 PLAN# 504
SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2024

{a}	{b}	{c}	{d}	{e}	{f}	{g}	{h}	{i}
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Value of Asset⁽¹⁾</u>	<u>Net Gain or (Loss)</u>
<u>Aggregate Transaction</u>								
Fidelity Investment MMKT Government	Money Market	-	\$635,354 (37 Sales)	-	None	\$635,354	\$635,354	\$ 0
Fidelity Investment MMKT Government	Money Market	\$627,416 (18 Purchases)	-	-	None	\$627,416	\$627,416	\$ 0

⁽¹⁾ *Current value at date of acquisition or disposition.*

See accompanying Independent Auditor's Report

TECO ENERGY GROUP VOLUNTARY EMPLOYEES' BENEFIT ASSOCIATION
EIN# 59-2052286 PLAN# 504
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

{a} {b}	{c}	{d}	{e}
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
<u>Short-Term Investments</u>			
*Fidelity			
Fidelity Investment MMKT Government	Money Market	\$885,076	\$885,076
		<u>\$885,076</u>	<u>\$885,076</u>

* Party-in-interest as defined by ERISA.

See accompanying Independent Auditor's Report.