

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [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: ONCOR SHARED RETIREE WELFARE PLAN
1b Three-digit plan number (PN): 503
1c Effective date of plan: 01/01/2018
2a Plan sponsor's name (employer, if for a single-employer plan): ONCOR ELECTRIC DELIVERY COMPANY LLC
2b Employer Identification Number (EIN): 75-2967830
2c Plan Sponsor's telephone number: 214-486-5410
2d Business code (see instructions): 221100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
| <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                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 3211 |
| <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..... | <b>6a(1)</b>                               | 0    |
|   | <b>6a(2)</b>                               | 0    |
|   | <b>6b</b>                                  | 3156 |
|   | <b>6c</b>                                  | 0    |
|   | <b>6d</b>                                  | 3156 |
|   | <b>6e</b>                                  |      |
|   | <b>6f</b>                                  |      |
|   | <b>6g(1)</b>                               |      |
| <b>6g(2)</b>  |  |      |
| <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)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input checked="" type="checkbox"/> Insurance                       |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input 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)

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

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

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

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

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

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

Receipt Confirmation Code 144202617

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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 |                       |
|   |                                 |             |                       |

(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>                  | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |   |
|   | <b>7c(2)</b>               |   |
|   | <b>7c(3)</b>               |   |
|   | <b>7c(4)</b>               |   |
|   | <b>7c(5)</b>               |   |
| (6) Total additions .....   | <b>7c(6)</b>               | 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:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |   |
|   | <b>7e(2)</b>               |   |
|   | <b>7e(3)</b>               |   |
|   | <b>7e(4)</b>               |   |
|   | (5) Total deductions ..... |   |
| <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> |  | 14057903 |
| <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. ▶

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>ONCOR SHARED RETIREE WELFARE PLAN</b>   | <b>B</b> Three-digit plan number (PN) ▶                            | <b>503</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ONCOR ELECTRIC DELIVERY COMPANY LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>75-2967830</b> |            |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BLUECROSS BLUESHIELD OF TEXAS**

| (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     |
| 36-1236610 | 70670         | PTX14/PTX00009                        | 3973  | 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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</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> |  |

**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>                  | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |   |
|   | <b>7c(2)</b>               |   |
|   | <b>7c(3)</b>               |   |
|   | <b>7c(4)</b>               |   |
|   | <b>7c(5)</b>               |   |
| (6) Total additions .....   | <b>7c(6)</b>               | 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:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |   |
|   | <b>7e(2)</b>               |   |
|   | <b>7e(3)</b>               |   |
|   | <b>7e(4)</b>               |   |
|   | (5) Total deductions ..... |   |
| <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> |  | 7444179 |
| <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. ▶

|   |  |   |
|---|--|---|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|---|

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

|  |   |  |
|--|---|--|
| <p><b>A</b> Name of plan<br/><span style="color: blue;">ONCOR SHARED RETIREE WELFARE PLAN</span></p>   | <p><b>B</b> Three-digit plan number (PN) ▶</p>  | <p><span style="color: blue;">503</span></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><span style="color: blue;">ONCOR ELECTRIC DELIVERY COMPANY LLC</span></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><span style="color: blue;">75-2967830</span></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  
HEALTH CARE SERVICES CORPORATION

| (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     |
| 36-1236610 | 70670         | 243416/BTXP0006                       | 3473  | 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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</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> |  |

**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>                  | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |   |
|   | <b>7c(2)</b>               |   |
|   | <b>7c(3)</b>               |   |
|   | <b>7c(4)</b>               |   |
|   | <b>7c(5)</b>               |   |
| (6) Total additions .....   | <b>7c(6)</b>               | 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:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |   |
|   | <b>7e(2)</b>               |   |
|   | <b>7e(3)</b>               |   |
|   | <b>7e(4)</b>               |   |
|   | (5) Total deductions ..... |   |
| <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> | 4586338 |
| <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. ▶

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

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

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>ONCOR SHARED RETIREE WELFARE PLAN</b></p>   | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>503</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>ONCOR ELECTRIC DELIVERY COMPANY LLC</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>75-2967830</b></p> |                   |

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

**1 Coverage Information:**

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 13-5581829 | 65978         | 0157267                               | 3176  | 01/01/2024              | 12/31/2024 |

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

|  |   |
|--|---|
| <p><b>(a)</b> Total amount of commissions paid<br/><b>122760</b></p> | <p><b>(b)</b> Total amount of fees paid<br/><b>124583</b></p> |
|--|---|

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

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

**AON CONSULTING** **29840 NETWORK PL**  
**CHICAGO, IL 60673-1298**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |   | (e) Organization code |
|---|---------------------------------|---|-----------------------|
|   | (c) Amount                      | (d) Purpose   |                       |
| 88667   | 124583                          | SUPPLEMENTAL COMPENSATION PRODUCER AND MARKETING FEES NON-MONETARY COMPENSATION | 3                     |

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

**PLANSOURCE BENEFITS ADMINISTRATION** **101 S GARLAND AVE.**  
**STE 203**  
**ORLANDO, FL 32801-3277**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 34093   |                                 |             | 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 |                       |
|   |                                 |             |                       |

|                |  |
|----------------|--|
| <b>Part II</b> | <b>Investment and Annuity Contract Information</b><br>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>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> |  |

**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>    | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |   |
|   | <b>7c(2)</b> |   |
|   | <b>7c(3)</b> |   |
|   | <b>7c(4)</b> |   |
|   | <b>7c(5)</b> |   |
| (6) Total additions .....   | <b>7c(6)</b> | 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:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |   |
|   | <b>7e(2)</b> |   |
|   | <b>7e(3)</b> |   |
|   | <b>7e(4)</b> |   |
|   | <b>7e(5)</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> |  | 5916709 |
| <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. ▶

|   |  |   |
|---|--|---|
| <p style="text-align: center;"><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|---|

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

|   |  |  |
|---|--|--|
| <p><b>A</b> Name of plan<br/><b>ONCOR SHARED RETIREE WELFARE PLAN</b></p>   | <p><b>B</b> Three-digit plan number (PN) ▶ <b>503</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>ONCOR ELECTRIC DELIVERY COMPANY LLC</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>75-2967830</b></p> |  |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**DEARBORN 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     |
| 36-2598882 | 71129         | F020769                               | 1002  | 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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>14900</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**AON CONSULTING INC. PO BOX 803507 DALLAS, TX 75380**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 14900   |                                 |             | 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.

|  |          |  |
|--|----------|--|
| <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>                  | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b>               |   |
|   | <b>7c(2)</b>               |   |
|   | <b>7c(3)</b>               |   |
|   | <b>7c(4)</b>               |   |
|   | <b>7c(5)</b>               |   |
| (6) Total additions .....   | <b>7c(6)</b>               | 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:<br>(1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b>               |   |
|   | <b>7e(2)</b>               |   |
|   | <b>7e(3)</b>               |   |
|   | <b>7e(4)</b>               |   |
|   | (5) Total deductions ..... |   |
| <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> |  | 148816 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |        |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>ONCOR SHARED RETIREE WELFARE PLAN</b>   | <b>B</b> Three-digit plan number (PN) ▶                            | <b>503</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ONCOR ELECTRIC DELIVERY COMPANY LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>75-2967830</b> |            |

**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)

HSA BANK

605 NORTH 8TH STREET  
SUITE 320  
SHEBOYGAN, WI 53081

| (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? |
|------------------------|---|--|--|--|---|--|
| 27 28                  | NONE  | 4512   | 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)

BUSINESSSOLVER

1025 ASHWORTH ROAD  
WEST DES MOINES, IA 50265

42-1503807

| (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? |
|------------------------|---|--|--|--|---|--|
| 28                     | NONE  | 2403   | 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)<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? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | 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.

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

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

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|   |  |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>    |  |
| <b>A</b> Name of plan<br><b>ONCOR SHARED RETIREE WELFARE PLAN</b>   | <b>B</b> Three-digit plan number (PN) ▶ <b>503</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ONCOR ELECTRIC DELIVERY COMPANY LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>75-2967830</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|--|-----------------------|-----------------|
| <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>          | 0               |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>          | 785077          |
| <b>(3)</b> Other .....   | <b>1b(3)</b>          | 22398           |
| <b>c</b> General investments:  |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>          | 4361106         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>         |                 |
| <b>(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>         |                 |
| <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>    | 5168581               | 4150631         |
| <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>    | 635425                | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 635425                | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 4533156               | 4150631         |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 12032731   |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 9294109    |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 6215744    |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 27542584  |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 217617     |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 217617    |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents.....   | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 27760201  |

**Expenses**

|  |               |          |          |
|--|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  |          |          |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  | 27481451 |          |
| (3) Other.....   | <b>2e(3)</b>  | 3        |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |          | 27481454 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense.....   | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:  |               |          |          |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  | 661272   |          |
| (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> |          | 661272   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |          | 28142726 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -382525 |
| <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: CROWE LLP

(2) EIN: 35-0921680

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount |
|--|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |        |
| <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 \_\_\_\_\_.

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## **Oncor Shared Retiree Welfare Plan**

### **Financial Statements**

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

Supplemental Schedules as of December 31, 2024 and  
For the Year Ended December 31, 2024

Independent Auditor's Report

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Note:

The accompanying financial statements have been prepared for the purpose of meeting the requirements of the Department of Labor’s Form 5500. Supplemental schedules required by 29 CFR 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, other than the schedules listed above, are omitted because of the absence of the conditions under which they are required.

## INDEPENDENT AUDITOR'S REPORT

To the Participants and the Plan Administrator of the  
Oncor Shared Retiree Welfare Plan

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

We have performed audits of the financial statements of Oncor Shared Retiree Welfare Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and the statements of plan benefit obligations as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and statement of changes in plan benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

***Opinion***

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

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

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

Management is responsible for the preparation and fair presentation of 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. 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 from 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.

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

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

In performing an audit in accordance with GAAS, we:

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

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

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules of Supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) and Supplemental Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

  
Crowe LLP

Oakbrook Terrace, Illinois  
October 13, 2025

**ONCOR SHARED RETIREE WELFARE PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|  | At December 31, |              |
|--|-----------------|--------------|
|  | 2024            | 2023         |
| <b>ASSETS</b>                              |                 |              |
| Investments, at fair value (Notes 5 and 6) | \$ 3,344,494    | \$ 4,361,106 |
| Participant contributions receivable       | 792,261         | 785,077      |
| Interest receivables                       | 13,876          | 22,398       |
|  | 4,150,631       | 5,168,581    |
| <b>LIABILITIES</b>                         |                 |              |
| Due to Oncor                               | -               | 635,425      |
| Net assets available for benefits          | \$ 4,150,631    | \$ 4,533,156 |

See Notes to Financial Statements.

**ONCOR SHARED RETIREE WELFARE PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|  | Year Ended<br>December 31, 2024 |
|--|---------------------------------|
| <u>Additions to net assets:</u>                            |                                 |
| Investment income:   |                                 |
| Interest and dividends                                     | \$ 217,617                      |
| Investment income  | 217,617                         |
| Oncor Electric Delivery Company LLC contributions (Note 1) | 12,032,731                      |
| Vistra Corp. contributions (Note 1)                        | 6,215,744                       |
| Participant contributions                                  | 9,294,109                       |
| Total additions  | 27,760,201                      |
| <u>Deductions from net assets:</u>                         |                                 |
| Net depreciation in investments                            | 3                               |
| Insurance premium payments for plan benefits               | 27,481,451                      |
| Administrative expenses                                    | 661,272                         |
| Total deductions   | 28,142,726                      |
| Net decrease in net assets available for benefits          | (382,525)                       |
| Net assets available for benefits, beginning of year       | 4,533,156                       |
| Net assets available for benefits, end of year             | \$ 4,150,631                    |

See Notes to Financial Statements.

**ONCOR SHARED RETIREE WELFARE PLAN  
STATEMENTS OF PLAN BENEFIT OBLIGATIONS**

|   | At December 31,       |                       |
|---|-----------------------|-----------------------|
|   | 2024                  | 2023                  |
| Premium payable                             | \$ -                  | \$ -                  |
| Postretirement benefit obligations (Note 3) | 251,302,108           | 269,888,279           |
| <b>Total plan benefit obligations</b>       | <b>\$ 251,302,108</b> | <b>\$ 269,888,279</b> |

See Notes to Financial Statements.

**ONCOR SHARED RETIREE WELFARE PLAN  
STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS**

|   | Year Ended<br>December 31, 2024 |
|---|---------------------------------|
| <b>Reported premiums currently payable for retirees and dependents:</b>                       |                                 |
| Beginning balance   | \$ -                            |
| Premiums incurred, including premiums reclassified<br>from postretirement benefit obligations | 27,481,451                      |
| Insurance premiums paid   | (27,481,451)                    |
| Ending balance  | -                               |
| <b>Postretirement benefit obligations:</b>  |                                 |
| Beginning balance   | 269,888,279                     |
| Benefits accumulated  | 465,363                         |
| Interest cost   | 13,020,506                      |
| Participant contributions   | 9,083,749                       |
| Assumption changes and plan experience (Note 2)   | (13,938,697)                    |
| Insurance premiums paid   | (27,217,092)                    |
| Ending balance  | 251,302,108                     |
| <b>Total plan benefit obligations at end of year</b>  | <b>\$ 251,302,108</b>           |

See Notes to Financial Statements.

## **ONCOR SHARED RETIREE WELFARE PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### **1. DESCRIPTION OF PLAN**

**General** - The Oncor Shared Retiree Welfare Plan (the “Plan”) is a fully-insured retiree welfare benefit plan sponsored by Oncor Electric Delivery Company LLC (“Oncor” or the “Company”) providing medical, dental, vision and life insurance benefits. The Plan was established effective January 1, 2018, to cover certain eligible retirees of Oncor, and Vistra Corp. (Vistra Corp., formerly known as Vistra Energy Corp., and, together with its subsidiaries, Vistra) whose employment included service with both Oncor (or a predecessor regulated electric business) and a non-regulated business of Vistra (or certain predecessor non-regulated utility businesses that were formerly affiliated with the Company or the Company’s predecessors) (“Shared Retirees”) and their eligible dependents. Vistra is solely responsible for its portion of the liability for retiree benefits related to those retirees and pays vendors directly for its pro rata portion of premiums and expenses. These contributions and premiums are included within the Statement of Changes in Net Assets Available for Benefits.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

**Retiree Benefits** - Medical, dental and vision benefits provided under the Plan include covered expenses for hospital care, surgery, preventive care, chiropractic treatment, hospice care, home health care, prescription drug expenses, vision exams and materials, preventive and diagnostic dental services, basic and major dental services, and other benefits subject to the terms and conditions of the Plan. Life insurance benefits under the Plan include basic, optional and dependent spouse coverage. Enrollment is voluntary. The costs to provide medical insurance benefits for retirees and their eligible dependents enrolled in the Plan are shared by Oncor, Vistra and participating retirees. Currently, for employees retiring on or after January 1, 2002, the retiree contributions required for such coverage vary based on a formula determined by Oncor from time to time depending on the retiree’s age and years of service. Currently, retirees pay 100% of the estimated cost of coverage if they were: (a) hired or rehired on or after January 1, 2002, (b) under age 35 on January 1, 2002, or (c) under age 50 with less than 10 years of service on January 1, 2002. Retiree contributions are subject to change from time to time in the discretion of Oncor. All benefits are fully insured.

For Non-Medicare eligible retirees, the Plan includes a healthcare preferred provider organization plan (“PPO”) option and a high deductible health plan with a health savings account (“HSA”). For Medicare eligible retirees, the Plan offers a Medicare Advantage Prescription Drug (“MAPD”) plan and a Medicare supplemental health plan with or without prescription drug coverage (at the retiree’s choice). Eligible retirees may elect medical, dental and vision coverage for themselves and their eligible dependents from the various coverage options available under the Plan, with each option offering four different levels of medical, dental or vision coverage (i.e., employee, employee and spouse, employee and child(ren), and family).

**Plan VEBA Trust** - One voluntary employee benefit association trust (the “VEBA Trust”) was established to fund payment by the Plan of certain health premiums for eligible retirees (eligible retirees with service assigned to Oncor) and their dependents and payment of life insurance premiums for eligible retirees. The trustee of the VEBA Trust is The Bank of New York Mellon/BNY Mellon, N.A. (the “Trustee”). Premiums are paid from the VEBA Trust once an eligible participant retires, normally at age 65, but as early as age 55 with 15 years of accredited service under the Oncor Retirement Plan or the Vistra Retirement Plan (or a predecessor or successor defined benefit pension plan) or 16 years of eligible employment service. The Company’s policy is to pay insurance premiums directly from the VEBA Trust for Oncor’s portion and contribute to the VEBA Trust the amount required under the Public Utility Commission of Texas (PUCT) Substantive Rules, which equals the specified cost recovery for retiree benefits included in the most recent Oncor rate case approved by the PUCT.

**Oncor and Vistra Contributions** - Oncor makes contributions to the VEBA Trust related to eligible retirees based on the retirees’ service assigned to Oncor to pay Oncor’s portion of the premiums and expenses. Vistra makes contributions to vendors directly for its pro rata portion of premiums and expenses related to eligible retirees with service assigned to Vistra.

The amount Due to Oncor at December 31, 2023 represents a duplicate contribution that the plan sponsor made in mistake into the Plan in September 2023 that was refunded to the plan sponsor in January 2024.

**Participant Contributions** - In addition to deductibles and copayments, retirees make contributions for medical benefits in amounts established by Oncor from time to time. Currently, the required retiree contributions are dependent on when the employee retired. Participants currently contribute from 10% - 100% of the estimated cost of providing postretirement medical benefits, depending on (a) age as of January 1, 2002, or (b) age and service upon retirement. Currently, retirees pay 100% of the estimated cost of coverage if they were: (a) hired or rehired on or after January 1, 2002, (b) under age 35 on January 1, 2002, or (c) under age 50 with less than 10 years of service on January 1, 2002. Retiree contributions are subject to change from time to time in the discretion of Oncor.

As a result of an agreement with Vistra, Oncor pays 100% of the cost of providing basic postretirement life insurance benefits up to certain limitations. Most retirees are limited to either \$20,000 (Program A) or \$10,000 (Program B or Retiree Life) of paid life insurance coverage. Only certain employees who were employed prior to June 1, 1988, are eligible for Program A. Effective January 1, 2017, Vistra employees ceased to be eligible for Vistra's portion of life insurance benefit upon their retirement. For those retirees, Oncor provides coverage in an amount equal to Oncor's pro rata portion of life insurance coverage based on the amount of their service assigned to Oncor. Retirees contribute 100% of the cost of optional life insurance benefits.

Retirees contribute 100% of the estimated cost of providing postretirement dental and vision benefits.

Retiree contributions are either deposited into the VEBA Trust, into the Company's general accounts, or Vistra's general accounts and provide additional funding to pay retiree medical, dental and life insurance premiums and other Plan expenses when due under the Plan.

**Opt-Out Feature** - The Plan includes a one-time opt-out feature, which allows eligible retirees to opt-out of medical, dental and/or vision coverage under the Plan, either at the time of their retirement or at a future date, and then re-enroll at a future date determined by the retiree. The one-time opt-out feature applies separately for medical, dental and vision benefits, and is available only for the benefits for which the retiree was enrolled immediately prior to retirement. The opt-out feature does not apply to the life insurance coverage. If a retiree reduces the level of life insurance coverage or opts out of life insurance coverage at any time, the retiree cannot increase the level of coverage or re-enroll in life insurance coverage in the future.

**Administrative Expenses** - Substantially all administrative expenses are paid by the Plan.

**Plan Amendment and Termination** - Although it has no plans currently to do so, the Company has reserved the right under the Plan to terminate, suspend or amend the Plan in whole or in part at any time. In the event of termination, benefits will be paid for any covered expenses which were incurred prior to the termination date. The remaining assets will be distributed in accordance with the provisions set forth in ERISA and the rules of the PUCT. If an electric utility in Texas terminates a retiree welfare plan trust fund, it must file, for PUCT approval, a proposed plan for the distribution of the excess assets.

**Party-in-Interest** - Certain plan investments are managed by subsidiaries of the plan Trustee. These transactions as well as administrative fees qualify as party-in-interest transactions allowable under ERISA regulations.

## 2. SUMMARY OF ACCOUNTING POLICIES

**Basis of Accounting** - Financial statements of the Plan are prepared under the accrual method of accounting.

**Management's Review of Subsequent Events** - In preparing the accompanying financial statements, Plan management has reviewed all known events that have occurred after December 31, 2024, and through October 13, 2025, the date these financial statements were available to be issued, for inclusion in the financial statements and footnotes.

**Investment Valuation** - The Plan's investments are held by the Trustee and generally consist of an investment in a money market mutual fund. Investments are stated at fair value. Shares of the money market mutual fund are valued periodically by the Trustee based on the current market values. 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. See Note 6 for additional discussion of fair value measurement.

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted (GAAP) in the U.S. requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and benefit obligations at the date of the financial statements and the changes therein during the reporting period. Actual results could differ from those estimates.

**Risks and Uncertainties** - Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Market risks include global events. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Benefit costs are impacted by actual and actuarial estimates of employee demographics, the level of contributions made to the Plan, expected and actual earnings on Plan assets and the discount/inflation rates (including healthcare cost inflation rates) used in determining the projected benefit obligation. Changes made to the provisions of the Plan may also impact current and future benefit costs. Changes in general interest rates may result in increased or decreased benefit cost obligations reported in future periods. It is reasonably possible that such changes could have a material effect on the amount of benefit obligations reported in the financial statements.

**Plan Benefit Obligations** - The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service. The postretirement benefit obligation will be funded by contributions from Oncor, Vistra, participating retirees and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligations are based on that participant's service rendered up to the valuation date. The portion of the postretirement benefit obligation as of December 31, 2024 that is Vistra's responsibility is \$78,152,818 and Oncor's responsibility is \$173,149,290. The portion of the postretirement benefit obligation as of December 31, 2023 that is Vistra's responsibility is \$85,517,925 and Oncor's responsibility is \$184,370,354.

**Payments for Plan Benefits** - Insurance premiums are recorded when paid.

**Administrative Expenses** - Plan administrative fees (e.g., recordkeeping, accounting, legal and trustee services), which are paid for by the Plan, are paid and recorded as incurred.

**Actuarial Assumptions** - The present value of the expected postretirement benefit obligation is determined by an actuary, and is the amount that results from applying actuarial assumptions to recent insurance premium data to estimate future annual insurance premiums 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, or retirement) between the valuation date and the expected date of payment.

For measurement purposes as of December 31, 2024:

- the weighted average health care cost trend rate for covered medical benefits for pre-age 65 liabilities was assumed to be 7.0% for 2025 decreasing each year until 2034 and then 4.50% for all years thereafter; the weighted average health care cost trend rate for covered medical benefits for post-age 65 liabilities was assumed to be between 11.4% to 13.8% for 2025 decreasing each year until 2034 and then 4.50% for all years thereafter;

- the weighted average health care cost trend rate for covered prescription drug benefits for pre-age 65 liabilities was assumed to be 12.0% for 2025 decreasing each year until 2034 and then 4.50% for all years thereafter, and
- the weighted average health care cost trend rate for covered prescription drug benefits for post-age 65 liabilities was assumed to be between 11.4% to 13.8% for 2025 decreasing each year until 2034 and then 4.50% for all years thereafter.

The following were other significant actuarial assumptions used in the valuations as of December 31, 2024:

- Headcount weighted aggregate rates of the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 for health care and Pri-2012 amounts weighted mortality table projected generationally from 2012 with Scale MP-2021 for life insurance; Rates for surviving spouses use the contingent survivor mortality table of the Pri-2012 study with Scale MP-2021 for health care;
- Use of discount rate of 5.65% for Oncor and 5.62% for Vistra for December 31, 2024;
- The assumed rates of retirement at various ages are the following as of December 31, 2024 - :

| <b>Ages</b>  | <b>Rates Assumed</b> |
|--------------|----------------------|
| 55-59        | 5-7.5%               |
| 60-63        | 10-15%               |
| 64-69        | 20-25%               |
| 70 and older | 100%                 |

For measurement purposes as of December 31, 2023:

- the weighted average health care cost trend rate for covered medical benefits for pre-age 65 liabilities was assumed to be 7.0% for 2024 decreasing each year until 2033 and then 4.50% for all years thereafter; the weighted average health care cost trend rate for covered medical benefits for post-age 65 liabilities was assumed to be between 11.0% to 12.3% for 2024 decreasing each year until 2033 and then 4.50% for all years thereafter;
- the weighted average health care cost trend rate for covered prescription drug benefits for pre-age 65 liabilities was assumed to be 9.2% for 2024 decreasing each year until 2033 and then 4.50% for all years thereafter, and
- the weighted average health care cost trend rate for covered prescription drug benefits for post-age 65 liabilities was assumed to be between 11.0% to 12.3% for 2024 decreasing each year until 2033 and then 4.50% for all years thereafter.

The following were other significant actuarial assumptions used in the valuations as of December 31, 2023:

- Headcount weighted aggregate rates of the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 for health care and Pri-2012 amounts weighted mortality table projected generationally from 2012 with Scale MP-2021 for life insurance; Rates for surviving spouses use the contingent survivor mortality table of the Pri-2012 study with Scale MP-2021 for health care;
- Use of discount rate of 5.00% for Oncor and 4.98% for Vistra for December 31, 2023;
- The assumed rates of retirement at various ages are the following as of December 31, 2023:

| <b>Ages</b>  | <b>Rates Assumed</b> |
|--------------|----------------------|
| 55-59        | 8%                   |
| 60-63        | 10-15%               |
| 64-69        | 20-25%               |
| 70 and older | 100%                 |

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

### 3. POSTRETIREMENT BENEFIT OBLIGATIONS

The following table provides the postretirement benefit obligations for the Plan by category of participants (including their beneficiaries and dependents):

|   | <b>At December 31,</b> |                       |
|---|------------------------|-----------------------|
|   | <b>2024</b>            | <b>2023</b>           |
| Current retirees  | \$ 225,871,188         | \$ 239,553,746        |
| Active participants fully eligible for benefits         | 6,368,734              | 5,296,723             |
| Active participants not yet fully eligible for benefits | 19,062,186             | 25,037,810            |
| Total postretirement benefit obligations                | <u>\$ 251,302,108</u>  | <u>\$ 269,888,279</u> |

The health care cost-trend rate assumption (see Note 2) has a significant effect on the amounts reported. If the assumed rates increased by one percentage point, it would increase the obligation as of December 31, 2024 and 2023 by an estimated \$17,182,116 and \$19,578,220, respectively.

#### **4. TAX STATUS**

The VEBA Trust established to hold certain of the Plan's assets was established in August 2018 to be qualified pursuant to Section 501(c) (9) of the Internal Revenue Code (Code) and, as such, exempt from federal income taxes pursuant to Section 501(a) of the Internal Revenue Code. In November 2019, Oncor submitted an application for an Internal Revenue Service (IRS) determination letter for the VEBA Trust. A favorable determination letter was issued by the IRS in May of 2020. Currently, the plan administrator believes the Plan is designed and is being operated in compliance with the applicable requirements of the Code. 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 it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress. The Plan has recorded no uncertain tax positions.

#### **5. CERTIFIED INVESTMENTS**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net depreciation in fair value of investments and interest and dividends for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A. (the trustee of the Plan).

#### **6. FAIR VALUE MEASUREMENTS**

Accounting standards related to the determination of fair value define fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between willing market participants at the measurement date. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. The income approach uses valuation techniques to convert future amounts to a single present value amount. The cost approach is based on the amount that currently would be required to replace the service capacity of an asset. The Plan primarily uses the market approach of using prices and other market information for identical and/or comparable assets for those investments that are measured on a recurring basis and uses valuation techniques to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan categorizes its investments recorded at fair value based upon the following fair value hierarchy:

- Level 1 valuations use quoted prices in active markets for identical assets that are accessible at the measurement date. An active market is a market in which transactions for the asset occur with sufficient frequency and volume to provide pricing information on an ongoing basis. For example, our Level 1 assets include a money market mutual fund that is valued using published market prices, such as those from the New York Stock Exchange.

- Level 2 valuations use inputs, in the absence of actively quoted market prices, that are observable for the asset, either directly or indirectly. Level 2 inputs include: (a) quoted prices for similar assets in active markets, (b) quoted prices for identical or similar assets in markets that are not active, (c) inputs other than quoted prices that are observable for the asset such as interest rates and yield curves observable at commonly quoted intervals and (d) inputs that are derived principally from or corroborated by observable market data by correlation or other mathematical means. The Plan does not have any Level 2 assets.
- Level 3 valuations use unobservable inputs for the asset. Unobservable inputs are used to the extent observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset at the measurement date. The Plan does not have any Level 3 assets.

With respect to amounts presented in the following fair value hierarchy tables, the fair value measurement of an asset (e.g. an investment) is required to fall in its entirety in one level, based on the lowest level input that is significant to the fair value measurement. Assessing the significance of a particular input to the fair value measurement in its entirety requires judgment, considering factors specific to the asset being measured.

The preceding methods 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.

As of December 31, 2024, the Plan's investments measured at fair value on a recurring basis consisted of the following:

|                          | <b>At December 31, 2024</b> |                |                |                     |
|--------------------------|-----------------------------|----------------|----------------|---------------------|
|                          | <b>Level 1</b>              | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>        |
| Money market mutual fund | \$ 3,344,494                | \$ -           | \$ -           | \$ 3,344,494        |
| Total assets             | <u>\$ 3,344,494</u>         | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 3,344,494</u> |

As of December 31, 2023, the Plan's investments measured at fair value on a recurring basis consisted of the following:

|                          | <b>At December 31, 2023</b> |                |                |                     |
|--------------------------|-----------------------------|----------------|----------------|---------------------|
|                          | <b>Level 1</b>              | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>        |
| Money market mutual fund | \$ 4,361,106                | \$ -           | \$ -           | \$ 4,361,106        |
| Total assets             | <u>\$ 4,361,106</u>         | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 4,361,106</u> |

## **SUPPLEMENTAL SCHEDULES**

**ONCOR SHARED RETIREE WELFARE PLAN**  
EIN 75-2967830 PN 503

**SCHEDULE H, PART IV, LINE 4i**  
**SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| <b>(a)</b> | <b>(b) Identity of Issue, Borrower, Lessor<br/>or Similar Party</b> | <b>(c) Description of<br/>Investment Including<br/>Maturity Date, Rate of<br/>Interest, Collateral, Par or<br/>Maturity Value</b> | <b>(d) Cost</b>     | <b>(e) Current<br/>Value</b> |
|------------|---|---|---------------------|------------------------------|
| *          | Dreyfus Cash Management Institutional<br>Shares Fund                | Money market<br>mutual fund   | \$ 3,344,494        | \$ 3,344,494                 |
|            |   |   | <u>\$ 3,344,494</u> | <u>\$ 3,344,494</u>          |

\* Party-in-interest

See independent's auditor's report.

**ONCOR SHARED RETIREE WELFARE PLAN**  
EIN 75-2967830 PN 503

**SCHEDULE H, PART IV, LINE 4j**  
**SUPPLEMENTAL SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR ENDED DECEMBER 31, 2024**

Note: See attached schedules provided by the Trustee for the required disclosures.



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

ONCOR SHARD RET VEBA - ONXF32063102

01/01/2024 - 12/31/2024

ONCOR POST RETIREMENT

| Security ID       | Security Description  | Tran Code | Shares            | Transaction Expense | Cost of Acquisitions | Proceeds of Dispositions | Cost of Assets Disposed | Gain/Loss |
|-------------------|---|-----------|-------------------|---------------------|----------------------|--------------------------|-------------------------|-----------|
| <b>5% VALUE :</b> |   |           | <b>187,403.94</b> |                     |                      |                          |                         |           |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 3,028,076.000     | 0.00                | 3,028,076.00         | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 635,238.380       | 0.00                | 635,238.38           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 861,671.000       | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 1,062,585.080     | 0.00                | 0.00                 | 1,062,585.08             | 1,062,585.08            | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 467,246.180       | 0.00                | 0.00                 | 467,246.18               | 467,246.18              | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 608,273.900       | 0.00                | 608,273.90           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 861,671.000       | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 1,524,567.050     | 0.00                | 0.00                 | 1,524,567.05             | 1,524,567.05            | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 621,106.260       | 0.00                | 621,106.26           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 847,596.190       | 0.00                | 847,596.19           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 467,554.870       | 0.00                | 0.00                 | 467,554.87               | 467,554.87              | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 1,041,304.360     | 0.00                | 0.00                 | 1,041,304.36             | 1,041,304.36            | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 606,928.940       | 0.00                | 606,928.94           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 861,671.000       | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 499,392.370       | 0.00                | 0.00                 | 499,392.37               | 499,392.37              | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 1,108,024.130     | 0.00                | 0.00                 | 1,108,024.13             | 1,108,024.13            | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 616,192.850       | 0.00                | 616,192.85           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288                               | B         | 1,107,992.008     | 0.00                | 1,109,100.00         | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288                               | S         | 464,232.406       | 0.00                | 0.00                 | 464,650.22               | 464,670.98              | (20.76)   |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288                               | S         | 1,109,522.371     | 0.00                | 0.00                 | 1,110,631.89             | 1,110,570.59            | 61.30     |



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

ONCOR SHARD RET VEBA - ONXF32063102

01/01/2024 - 12/31/2024

ONCOR POST RETIREMENT

| Security ID       | Security Description              | Tran Code | Shares        | Transaction Expense | Cost of Acquisitions | Proceeds of Dispositions | Cost of Assets Disposed | Gain/Loss |
|-------------------|-----------------------------------|-----------|---------------|---------------------|----------------------|--------------------------|-------------------------|-----------|
| <b>5% VALUE :</b> |                                   |           |               |                     |                      |                          |                         |           |
|                   | <b>187,403.94</b>                 |           |               |                     |                      |                          |                         |           |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | B         | 1,108,102.708 | 0.00                | 1,109,100.00         | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | S         | 462,403.221   | 0.00                | 0.00                 | 462,819.38               | 462,835.39              | (16.01)   |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | S         | 1,102,013.886 | 0.00                | 0.00                 | 1,103,005.70             | 1,103,043.83            | (38.13)   |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | B         | 648,013.528   | 0.00                | 648,596.74           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | B         | 860,896.193   | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | S         | 481,043.221   | 0.00                | 0.00                 | 481,476.16               | 481,487.65              | (11.49)   |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | S         | 471,195.177   | 0.00                | 0.00                 | 471,619.25               | 471,630.51              | (11.26)   |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | B         | 860,896.193   | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | S         | 457,662.661   | 0.00                | 0.00                 | 458,074.56               | 458,083.50              | (8.94)    |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | S         | 478,716.968   | 0.00                | 0.00                 | 479,147.81               | 479,157.16              | (9.35)    |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | B         | 860,896.193   | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | S         | 461,358.789   | 0.00                | 0.00                 | 461,774.01               | 461,781.35              | (7.34)    |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | S         | 1,085,484.342 | 0.00                | 0.00                 | 1,086,461.28             | 1,086,478.55            | (17.27)   |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | B         | 642,377.710   | 0.00                | 642,955.85           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | B         | 860,896.193   | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | S         | 465,286.003   | 0.00                | 0.00                 | 465,704.76               | 465,709.76              | (5.00)    |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | S         | 1,070,686.843 | 0.00                | 0.00                 | 1,071,650.46             | 1,071,661.97            | (11.51)   |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | B         | 643,047.377   | 0.00                | 643,626.12           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | B         | 860,924.968   | 0.00                | 861,699.80           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | S         | 1,062,915.277 | 0.00                | 0.00                 | 1,063,871.90             | 1,063,879.59            | (7.69)    |



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

ONCOR SHARD RET VEBA - ONXF32063102

01/01/2024 - 12/31/2024

ONCOR POST RETIREMENT

|            | Security ID       | Security Description              | Tran Code | Shares        | Transaction Expense | Cost of Acquisitions | Proceeds of Dispositions | Cost of Assets Disposed | Gain/Loss |
|------------|-------------------|-----------------------------------|-----------|---------------|---------------------|----------------------|--------------------------|-------------------------|-----------|
| 5% VALUE : | <b>187,403.94</b> |                                   |           |               |                     |                      |                          |                         |           |
|            | 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | B         | 860,896.193   | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
|            | 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | S         | 4,556,138.351 | 0.00                | 0.00                 | 4,560,238.88             | 4,560,264.46            | (25.58)   |



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

ONCOR SHARD RET VEBA - ONXF32063102

01/01/2024 - 12/31/2024

ONCOR POST RETIREMENT

| Tran Count        | Security ID | Security Description  | Shares         | Cost of Acquisitions | Proceeds of Dispositions | Cost of Assets Disposed | Gain/Loss |
|-------------------|-------------|---|----------------|----------------------|--------------------------|-------------------------|-----------|
| <b>5% VALUE :</b> |             | <b>187,403.94</b>   |                |                      |                          |                         |           |
| 14                | 996085247   | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | 9,615,418.740  | 9,615,418.74         | 0.00                     | 0.00                    | 0.00      |
| 21                | 996085247   | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | 6,270,924.830  | 0.00                 | 6,270,924.83             | 6,270,924.83            | 0.00      |
| 36                | 996085254   | DREYFUS CASH MGMT INSTL<br>FD 288                               | 13,987,969.690 | 0.00                 | 14,000,666.85            | 14,000,804.43           | (137.58)  |
| 41                | 996085254   | DREYFUS CASH MGMT INSTL<br>FD 288                               | 9,630,785.530  | 9,639,566.34         | 0.00                     | 0.00                    | 0.00      |

**2024 Form 5500  
Multiple-Employer Plan Participating Employer Information**

**Plan Name:** Oncor Shared Retiree Welfare Plan **EIN:** 75-2967830

**Plan Sponsor Name:** Oncor Electric Delivery Company LLC **Plan No:** 503

Enter the **Receipt Confirmation Code (RCC)** 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 RCC 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 RCC will subject the Form 5500 filing to rejection as incomplete.)

**RCC: 00015707-6001**

**List each Participating Employer in the “Plan” during the plan year:**

| Name of Participating Employer      | EIN        | Percent of Total Contributions |
|-------------------------------------|------------|--------------------------------|
| Oncor Electric Delivery Company LLC | 75-2967830 | .5945                          |
| Vistra Energy Corporation           | 36-4833255 | .4055                          |
|                                     |            |                                |
|                                     |            |                                |
|                                     |            |                                |
|                                     |            |                                |
|                                     |            |                                |
|                                     |            |                                |
|                                     |            |                                |
|                                     |            |                                |
|                                     |            |                                |
|                                     |            |                                |

**ONCOR SHARED RETIREE WELFARE PLAN**  
EIN 75-2967830 PN 503

**SCHEDULE H, PART IV, LINE 4j**  
**SUPPLEMENTAL SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR ENDED DECEMBER 31, 2024**

Note: See attached schedules provided by the Trustee for the required disclosures.



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

ONCOR SHARD RET VEBA - ONXF32063102

01/01/2024 - 12/31/2024

ONCOR POST RETIREMENT

| Security ID       | Security Description  | Tran Code | Shares            | Transaction Expense | Cost of Acquisitions | Proceeds of Dispositions | Cost of Assets Disposed | Gain/Loss |
|-------------------|---|-----------|-------------------|---------------------|----------------------|--------------------------|-------------------------|-----------|
| <b>5% VALUE :</b> |   |           | <b>187,403.94</b> |                     |                      |                          |                         |           |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 3,028,076.000     | 0.00                | 3,028,076.00         | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 635,238.380       | 0.00                | 635,238.38           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 861,671.000       | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 1,062,585.080     | 0.00                | 0.00                 | 1,062,585.08             | 1,062,585.08            | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 467,246.180       | 0.00                | 0.00                 | 467,246.18               | 467,246.18              | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 608,273.900       | 0.00                | 608,273.90           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 861,671.000       | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 1,524,567.050     | 0.00                | 0.00                 | 1,524,567.05             | 1,524,567.05            | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 621,106.260       | 0.00                | 621,106.26           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 847,596.190       | 0.00                | 847,596.19           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 467,554.870       | 0.00                | 0.00                 | 467,554.87               | 467,554.87              | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 1,041,304.360     | 0.00                | 0.00                 | 1,041,304.36             | 1,041,304.36            | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 606,928.940       | 0.00                | 606,928.94           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 861,671.000       | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 499,392.370       | 0.00                | 0.00                 | 499,392.37               | 499,392.37              | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | S         | 1,108,024.130     | 0.00                | 0.00                 | 1,108,024.13             | 1,108,024.13            | 0.00      |
| 996085247         | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | B         | 616,192.850       | 0.00                | 616,192.85           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288                               | B         | 1,107,992.008     | 0.00                | 1,109,100.00         | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288                               | S         | 464,232.406       | 0.00                | 0.00                 | 464,650.22               | 464,670.98              | (20.76)   |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288                               | S         | 1,109,522.371     | 0.00                | 0.00                 | 1,110,631.89             | 1,110,570.59            | 61.30     |



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

ONCOR SHARD RET VEBA - ONXF32063102

01/01/2024 - 12/31/2024

ONCOR POST RETIREMENT

| Security ID       | Security Description           | Tran Code | Shares        | Transaction Expense | Cost of Acquisitions | Proceeds of Dispositions | Cost of Assets Disposed | Gain/Loss |
|-------------------|--------------------------------|-----------|---------------|---------------------|----------------------|--------------------------|-------------------------|-----------|
| <b>5% VALUE :</b> |                                |           |               |                     |                      |                          |                         |           |
|                   | <b>187,403.94</b>              |           |               |                     |                      |                          |                         |           |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | B         | 1,108,102.708 | 0.00                | 1,109,100.00         | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | S         | 462,403.221   | 0.00                | 0.00                 | 462,819.38               | 462,835.39              | (16.01)   |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | S         | 1,102,013.886 | 0.00                | 0.00                 | 1,103,005.70             | 1,103,043.83            | (38.13)   |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | B         | 648,013.528   | 0.00                | 648,596.74           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | B         | 860,896.193   | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | S         | 481,043.221   | 0.00                | 0.00                 | 481,476.16               | 481,487.65              | (11.49)   |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | S         | 471,195.177   | 0.00                | 0.00                 | 471,619.25               | 471,630.51              | (11.26)   |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | B         | 860,896.193   | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | S         | 457,662.661   | 0.00                | 0.00                 | 458,074.56               | 458,083.50              | (8.94)    |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | S         | 478,716.968   | 0.00                | 0.00                 | 479,147.81               | 479,157.16              | (9.35)    |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | B         | 860,896.193   | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | S         | 461,358.789   | 0.00                | 0.00                 | 461,774.01               | 461,781.35              | (7.34)    |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | S         | 1,085,484.342 | 0.00                | 0.00                 | 1,086,461.28             | 1,086,478.55            | (17.27)   |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | B         | 642,377.710   | 0.00                | 642,955.85           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | B         | 860,896.193   | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | S         | 465,286.003   | 0.00                | 0.00                 | 465,704.76               | 465,709.76              | (5.00)    |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | S         | 1,070,686.843 | 0.00                | 0.00                 | 1,071,650.46             | 1,071,661.97            | (11.51)   |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | B         | 643,047.377   | 0.00                | 643,626.12           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | B         | 860,924.968   | 0.00                | 861,699.80           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL FD 288 | S         | 1,062,915.277 | 0.00                | 0.00                 | 1,063,871.90             | 1,063,879.59            | (7.69)    |



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

ONCOR SHARD RET VEBA - ONXF32063102

01/01/2024 - 12/31/2024

ONCOR POST RETIREMENT

| Security ID       | Security Description              | Tran Code | Shares        | Transaction Expense | Cost of Acquisitions | Proceeds of Dispositions | Cost of Assets Disposed | Gain/Loss |
|-------------------|-----------------------------------|-----------|---------------|---------------------|----------------------|--------------------------|-------------------------|-----------|
| <b>5% VALUE :</b> |                                   |           |               |                     |                      |                          |                         |           |
|                   | <b>187,403.94</b>                 |           |               |                     |                      |                          |                         |           |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | B         | 860,896.193   | 0.00                | 861,671.00           | 0.00                     | 0.00                    | 0.00      |
| 996085254         | DREYFUS CASH MGMT INSTL<br>FD 288 | S         | 4,556,138.351 | 0.00                | 0.00                 | 4,560,238.88             | 4,560,264.46            | (25.58)   |



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

ONCOR SHARD RET VEBA - ONXF32063102

01/01/2024 - 12/31/2024

ONCOR POST RETIREMENT

| Tran Count        | Security ID | Security Description  | Shares         | Cost of Acquisitions | Proceeds of Dispositions | Cost of Assets Disposed | Gain/Loss |
|-------------------|-------------|---|----------------|----------------------|--------------------------|-------------------------|-----------|
| <b>5% VALUE :</b> |             | <b>187,403.94</b>   |                |                      |                          |                         |           |
| 14                | 996085247   | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | 9,615,418.740  | 9,615,418.74         | 0.00                     | 0.00                    | 0.00      |
| 21                | 996085247   | DREYFUS TREAS OBL CSH MGMT 521<br>VAR RT 12/31/2049 DD 04/09/97 | 6,270,924.830  | 0.00                 | 6,270,924.83             | 6,270,924.83            | 0.00      |
| 36                | 996085254   | DREYFUS CASH MGMT INSTL<br>FD 288                               | 13,987,969.690 | 0.00                 | 14,000,666.85            | 14,000,804.43           | (137.58)  |
| 41                | 996085254   | DREYFUS CASH MGMT INSTL<br>FD 288                               | 9,630,785.530  | 9,639,566.34         | 0.00                     | 0.00                    | 0.00      |

**ONCOR SHARED RETIREE WELFARE PLAN**  
EIN 75-2967830 PN 503

**SCHEDULE H, PART IV, LINE 4i**  
**SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

| <b>(a)</b> | <b>(b) Identity of Issue, Borrower, Lessor<br/>or Similar Party</b> | <b>(c) Description of<br/>Investment Including<br/>Maturity Date, Rate of<br/>Interest, Collateral, Par or<br/>Maturity Value</b> | <b>(d) Cost</b>     | <b>(e) Current<br/>Value</b> |
|------------|---|---|---------------------|------------------------------|
| *          | Dreyfus Cash Management Institutional<br>Shares Fund                | Money market<br>mutual fund   | \$ 3,344,494        | \$ 3,344,494                 |
|            |   |   | <u>\$ 3,344,494</u> | <u>\$ 3,344,494</u>          |

\* Party-in-interest

See independent's auditor's report.