

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>507</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DOMINION ENERGY, INC.</u></p> <p><u>C/O DOMINION ENERGY SERVICES, INC.</u> <u>120 TREDEGAR ST, CLEARINGHOUSE 3FL</u> <u>ATTENTION BENEFITS REPORTING</u> <u>RICHMOND, VA 23219-4306</u></p>	<p>1c Effective date of plan <u>10/01/1983</u></p> <p>2b Employer Identification Number (EIN) <u>54-1229715</u></p> <p>2c Plan Sponsor's telephone number <u>877-947-4636</u></p> <p>2d Business code (see instructions) <u>221500</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	MICHAEL GLAHN-DIRECTOR ACCOUNTING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor DOMINION ENERGY SERVICES, INC. 120 TREDEGAR ST, CLEARINGHOUSE 3FL ATTENTION BENEFITS REPORTING RICHMOND, VA 23219-4306	3b Administrator's EIN 54-1962730 3c Administrator's telephone number 877-947-4636																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 10893																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td style="text-align: right;">13311</td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">13311</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b	13311	6c		6d	13311	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b	13311																				
6c																					
6d	13311																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 507</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 DOMINION ENERGY, INC.</p>	<p>D Employer Identification Number (EIN) 54-1229715</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
ANTHEM BLUE CROSS AND BLUE SHIELD MEDICARE RISK

(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
31-1440175	10345	OHEGR024	62	01/01/2024	12/31/2024

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

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

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

(b) 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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	124557
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN		B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 DOMINION ENERGY, INC.		D Employer Identification Number (EIN) 54-1229715

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
AETNA LIFE INSURANCE CO

(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
06-6033492	60054	E00067105993	78	01/01/2024	12/31/2024

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	16271
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 507</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 DOMINION ENERGY, INC.</p>	<p>D Employer Identification Number (EIN) 54-1229715</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
METLIFE 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	0122482	11522	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 66596
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MARSH USA, LLC
P O BOX 412703
BOSTON, MA 02241-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	66561	SUPPLEMENTAL COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MARSH USA, LLC
P O BOX 412703
BOSTON, MA 02241-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	35	NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	5728480
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 507</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 DOMINION ENERGY, INC.</p>	<p>D Employer Identification Number (EIN) 54-1229715</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
METLIFE 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	0141828	1012	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 4336
--	--

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
MARSH USAY LLC, PO BOX 412703 BOSTON, MA 02241-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	4314	SUPPLEMENTAL COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MARSH USA, LLC PO BOX 412703 BOSTON, MA 02241-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	22	NON MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

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

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

e Deductions:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1006029
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 507</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 DOMINION ENERGY, INC.</p>	<p>D Employer Identification Number (EIN) 54-1229715</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
HIGHMARK INC

(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
23-1294723	54771	034745	209	01/01/2024	12/31/2024

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	187201
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN	B Three-digit plan number (PN) ▶	507
C Plan sponsor's name as shown on line 2a of Form 5500 DOMINION ENERGY, INC.	D Employer Identification Number (EIN) 54-1229715	

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

1607 CAPITAL PARTNERS

26-0529973

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

PRUDENTIAL TRUST CO

81-6705696

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

THE NORTHERN TRUST COMPANY

36-1561860

(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

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

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

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

ANTHEM

54-0357120

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	INS-SVCS	1474504	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)

JP MORGAN CHASE BANK

13-2624428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV-MGMT	1348202	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)

EXPRESS SCRIPTS

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	INS-SVCS	674121	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"/>

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)

ALLSPRING INTERMEDIATE II LLC

86-3510848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV-MGMT	415201	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)

ALPINE INVESTORS

34-6233398

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV-MGMT	410399	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)

VIA BENEFITS (HRA)

26-0775680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	INS-SVCS	352554	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"/>

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)

ERNST & YOUNG U.S. LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCNTG	323549	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)

DOMINION RESOURCES SERVICES

54-1229715

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLN-ADMR	168572	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	149576	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"/>

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)

TRILANTIC ENERGY PARTNERS II PARALL

46-4688952

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV-MGMT	99476	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)

ALIGHT HOLDING COMPANY LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLN ADMR	78682	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)

PWP GROWTH EQUITY FUND II LP

27-3051243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV-MGMT	77169	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"/>

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)

BNY MELLON

13-2614959

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 51	TRTE-DIR	73287	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)

KKR AMERICAS FUND XII LP

98-1279368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLN-ADMR	73268	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)

HIGHMARK

23-1294723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	INS-SVCS	52412	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"/>

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)

A&M CAPITAL PARTNERS II, LP

46-2333989

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV-MGMT	52044	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)

NB PRIVATE EQUITY CREDIT OPPORTUNIT

06-1834242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV-MGMT	43960	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)

PWP GROWTH EQUITY FUND I LP

37-1731370

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV-MGMT	38084	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"/>

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)

KEYBANK NATIONAL ASSOCIATION

34-0797057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 51	TRTE-DIR	36723	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)

NB RE SECONDARY OPP OFFSHORE

35-2574859

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV-MGMT	34600	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)

PJT PARTNERS

36-4797143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70 50	CONSULTG	33183	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"/>

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)

PRUDENTIAL INSURANCE CO

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV-MGMT	23409	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)

KIRKLAND & ELLIS LLP

36-1326630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	22573	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)

MSCI, INC.

13-4038723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INADV-PL	21337	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"/>

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)

KOHLBERG TE INVESTORS IX LP

46-2333989

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV MGMT	20775	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)

A & M CAPITAL PARTNERS LP

23-2817243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV MGMT	18056	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)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 51 52	TRTE-DIR	17941	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"/>

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)

WCA & STOWE XII LP

32-0455106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV MGMT	14922	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)

DELOITTE TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCNTG	10782	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)

1607 CAPITAL BOND FUND

26-0529973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INV MGMT	9142	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"/>

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)

REED SMITH LLP

25-0749630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	6707	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)

VIRTU AMERICAS LLC, NEW YORK

26-4219373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 55	BROKG	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	41492	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BANK OF AMERICA CORP, CHARLOTTE

04-2812529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 55	BRPKG	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	16356	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

MISCHLER FINANCIAL GROUP INC, NEW Y

33-0652019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 55	BROKG	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	15133	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

UBS SECURITIES LLC, STAMFORD

61-5958480

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 55	BROKG	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11449	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BARCLAYS CAPITAL LE, NEW YORK

06-1031656

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 55	BROKG	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9284	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

CLEAR STREET LLC, NEW YORK

81-4999091

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 55	BROKG	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8481	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JONESTRADING INST SVCS LLC, NEW YOR

51-0484896

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 55	BROKG	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8132	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GOLDMAN SACHS & CO, NY

36-2211461

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 55	BROKG	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8021	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

JEFFERIES & CO INC, NEW YORK

95-2622900

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 55	BROKG	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7202	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

COWEN AND CO LLC, NEW YORK

13-5616116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 55	BROKG	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5930	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CAP INSTL SVCS INC - EQUITIES, NEW

22-3096888

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 55	BROKG	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5271	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VIRTU AMERICAS LLC, NEW YORK	33 55	41492
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VIRTU AMERICAS LLC, NEW YORK 26-4219373	FEE CHARGED AS REDUCTION OF RETURN EARNED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BANK OF AMERICA CORP, CHARLOTTE	33 55	16356
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BANK OF AMERICA CORP, CHARLOTTE 04-2812529	FEE CHARGED AS REDUCTION OF RETURN EARNED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MISCHLER FINANCIAL GROUP INC, NEW Y	33 55	15133
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MISCHLER FINANCIAL GROUP INC, NEW Y 33-0652019	FEE CHARGED AS REDUCTION OF RETURN EARNED	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS SECURITIES LLC, STAMFORD	33 55	11449
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
UBS SECURITIES LLC, STAMFORD 61-5958480	FEE CHARGED AS REDUCTION OF RETURN EARNED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BARCLAYS CAPITAL LE, NEW YORK	33 55	9284
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARCLAYS CAPITAL LE, NEW YORK 06-1031656	FEE CHARGED AS REDUCTION OF RETURN EARNED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CLEAR STREET LLC, NEW YORK	33 55	8481
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLEAR STREET LLC, NEW YORK 81-4999091	FEE CHARGED AS REDUCTION OF RETURN EARNED	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JONESTRADING INST SVCS LLC, NEW YOR	33 55	8132
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JONESTRADING INST SVCS LLC, NEW YOR 51-0484896	FEE CHARGED AS REDUCTION OF RETURN EARNED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDMAN SACHS & CO, NY	33 55	8021
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOLDMAN SACHS & CO, NY 36-2211461	FEE CHARGED AS REDUCTION OF RETURN EARNED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JEFFERIES & CO INC, NEW YORK	33 55	7202
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JEFFERIES & CO INC, NEW YORK 95-2622900	FEE CHARGED AS REDUCTION OF RETURN EARNED	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COWEN AND CO LLC, NEW YORK	33 55	5930
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COWEN AND CO LLC, NEW YORK 13-5616116	FEE CHARGED AS REDUCTION OF RETURN EARNED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAP INSTL SVCS INC - EQUITIES, NEW	33 55	5271
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAP INSTL SVCS INC - EQUITIES, NEW 22-3096888	FEE CHARGED AS REDUCTION OF RETURN EARNED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN</u>	B Three-digit plan number (PN) ▶	<u>507</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DOMINION ENERGY, INC.</u>	D Employer Identification Number (EIN) <u>54-1229715</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM CORE PLUS BOND TRUST</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>81-6705696-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>330145033</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT GLOBAL INVEST RUSSELL 2000 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>36-6452394-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>42012757</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>1607 CAPITAL BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>1607 CAPITAL PARTNERS</u>		
c EIN-PN <u>26-0529973-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18368522</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COMMON SHORT-TERM INVESTMENT FD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
c EIN-PN <u>36-6452394-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>83</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN	B Three-digit plan number (PN) ▶ 507
C Plan sponsor's name as shown on line 2a of Form 5500 DOMINION ENERGY, INC.	D Employer Identification Number (EIN) 54-1229715

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	2500000
(2) Participant contributions	1b(2)		593954
(3) Other	1b(3)	1326878	7752671
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15764060	20606116
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	477480746	692624043
(5) Partnership/joint venture interests	1c(5)	50270206	73521401
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	459083559	390526395
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	140291334	568880309
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1144216783	1757004889
Liabilities			
g Benefit claims payable.....	1g	4678505	3362175
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	76422	646786
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4754927	4008961
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1139461856	1752995928

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	22104813	
(B) Participants.....	2a(1)(B)	12477233	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		34582046
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2258280	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2258280
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	5954985	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	6388606	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12343591
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	356021846	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	305207129	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		50814717
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	56108675	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	16141087
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	20473598
c Other income	2c	2430007
d Total income. Add all income amounts in column (b) and enter total	2d	195152001

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	45090539
(2) To insurance carriers for the provision of benefits	2e(2)	7062538
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	52153077
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	168572
(2) Contract administrator fees	2i(2)	78682
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	10782
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	149576
(8) Legal fees	2i(8)	31672
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	3547249
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	3986533
j Total expenses. Add all expense amounts in column (b) and enter total	2j	56139610

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	139012391
l Transfers of assets:		
(1) To this plan	2l(1)	474762127
(2) From this plan	2l(2)	240446

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ENBRIDGE EMPLOYEE SERVICES INC.	76-0697621	520

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 _____.

**DOMINION ENERGY RETIREE
HEALTH & WELFARE PLAN**

Employer ID No: 54-1229715

Plan Number: 507

Financial Statements as of December 31, 2024 and 2023
and for the Year Ended December 31, 2024,
Supplemental Schedules as of and for the Year Ended
December 31, 2024,
and Independent Auditor's Report

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

TABLE OF CONTENTS	Page
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	5
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024	6
Statements of Benefit Obligations as of December 31, 2024 and 2023	7
Statement of Changes in Benefit Obligations for the Year Ended December 31, 2024	8
Notes to Financial Statements as of December 31, 2024 and 2023, and for the Year Ended December 31, 2024	9
SUPPLEMENTAL SCHEDULES:	
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024	21
Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2024	26

NOTE: All other schedules required by Section 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 have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Dominion Energy Retiree Health & Welfare Plan

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

We have performed audits of the financial statements of Dominion Energy Retiree Health & 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 as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the statements of benefit obligations as of December 31, 2024 and 2023 and the related statement of changes in 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 qualified institutions 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 qualified institutions agrees to, or is derived from, in all material respects, the information

prepared and certified by institutions that management determined meet 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.

Emphasis of Matter – Plan Merger

As discussed in Note 1 to the financial statements, effective December 31, 2024 (the Merger Date), Dominion Energy Ohio Union Retiree Health & Welfare Plan, Dominion Energy Peoples Union Retiree Health & Welfare Plan, Dominion Energy Transmission Union Retiree Health & Welfare Plan, Dominion Energy Kewaunee Union Retiree Health & Welfare Plan and Dominion Energy Manchester Street Union Retiree Health & Welfare Plan merged into the Plan. The assets and liabilities of the respective plans were transferred into the Plan as of the Merger Date. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

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 certifications, 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 schedule of assets (held at end of year) as of December 31, 2024, and supplemental schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Deloitte & Touche LLP

October 15, 2025

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS:		
Investments at fair value (Note 4)	\$ 1,746,158,264	\$ 1,142,889,905
Pending sales, interest and dividends receivables	1,946,183	547,906
Employer contribution receivable (Note 1)	2,500,000	—
Rebates receivable (Note 2)	5,611,688	683,672
Advance deposit	194,800	95,300
Participant contribution receivable	593,954	—
Net assets in Dominion Energy Pension Plan 401(h) Accounts held within the Master Trust (Note 3)	494,644,685	501,697,970
Total Assets	<u>2,251,649,574</u>	<u>1,645,914,753</u>
LIABILITIES:		
Payables for securities purchased	646,786	76,422
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,251,002,788</u>	<u>\$ 1,645,838,331</u>

See notes to financial statements.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS	
Contributions:	
Employer contributions	22,104,813
Participant contributions	12,477,233
Total contributions	34,582,046
Investment income:	
Interest and dividends	14,601,871
Net appreciation in fair value of investments	145,968,084
Net investment income	160,569,955
Net decrease in 401(h) Accounts (Note 2)	(7,053,285)
Total additions	188,098,716
DEDUCTIONS	
Payments for benefits:	
Life and survivor life insurance premiums paid to insurance companies	6,734,509
Medicare HMO premiums paid to insurance companies	328,029
Participant claims	21,178,463
HRA health reimbursements	25,228,406
Total benefit payments	53,469,407
Administrative expenses	3,986,533
Total deductions	57,455,940
NET INCREASE IN NET ASSETS BEFORE TRANSFERS AND PLAN MERGERS	130,642,776
TRANSFER AS PART OF SALE (Note 1)	(240,446)
PLAN MERGERS (Note 1)	474,762,127
NET INCREASE IN NET ASSETS	605,164,457
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	1,645,838,331
End of year	2,251,002,788

See notes to financial statements.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

STATEMENTS OF BENEFIT OBLIGATIONS AS OF DECEMBER 31, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE:		
Claims incurred but not reported	<u>\$ 3,362,175</u>	<u>\$ 4,678,505</u>
POSTRETIREMENT BENEFIT OBLIGATIONS:		
Current retirees and beneficiaries	736,712,299	629,612,667
Other participants fully eligible for benefits	73,796,572	85,006,443
Other participants not yet fully eligible for benefits	53,045,219	59,785,189
Total postretirement benefit obligations	<u>863,554,090</u>	<u>774,404,299</u>
TOTAL BENEFIT OBLIGATIONS	<u>\$ 866,916,265</u>	<u>\$ 779,082,804</u>

See notes to financial statements.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS FOR THE YEAR ENDED DECEMBER 31, 2024

AMOUNTS CURRENTLY PAYABLE:	
Balance at beginning of year	\$ 4,678,505
Benefits reported and approved for payment - including benefits reclassified from postretirement benefit obligations and net change in claims incurred but not reported	68,941,651
Payments for benefits (includes participant claims paid out of the 401(h) Accounts - see Note 2)	(70,785,795)
Plan merger (Note 1)	527,814
Balance at end of year	<u>3,362,175</u>
POSTRETIREMENT BENEFIT OBLIGATIONS:	
Balance at beginning of year	774,404,299
Increase (decrease) in postretirement benefits attributable to:	
Benefits earned	9,827,859
Interest	38,937,586
Payment for benefits and administrative expenses - net of retiree contributions	(62,295,095)
Actuarial gain	(36,345,660)
Transfer as part of sale (Note 1)	(12,950,824)
Plan merger (Note 1)	151,975,925
Balance at end of year	<u>863,554,090</u>
TOTAL BENEFIT OBLIGATION AT END OF YEAR	\$ 866,916,265

See notes to financial statements.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023 AND FOR THE YEAR ENDED DECEMBER 31, 2024

1. DESCRIPTION OF THE PLAN

The following description of the Dominion Energy Retiree Health & Welfare Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

- a. **General**—The Plan is a defined benefit health and welfare plan that provides medical and life insurance benefits. Certain former employees of Dominion Energy, Inc. (Dominion Energy) and its subsidiaries (the Company) who are not represented by a recognized union (Salaried) and certain former union eligible (Hourly) employees represented by the International Brotherhood of Electrical Workers (IBEW) and who retired or will retire in accordance with the retirement regulations, and their dependents, as defined in the Plan, are eligible for coverage under the Plan.

Dominion Energy is the designated plan sponsor. The plan administrator is Dominion Energy Services, Inc. (DES), a subsidiary of Dominion Energy. Through 2023, Northern Trust Company (Northern Trust) and KeyBank, N.A. (KeyBank) served as trustees of the Plan. Effective January 1, 2024, Bank of New York Mellon Trust Company, N.A. (Bank of New York Mellon) replaced Northern Trust. Effective April 2025, KeyBank ceased serving as a trustee of the Plan. The Plan is subject to the provisions set forth in the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

During 2024, Dominion Energy completed the sale of certain natural gas distribution utilities to Enbridge, Inc. Upon closing, the natural gas companies ceased to be participating employers in the Plan, which continues to be sponsored by Dominion Energy. All affected participants have been fully vested in their accrued benefits under the Plan upon the closing of the sale. Enbridge assumed the health and welfare obligations for affected active employees and a pro rata share of the Plan assets. This reduced the actuarial present value of total plan obligations and Plan assets, including transfers paid out of the 401(h) Accounts, by \$12,950,824 and \$11,478,765, respectively.

Effective December 31, 2024, the Dominion Energy Ohio Union Retiree Health & Welfare Plan, Dominion Energy Peoples Union Retiree Health & Welfare Plan, Dominion Energy Transmission Union Retiree Health & Welfare Plan, Dominion Energy Kewaunee Union Retiree Health and Welfare Plan, and Dominion Energy Manchester Street Union Retiree Health and Welfare Plan merged into the Plan. As a result of the mergers, net assets available for benefits of \$474,762,127 and total benefit obligation of \$152,503,739, were transferred into the Plan. These mergers did not affect the participants' health and welfare benefits because the benefit provisions of the merged plans were incorporated into the Plan.

As a result of a collective bargaining agreement between Dominion Energy and IBEW, retiree medical benefits for certain IBEW retirees and their covered spouses and future IBEW retirees, were amended. As a result of this agreement, the Company was required to make a \$2,500,000 VEBA contribution which is showing as an employer contribution receivable as of December 31, 2024.

- b. **Benefits** - Generally, the Plan provides medical and life insurance benefits to pre-65 eligible retirees. Post-64 participants may elect medical coverage through a healthcare exchange. Dominion Energy

provides these retirees and their covered spouses with an annual Health Reimbursement Account (HRA) stipend that varies based on age, service, date of hire and date of retirement. Any unused HRA balances are carried over to subsequent years, but are not funded until claims are incurred and presented to the HRA administrator for payment. The estimated obligation for the HRA feature is included in the postretirement benefit obligations. As of December 31, 2024 and 2023 interest-bearing cash of \$20,142,347 and 15,430,707, respectively, were held in HRA cash accounts (HRA cash accounts). Refer to the Plan document and collective bargaining agreements for additional information.

- c. **Contributions**—The costs of the postretirement benefit obligation are shared by the Company, retiree participants and active Hourly employees. In general, eligible retirees share in the cost of elected medical coverage. The amount to be contributed by participants is determined annually and is based on several factors including age, years of service and retirement date.

The Company makes all contributions for Salaried and Hourly retiree life and survivor life insurance coverage. Certain retired salaried employees of gas subsidiaries covered by life insurance benefits prior to January 1, 2002 pay a premium of 45 cents per month, per \$1,000 of coverage. Refer to the Plan document and collective bargaining agreements for additional information.

- d. **Funding Policy**—The Plan is funded through insurance, participant contributions, Company contributions and VEBA trusts. Additionally, one of the VEBA trusts was established to defray required contributions by retired Hourly employees for medical coverage. Contributions to this VEBA trust represent the contributions of active Hourly employees and contributions by the Company in accordance with the collective bargaining agreements.

The Company is also funding future retiree medical benefits through the Dominion Energy Pension Plan, a defined benefit pension plan, pursuant to Section 401(h) of the Internal Revenue Code (IRC). See Notes 2.g and 3 for additional information on the 401(h) Accounts feature.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- a. **Basis of Accounting**—The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).
- b. **Use of Estimates**—The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and if any, claims payable and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
- c. **Risks and Uncertainties**—The Plan utilizes various investment instruments as more fully described in Notes 3 and 4. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Market volatility includes global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 that such changes could materially affect the amounts reported in the financial statements.

Investments at December 31, 2024, included \$330,145,033 of the PGIM Core Plus Bond Fund representing 19% of total investments. A large decline in the market value of this investment could significantly affect the net assets available for benefits.

- d. **Claims Incurred But Not Reported**—The Plan’s liability for incurred but not reported claims is estimated using actuarial methods that utilize historical trend information. The actuarial methodology projects historical monthly incurred claims to the most recent period using an appropriate trend, adjustments for changes in participant count and any benefit design changes that occur during each successive year. Claims incurred but not reported are presented in the Statements of Benefit Obligations.
- e. **Payments for Benefits**—Life and survivor life insurance premiums, Medicare HMO premiums, participant claims and HRA health reimbursements paid by either retirees, the Company or the VEBA trusts are recorded in the accompanying Statement of Changes in Net Assets Available for Benefits upon distribution. Claims and premium amounts billed by third party administrators which have not been paid, if any, by either the Company or the VEBA trusts are recorded as claims and premiums payables in the accompanying Statements of Benefit Obligations.
- f. **Rebates**—Rebates due from the third-party administrators are recorded when earned. Any rebates due as of the financial statement date are reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling \$6,506,784 have been netted with claims paid in the accompanying Statement of Changes in Net Assets Available for Benefits.
- g. **401(h) Accounts**—The Dominion Energy Pension Plan includes a medical benefit component, in addition to normal retirement benefits. The Dominion Energy, Inc. Defined Benefit Master Trust (the Master Trust) funds a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. Separate accounts have been established and maintained in the Dominion Energy Pension Plan for this purpose. In accordance with IRC Section 401(h), the Dominion Energy Pension Plan’s investments in the 401(h) Accounts may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in the Dominion Energy Pension Plan’s accumulated benefit obligations but are reported as obligations in the financial statements of the Plan.
- h. **Valuation of Investments**—All investments, other than the immediate participation guarantee contracts in the 401(h) Accounts held in the Master Trust, are at fair value. Immediate participation guarantee contracts with Equitable and Prudential were entered into prior to 1992 and therefore grandfathered under applicable accounting guidance and are not subject to fair value measurement. These investments are valued at contract value, which represents aggregate amounts of contributions, interest and/or dividends earned thereon, less benefits paid and expenses. See Note 4 for further information on fair value measurements.
- i. **Income Recognition**—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.

In the Statement of Changes in Net Assets Available for Benefits, the Plan presents the net appreciation in the fair value of its investments, which consists of the realized gains or losses on investments sold during the year and the unrealized appreciation of investments held at the reporting date.

- j. **Administrative Expenses**— Expenses incurred directly in the administration of the Plan, are paid by the Plan. Investment-related expenses are included in net appreciation in fair value of investments. Administrative expenses also include \$412,359 of unrelated business income tax (UBIT), net of refunds.
- k. **Postretirement Benefits**—The postretirement benefit obligation at December 31, 2024 and 2023, represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered through December 31, 2024 and 2023, respectively, 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 to or for (1) currently retired employees and their beneficiaries and dependents; and (2) active employees and their beneficiaries and dependents after retirement from service with the Company. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service rendered to the valuation date. The postretirement benefit obligation represents the amount that is to be funded by plan sponsor contributions and existing Plan assets.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's independent actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment, and to reflect the portion of those costs expected to be borne by Medicare, the retired participants and other providers.

The following were significant assumptions used in determining postretirement benefit obligations as of December 31, 2024 and 2023:

	2024	2023
Discount rate	5.83%	5.40
Healthcare initial cost trend rate	7.00% ⁽¹⁾	7.00% ⁽²⁾
Retirement age	Sliding scale from ages 55-70 and over for non-union, Local 50 and gas union participants	
Retirement age - Questar Plans	Sliding scale from ages 55-65	
Mortality	(3)	(3)
Assumed rate of eligible employees electing retiree medical coverage at retirement	90% of all non-union active participants; 100% of all Local 50 and Local 69 active participants	

- (1) The medical cost trend rate is assumed to gradually decrease to 5.00% by 2032 and years thereafter.
- (2) The medical cost trend rate is assumed to gradually decrease to 5.00% by 2031 and years thereafter.
- (3) Healthy mortality is a blend of 70% of the white collar and 30% of the blue collar adjusted PRI-2012 nondisabled annuitant mortality tables projected with Scale MP-2020. Disabled mortality adjusted PRI-2012 tables projected with Scale MP-2020.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of postretirement benefit obligations. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rate increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$60,449,000 and \$56,973,000, respectively.

3. 401(h) ACCOUNTS

As noted in Note 2.g., a portion of the Plan's obligation is funded through contributions to the Dominion Energy Pension Plan in accordance with Section 401(h) of the Code. The Plan's assets include an interest in the Master Trust administered by the trustee.

As of December 31, 2024 and 2023, the Plan's 401(h) Accounts interest in the net assets of the Master Trust was approximately 5.94% and 5.57%, respectively, with varying interests in each of the Master Trust investment accounts.

The Plan's interest in 401(h) Accounts held in the Master Trust at December 31, 2024 and 2023 are summarized below. Investment disclosures for the Master Trust are provided in the financial statements of the Dominion Energy Pension Plan.

	2024	2023
	Plan's Interest in Master Trust	Plan's Interest in Master Trust
Investments at fair value:		
Cash and cash equivalents	\$ 4,418,115	\$ 1,404,406
Government securities	80,966,436	100,538,332
Corporate debt instruments	31,374,522	34,810,484
Common and preferred stocks	106,410,702	106,741,344
Registered investment companies	9,293,163	24,474,053
Common/collective trust funds	111,776,416	87,124,834
Alternative investments	118,269,714	116,122,470
Investment contract	8,794,455	9,528,059
Other investments	—	110,022
	471,303,523	480,854,004
Investments at contract value:		
Immediate participation guarantee contracts	4,629,674	4,729,044
Receivables	602,310	18,908,723
Subscriptions in advance	17,810,607	—
Accrued income	1,313,796	—
Payables	(1,015,225)	(2,793,801)
Total Master Trust net assets	\$ 494,644,685	\$ 501,697,970

The change in the Plan's interest in net assets of the 401(h) Accounts is as follows:

	Year Ended December 31, 2024
Decrease in 401(h) Accounts attributable to:	
Net investment income of the Master Trust allocated to the 401 (h) Accounts	\$ 21,501,422
Participant claims	(17,316,388)
Transfer out as part of sale	(11,238,319)
Net decrease in 401(h) Accounts	\$ (7,053,285)

4. FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (exit price) in an orderly transaction between market participants at the measurement date. Fair values are based on assumptions that market participants would use when pricing an asset or liability, including assumptions about risk and the risks inherent in valuation techniques and the inputs to valuations. Fair value measurements assume that the transaction occurs in the principal market for the asset or liability (the market with the most

volume and activity for the asset or liability from the perspective of the reporting entity), or in the absence of a principal market, the most advantageous market for the asset or liability (the market in which the reporting entity would be able to maximize the amount received or minimize the amount paid). The Plan applies fair value measurements to the Plan's investments in accordance with the requirements described below.

Inputs and Assumptions

The Plan maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring the fair value of its investments. Fair value is based on quoted market prices, if available. In the absence of quoted market prices, the Plan seeks price information from external sources, including broker quotes. When evaluating pricing information provided by brokers, the Plan considers whether the broker is willing and able to trade at the quoted price, if the broker quotes are based on an active market or an inactive market and the extent to which brokers are utilizing a particular model if pricing is not readily available. If pricing information from external sources is not available, or if the Plan believes that observable pricing is not indicative of fair value, judgment is required to develop the estimates of fair value. In those cases, the Plan must estimate prices based on available historical and near-term future price information and certain statistical methods that reflect market assumptions.

The inputs and assumptions used in measuring fair value for investments include the following:

- Quoted securities prices and indices
- Securities trading information including volume and restrictions
- Maturity
- Interest rates
- Credit quality

The Plan regularly evaluates and validates the inputs used to estimate fair value by a number of methods, including review and verification of models, as well as various market price verification procedures such as the use of multiple broker quotes to support the market price of the various investments in which the Plan transacts.

The fair values of the Plan's investments are determined as follows:

- *Cash and Cash Equivalents*—Interest bearing cash is valued at cost plus accrued interest. Cash and cash equivalents held in a variation margin account are less liquid and therefore have been classified as Level 2. Interest bearing cash is classified as Level 1.
- *Common Stocks*—Investments in common stocks are valued at the closing price reported on the active market on which the individual securities are traded.
- *Registered Investment Companies*—Investments are valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and transact at that price. The funds held by the Plan are deemed to be actively traded.
- *Common/Collective Trust Funds*—Investments in common/collective trust funds are stated at the NAV as determined by the issuer of the common/collective trust funds and are based on the fair value of the underlying investments held by the fund less its liabilities. The NAV is used as a practical expedient to estimate fair value. The common/collective trust funds do not have any unfunded commitments, and do not have any applicable liquidation periods or defined terms/periods to be held. The majority of the

common/collective trust funds have limited withdrawal or redemption restrictions during the term of the investment.

- *Alternative Investments*—Investments in real estate funds and private equity funds are stated at fair value based on the NAV of the Plan’s proportionate share of the funds’ fair value as determined by reference to audited financial statements or NAV statements provided by the investment manager. The NAV is used as a practical expedient to estimate fair value.

In connection with alternative investments held by the Plan, the Plan (as a limited partner) makes capital commitments that are called over time as the general partner makes investments. Investment strategies of the alternative investments are real estate and private equity-based. The typical term of these investments is 10-12 years. The Plan has limited withdrawal or redemption rights during the term of the investment. As a general rule, a limited partner’s interest can be sold in secondary markets subject to the approval of the general partner. Secondary markets tend to be illiquid especially during periods of market stress. Funds returned to the Plan as income, profits and capital are distributed over the term of the investment.

Presented below are the fair values, unfunded commitments and estimated liquidation periods for alternative investments held by the Plan:

	2024			2023		
	Fair Value of Investments	Unfunded Commitments	Estimated Period of Liquidation (average years)	Fair Value of Investments	Unfunded Commitments	Estimated Period of Liquidation (average years)
Alternative investments:						
Real estate funds	\$ 6,231,393	\$ 9,448,673	4	\$ 3,219,545	\$ 5,386,186	5
Private equity funds	67,290,008	28,202,270	7	47,050,661	19,622,505	8
Total	\$ 73,521,401	\$ 37,650,943	7	\$ 50,270,206	\$ 25,008,691	7

Levels

The Plan utilizes the following fair value hierarchy, which prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- *Level 1*—Quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access at the measurement date. This primarily includes exchange-listed securities.
- *Level 2*—Inputs other than quoted prices included within Level 1 that are either directly or indirectly observable for the asset, including quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived from observable market data by correlation or other means. This primarily includes certain Treasury securities, certain common and preferred stock and corporate, state and municipal debt instruments.
- *Level 3*—Unobservable inputs for the asset, including situations where there is little, if any, market activity for the asset.

The fair value hierarchy gives the highest priority to quoted prices in active markets (Level 1) and the lowest priority to unobservable data (Level 3). In some cases, the inputs used to measure fair value might fall in different levels of the fair value hierarchy. In these cases, the lowest level input that is significant to a fair value measurement in its entirety determines the applicable level in the fair value hierarchy. Assessing the significance of a particular input to the fair value measurement in its entirety requires judgment, considering factors specific to the asset.

Recurring Fair Value Measurements

Fair value measurements are separately disclosed below by level within the fair value hierarchy.

Plan Investments

The following table presents the investments held by the Plan that are measured at fair value for each hierarchy level as of December 31, 2024 and 2023:

At December 31,	2024				2023			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 20,142,347	\$ 463,769	\$ —	\$ 20,606,116	\$ 15,430,707	\$ 333,353	\$ —	\$ 15,764,060
Common stocks	692,624,043	—	—	692,624,043	477,480,746	—	—	477,480,746
Registered investment companies	568,880,309	—	—	568,880,309	140,291,334	—	—	140,291,334
Total recorded at fair value	\$ 1,281,646,699	\$ 463,769	\$ —	\$ 1,282,110,468	\$ 633,202,787	\$ 333,353	\$ —	\$ 633,536,140
Assets recorded at NAV ⁽¹⁾ :								
Common/collective trust funds				390,526,395				459,083,559
Alternative investments:								
Real estate funds				6,231,393				3,219,545
Private equity funds				67,290,008				47,050,661
Total alternative investments				73,521,401				50,270,206
Total recorded at NAV				464,047,796				509,353,765
Total investments				\$ 1,746,158,264				\$ 1,142,889,905

- (1) These investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient which are not required to be leveled in the fair value hierarchy.

5. INFORMATION CERTIFIED BY THE TRUSTEES

The following summarizes the Plan's certified investment information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, prepared by Bank of New York Mellon, Northern Trust and KeyBank, the trustees of the Plan, and furnished to the plan administrator, included in the accompanying financial statements and supplemental schedules. The plan administrator has obtained certifications from Bank of New York Mellon, Northern Trust and KeyBank that such information is complete and accurate.

	December 31, 2024	December 31, 2023
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS:		
Investments at fair value certified ⁽¹⁾	\$ 1,290,972,683	\$ 1,077,188,992
Pending sales, interest and dividends receivables	1,946,183	547,906
Net assets in Dominion Energy Pension Plan 401(h) Accounts held within the Master Trust ⁽²⁾	274,379,668	385,575,500
Payables for securities purchased	646,786	76,422

- (1) Common/collective trust funds of \$361,521,833 are not certified by the trustee as of December 31, 2024. Alternative investments of \$73,521,401 and \$50,270,206 are not certified by the trustees as of December 31, 2024 and 2023, respectively. Additionally, the HRA cash accounts of \$20,142,347 and 15,430,707 as of December 31, 2024 and 2023, respectively, are not certified.
- (2) The Plan's interest in common/collective trust funds and an investment contract held within the Master Trust of \$93,200,848 and \$8,794,455, respectively, are not certified by the trustee as of December 31, 2024. Alternative investments held in the Master Trust of 118,269,714 and \$116,122,470 are not certified by the trustees as of December 31, 2024 and 2023, respectively.

Year Ended
December 31,
2024

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS:**

Investment income:

Interest and dividends ⁽¹⁾	\$	13,802,547
Net appreciation in fair value of investments ⁽²⁾		112,919,623
Net investment income from the Master Trust allocated to the 401(h) Accounts ⁽³⁾		16,171,246

- (1) Interest income related to the investments not certified, including HRA cash accounts, amounting to \$799,324 for the year ended December 31, 2024 is not certified.
- (2) Net appreciation in common/collective trust funds and alternative investments held by the Plan amounting to \$33,048,461 for the year ended December 31, 2024 are not certified.
- (3) Net investment income derived from uncertified common/collective trust funds, alternative investments and investment contract held within the Master Trust is not certified. As a result, the Plan's 401(h) Accounts interest in the Master Trust amounting to \$5,330,176 for the year ended December 31, 2024 is not certified.

All investment balances and investment information in Notes 3 and 4, the Supplemental Schedule of Assets (Held at End of Year) and the Supplemental Schedule of Reportable Transactions are certified by the trustees, except for:

- (1) investment balances from common/collective trust funds and alternative investments held by the Plan, their unfunded commitments and estimated period of liquidation years.
- (2) investment balances from uncertified common/collective trust funds, alternative investments and investment contract held within the Master Trust, their unfunded commitments and estimated period of liquidation years.
- (3) the HRA cash accounts of \$20,142,347 and \$15,430,707 as of December 31, 2024 and 2023, respectively, in Note 4 and in the Supplemental Schedule of Assets (Held at End of Year).
- (4) the investment balances related to investments not under the custody of the trustee in the Supplemental Schedule of Assets (Held at End of Year).
- (5) the fair value hierarchy categorization and leveling in Note 4 has been determined by the plan sponsor and is not certified by the trustees.

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

As of December 31, 2024 and 2023, the Plan invested in shares of common/collective trust funds administered by the trustees, as defined by the Plan and therefore, related transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services are included as a reduction of the return earned on each common/collective trust fund in the net appreciation in fair value of investments.

The plan sponsor pays benefit payments and administrative expenses incurred on behalf of the Plan, the Plan in turn reimburses the plan sponsor for the benefit payments and administrative expenses made for the Plan. The VEBA trusts generally reimburse the Company in the subsequent month for benefit payments and administrative expenses paid by Company on behalf of the Plan. The Statement of Changes in Net Assets Available for Benefits, includes \$25,513,875 of benefit payments and administrative expenses reimbursed by the VEBA trusts. During 2024, the Plan paid \$161,468, to DES, the plan administrator, for costs associated with administration of the Plan.

7. FEDERAL INCOME TAX STATUS

The VEBA trusts have obtained determination letters from the Internal Revenue Service (IRS) dated February 8, 2005, December 24, 2003, June 9, 1999, February 16, 1999, July 27, 1997, February 25, 1997, September 27, 1994 and June 7, 1994, in which the IRS determined that the VEBA trusts, at the time of the determination letters application, were designed in accordance with Section 501(c)(9) of the IRC and therefore are exempt from federal income taxes under IRC Section 501(a). While some of the income from the VEBA trusts and the Master Trust is considered exempt function income and therefore is exempt from income taxes, certain investments of the VEBA trusts and the Master Trust do generate income, as defined in IRC Section 512, that is subject to UBIT at a maximum rate of 37%.

The Plan has been amended since the VEBA trusts received the determination letters, however, the Company believes that the Plan and related trusts, as amended, are currently designed and operated in compliance with the applicable requirements of the IRC and continue to be tax-exempt.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	December 31, 2024	December 31, 2023
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS:		
Net assets available for benefits per the financial statements	\$ 2,251,002,788	\$ 1,645,838,331
Claims incurred but not reported	(3,362,175)	(4,678,505)
Net assets in Dominion Energy Pension Plan 401(h) Accounts held within the Master Trust	(494,644,685)	(501,697,970)
Net assets per the Form 5500	\$ 1,752,995,928	\$ 1,139,461,856

The following is a reconciliation of net subtractions per the financial statements to the Form 5500:

	Year Ended December 31, 2024
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS:	
Total additions per the financial statements	\$ 188,098,716
Net decrease in 401(h) Accounts	7,053,285
Total gain per the Form 5500	\$ 195,152,001

The following is a reconciliation of total benefit payments per the financial statements to the Form 5500:

	Year Ended December 31, 2024
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS:	
Total benefit payments per the financial statements	\$ 53,469,407
Claims incurred but not reported - December 31, 2024	3,362,175
Claims incurred but not reported - December 31, 2023	(4,678,505)
Total benefit payments per the Form 5500	\$ 52,153,077

9. PLAN TERMINATION

Although it has not expressed any intention to do so, Dominion Energy has the right under the Plan to modify, amend, or terminate, in whole or in part, the Plan subject to the provisions set forth in ERISA and any applicable collective bargaining agreement. In the event of termination of the Plan, Dominion Energy will contribute the necessary amounts to fund the Plan prior to the date of termination.

10. SUBSEQUENT EVENTS

For the year ended December 31, 2024, subsequent events were evaluated through October 15, 2025, the date the financial statements are available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

SUPPLEMENTAL SCHEDULES

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

Employer ID No: 54-1229715

Plan Number: 507

**FORM 5500, SCHEDULE H, PART IV, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents:			
	JP Morgan Chase - HRA cash accounts	Cash and cash equivalents	\$ 20,142,347	\$ 20,142,347
	Variation Margin	Cash and cash equivalents	463,769	463,769
			<u>20,606,116</u>	<u>20,606,116</u>
	Registered Investment Companies:			
	AMERICAN EUROPACIFIC GROWTH FUND	Registered Investment Company	144,357,561	159,987,128
	ABRDN INCOME CREDIT STRAT	Registered Investment Company	16,261,283	25,961,393
	ALLSPRING MULTI-SECTOR INC	Registered Investment Company	3,624,042	3,594,291
	BLACKROCK 2030 MUNI TRGT TRM	Registered Investment Company	2,324,241	2,217,542
	BLACKROCK MUNI INC TR II	Registered Investment Company	1,218,125	1,213,169
	BLACKROCK MUNIVEST FUND	Registered Investment Company	1,717,421	1,608,084
	BLACKROCK TAXABLE MUNI BND	Registered Investment Company	1,170,386	1,179,178
	BNYM HIGH YIELD STRATEGIES	Registered Investment Company	997,858	991,415
	BROOKFIELD REAL ASSETS INCOM	Registered Investment Company	3,321,516	3,270,992
*	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES	Registered Investment Company	41,463,464	41,463,464
	DTF TAX-FREE INCOME 2028 TER	Registered Investment Company	1,066,950	1,063,014
	DWS MUNICIPAL INCOME TRUST	Registered Investment Company	6,380,160	6,036,188
	EATON VANCE NATIONAL MUNICIPAL	Registered Investment Company	2,234,666	2,106,403
	FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	Registered Investment Company	1,878,680	1,878,680
	FEDERATED HERMES GOVERNMENT OBLIGATIONS FUND	Registered Investment Company	1,783	1,783
	FLAHERTY & CRUMRINE PREF	Registered Investment Company	3,643,555	3,504,873
	FRANKLIN LTD DUR INC TR	Registered Investment Company	143,516	148,306
	INSIGHT SELECT INCOME FUND	Registered Investment Company	1,514,465	1,513,897
	INVESCO SENIOR LOAN ETF	Registered Investment Company	51,711,613	51,759,509
	ISHARES BROAD USD HIGH YIELD	Registered Investment Company	55,322,623	54,502,178
	ISHARES CORE U.S. AGGREGATE	Registered Investment Company	45,758,322	44,317,700
	ISHARES IBOXX INVESTMENT GRA	Registered Investment Company	5,094,773	4,880,451
	ISHARES US TREASURY BOND ETF	Registered Investment Company	29,499,345	29,283,414
	JOHN HANCOCK INCOME SEC TR	Registered Investment Company	3,924,867	3,797,087
	JOHN HANCOCK INVESTORS TR	Registered Investment Company	2,160,538	2,091,316
	JPMORGAN US EQUITY-R6	Registered Investment Company	28,591,164	39,086,148
	MFS GOVT MARKETS INC TRUST	Registered Investment Company	249,839	249,919
	MFS INTERMEDIATE INC TRUST	Registered Investment Company	5,312,286	5,244,089
	MFS MULTIMARKET INC TRUST	Registered Investment Company	734,817	720,201
	NEUBERGER BERMAN MUNICIPAL	Registered Investment Company	2,969,957	2,836,428
	NEW AMERICA HIGH INCOME FUND	Registered Investment Company	11,035	11,038
	NUVEEN AMT-FREE MUNI VAL	Registered Investment Company	5,672,099	5,392,211
	NUVEEN CALIFORNIA MUNI VAL	Registered Investment Company	955,184	889,658
	NUVEEN MULTI-MARKET INCOME	Registered Investment Company	100,956	101,283
	NUVEEN MUNICIPAL INCOME	Registered Investment Company	651,032	631,994
	NUVEEN MUNICIPAL VALUE	Registered Investment Company	7,417,626	7,080,943
	NUVEEN NEW YORK MUNI VAL	Registered Investment Company	1,359,823	1,313,229
	NUVEEN NY SEL TAX-FR INC	Registered Investment Company	1,089,806	1,035,744
	NUVEEN SELECT MATURE MUNI	Registered Investment Company	2,084,484	1,970,437
	PGIM SHRT DURAT HI YLD	Registered Investment Company	16,907,565	16,559,657
	PUTNAM MASTER INTRM INC TR	Registered Investment Company	1,473,778	1,448,294
	PUTNAM MUNICIPAL OPPOR	Registered Investment Company	1,500,104	1,414,148
	PUTNAM PREMIER INCOME TRUST	Registered Investment Company	3,313,912	3,222,081
	RIVERNRTH/DOUBLELINE STR OPP	Registered Investment Company	505,812	499,566
	SPDR BLACKSTONE SENIOR LOAN	Registered Investment Company	5,454,191	5,464,877
	TCW STRATEGIC INCOME FUND	Registered Investment Company	1,781,741	1,714,318
	VANGUARD MORTGAGE-BACKED SEC	Registered Investment Company	3,216,268	3,128,460

VIRTUS GLOBAL MULTI-SECTOR	Registered Investment Company	1,387,128	1,304,920
WESTERN ASSET INTERMEDIATE	Registered Investment Company	1,621,105	1,536,909
WESTERN ASSET INVESTMENT GRA	Registered Investment Company	2,136,504	2,103,469
WESTERN ASSET MANAGED MUNICI	Registered Investment Company	7,313,887	6,935,949
WESTERN ASST INFL-LNK OPP	Registered Investment Company	8,850,418	8,420,274
WESTERN AST GLB CORP OPPRNTY	Registered Investment Company	188,671	192,610
		<u>539,642,945</u>	<u>568,880,309</u>
Common Stocks:			
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ALEXANDRIA REAL ESTATE EQUITIE	Common Stock	4,572,659	3,966,871
ALPHABET INC	Common Stock	9,152,836	20,540,668
AMAZON.COM INC	Common Stock	22,290,038	38,984,725
ANALOG DEVICES INC	Common Stock	5,286,224	5,316,812
AON PLC	Common Stock	6,152,640	7,589,051
APPLE INC	Common Stock	25,307,138	42,548,612
ARTHUR J GALLAGHER & CO	Common Stock	7,849,179	7,775,219
ASML HOLDING NV	Common Stock	4,680,949	4,672,052
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BAKER HUGHES CO	Common Stock	4,108,528	5,400,898
BANK OF AMERICA CORP	Common Stock	5,599,503	7,024,397
BLOCK INC	Common Stock	3,871,253	4,947,098
BOEING CO/THE	Common Stock	4,877,723	5,906,490
BOSTON SCIENTIFIC CORP	Common Stock	2,692,339	4,898,219
BRISTOL-MYERS SQUIBB CO	Common Stock	5,944,549	5,541,127
BROADCOM INC	Common Stock	7,103,608	7,166,870
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FIFTH THIRD BANCORP	Common Stock	4,273,442	4,677,606
GOLDMAN SACHS GROUP INC/THE	Common Stock	4,180,771	5,583,618
HILTON WORLDWIDE HOLDINGS INC	Common Stock	3,866,247	6,211,625
HONEYWELL INTERNATIONAL INC	Common Stock	6,334,601	7,482,380
HOWMET AEROSPACE INC	Common Stock	1,897,990	4,789,531
INGERSOLL RAND INC	Common Stock	4,213,404	6,775,092
LINDE PLC	Common Stock	4,781,152	6,759,008
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NXP SEMICONDUCTORS NV	Common Stock	5,702,525	5,440,266
ORACLE CORP	Common Stock	6,600,654	5,879,226
OTIS WORLDWIDE CORP	Common Stock	5,703,801	5,412,591
PEPSICO INC	Common Stock	8,869,225	7,818,621
PG&E CORP	Common Stock	2,254,915	3,128,526
REGENERON PHARMACEUTICALS INC	Common Stock	4,970,271	4,996,995
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WELLS FARGO & CO	Common Stock	5,802,979	9,391,720
WESTERN DIGITAL CORP	Common Stock	5,412,285	4,488,112
WEX INC	Common Stock	2,452,588	2,406,618
YUM! BRANDS INC	Common Stock	7,063,498	7,244,640
		<u>504,941,635</u>	<u>692,624,043</u>
Common/Collective Trust Funds:			
* Northern Trust Global Investments Russell 2000 Index Fund	Common/Collective Trust Fund	41,571,204	42,012,757
* Northern Trust Common Short-Term Investment Fund	Common/Collective Trust Fund	83	83
PGIM Core Plus Bond Fund	Common/Collective Trust Fund	341,290,998	330,145,033
1607 Capital Bond Fund	Common/Collective Trust Fund	14,490,069	14,359,371
DE HLRV 1607	Common/Collective Trust Fund	3,896,101	3,795,991
DE HLRV HRA 1607	Common/Collective Trust Fund	218,781	213,160
		<u>401,467,236</u>	<u>390,526,395</u>
Alternative Investments:			
A&M CAPITAL PARTNERS LP	Alternative Investment	1,327,297	2,519,931
A&M CAPITAL PARTNERS II, LP	Alternative Investment	10,068,280	16,708,218
ALPINE INVESTORS IX, LP	Alternative Investment	3,579,023	5,160,458
CERBERUS INSTITUTIONAL PARTNERS (SERIES FOUR)	Alternative Investment	—	26,044
KKR AMERICAS FUND XII LP	Alternative Investment	5,645,968	12,113,620
NB CO-INVESTMENT PARTNERS (Formerly known as LEHMAN CO-IN)	Alternative Investment	2,559,912	113,936
NB PRIVATE EQUITY CREDIT OPPORTUNITIES FUND (TE) LP	Alternative Investment	3,106,459	4,250,338
NB REAL ESTATE SECONDARY OPPORTUNITIES OFFSHORE FUND LP	Alternative Investment	3,411,003	5,993,802
PWP GROWTH EQUITY FUND I LP	Alternative Investment	2,514,451	6,750,901
PWP GROWTH EQUITY FUND II LP	Alternative Investment	4,313,856	9,121,461
SILVERPEAK LEGACY PENSION PARTNERS I	Alternative Investment	291,161	—
SILVERPEAK LEGACY PENSION PARTNERS II (FORMERLY LEHMAN BROS RE PENS PART II)	Alternative Investment	5,452	58,694

SILVERPEAK LEGACY PENSION PARTNERS III (FORMERLY LEH REAL ESTATE PENS PARTIII)	Alternative Investment	3,459,348	178,897
TRILANTIC ENERGY PARTNERS (NORTH AMERICA) L.P.	Alternative Investment	23,847	—
TRILANTIC ENERGY PARTNERS II PARALLEL (NORTH AMERICA) LP	Alternative Investment	7,913,128	10,236,116
TRILANTIC IV (Formerly known as LEHMAN BROS MERCHANT BANKING PTRS IV)	Alternative Investment	1,089,976	288,985
WCAS CAPITAL PARTNERS IV	Alternative Investment	76,336	—
WELSH, CARSON, ANDERSON & STOWE XII, LP	Alternative Investment	580,761	—
		<u>49,966,258</u>	<u>73,521,401</u>
	Total investments	<u>\$1,516,624,190</u>	<u>\$1,746,158,264</u>

* A party-in-interest as defined by ERISA.

See accompanying Independent Auditor's Report.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

Employer ID No: 54-1229715

Plan Number: 507

**FORM 5500, SCHEDULE H, PART IV, LINE 4j—
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024**

Single Transactions in Excess of 5% of Plan Assets:

Shares/Units	(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gain or (Loss)
7,212,678	Allspring Closed-End Bond Fund	Common/Collective Trust Fund	\$ —	\$ 168,179,680	\$ 118,139,586	\$ 50,040,095
173,315,782	Dreyfus Government Cash Management – Institutional Shares*	Registered Investment Company	173,315,782	—	—	—
212,000,000	Dreyfus Government Cash Management – Institutional Shares*	Registered Investment Company	212,000,000	—	—	—
212,000,000	Dreyfus Government Cash Management – Institutional Shares*	Registered Investment Company	—	212,000,000	212,000,000	—
167,293,329	Dreyfus Government Cash Management – Institutional Shares*	Registered Investment Company	—	167,293,329	167,293,329	—

* A party-in-interest as defined by ERISA.

Series of Transactions in Excess of 5% of Plan Assets:

Shares/Units	(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gain or (Loss)
7,949,014	Allspring Closed-End Bond Fund	Common/Collective Trust Fund	11	\$ —	\$ 191,922,923	\$ 135,834,461	\$ 56,088,462
775,894,387	Dreyfus Government Cash Management – Institutional Shares*	Registered Investment Company	352	775,894,387	—	—	—
745,915,668	Dreyfus Government Cash Management – Institutional Shares*	Registered Investment Company	306	—	745,915,668	745,915,668	—
7,849,872	PGIM Core Plus Bond Fund	Common/Collective Trust Fund	7	93,897,050	—	—	—

* A party-in-interest as defined by ERISA.

See accompanying Independent Auditor's Report.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

Employer ID No: 54-1229715

Plan Number: 507

**FORM 5500, SCHEDULE H, PART IV, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents:			
	JP Morgan Chase - HRA cash accounts	Cash and cash equivalents	\$ 20,142,347	\$ 20,142,347
	Variation Margin	Cash and cash equivalents	463,769	463,769
			<u>20,606,116</u>	<u>20,606,116</u>
	Registered Investment Companies:			
	AMERICAN EUROPACIFIC GROWTH FUND	Registered Investment Company	144,357,561	159,987,128
	ABRDN INCOME CREDIT STRAT	Registered Investment Company	16,261,283	25,961,393
	ALLSPRING MULTI-SECTOR INC	Registered Investment Company	3,624,042	3,594,291
	BLACKROCK 2030 MUNI TRGT TRM	Registered Investment Company	2,324,241	2,217,542
	BLACKROCK MUNI INC TR II	Registered Investment Company	1,218,125	1,213,169
	BLACKROCK MUNIVEST FUND	Registered Investment Company	1,717,421	1,608,084
	BLACKROCK TAXABLE MUNI BND	Registered Investment Company	1,170,386	1,179,178
	BNYM HIGH YIELD STRATEGIES	Registered Investment Company	997,858	991,415
	BROOKFIELD REAL ASSETS INCOM	Registered Investment Company	3,321,516	3,270,992
*	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES	Registered Investment Company	41,463,464	41,463,464
	DTF TAX-FREE INCOME 2028 TER	Registered Investment Company	1,066,950	1,063,014
	DWS MUNICIPAL INCOME TRUST	Registered Investment Company	6,380,160	6,036,188
	EATON VANCE NATIONAL MUNICIP	Registered Investment Company	2,234,666	2,106,403
	FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	Registered Investment Company	1,878,680	1,878,680
	FEDERATED HERMES GOVERNMENT OBLIGATIONS FUND	Registered Investment Company	1,783	1,783
	FLAHERTY & CRUMRINE PREF	Registered Investment Company	3,643,555	3,504,873
	FRANKLIN LTD DUR INC TR	Registered Investment Company	143,516	148,306
	INSIGHT SELECT INCOME FUND	Registered Investment Company	1,514,465	1,513,897
	INVESCO SENIOR LOAN ETF	Registered Investment Company	51,711,613	51,759,509
	ISHARES BROAD USD HIGH YIELD	Registered Investment Company	55,322,623	54,502,178
	ISHARES CORE U.S. AGGREGATE	Registered Investment Company	45,758,322	44,317,700
	ISHARES IBOXX INVESTMENT GRA	Registered Investment Company	5,094,773	4,880,451
	ISHARES US TREASURY BOND ETF	Registered Investment Company	29,499,345	29,283,414
	JOHN HANCOCK INCOME SEC TR	Registered Investment Company	3,924,867	3,797,087
	JOHN HANCOCK INVESTORS TR	Registered Investment Company	2,160,538	2,091,316
	JPMORGAN US EQUITY-R6	Registered Investment Company	28,591,164	39,086,148
	MFS GOVT MARKETS INC TRUST	Registered Investment Company	249,839	249,919
	MFS INTERMEDIATE INC TRUST	Registered Investment Company	5,312,286	5,244,089
	MFS MULTIMARKET INC TRUST	Registered Investment Company	734,817	720,201
	NEUBERGER BERMAN MUNICIPAL	Registered Investment Company	2,969,957	2,836,428
	NEW AMERICA HIGH INCOME FUND	Registered Investment Company	11,035	11,038
	NUVEEN AMT-FREE MUNI VAL	Registered Investment Company	5,672,099	5,392,211
	NUVEEN CALIFORNIA MUNI VAL	Registered Investment Company	955,184	889,658
	NUVEEN MULTI-MARKET INCOME	Registered Investment Company	100,956	101,283
	NUVEEN MUNICIPAL INCOME	Registered Investment Company	651,032	631,994
	NUVEEN MUNICIPAL VALUE	Registered Investment Company	7,417,626	7,080,943
	NUVEEN NEW YORK MUNI VAL	Registered Investment Company	1,359,823	1,313,229
	NUVEEN NY SEL TAX-FR INC	Registered Investment Company	1,089,806	1,035,744
	NUVEEN SELECT MATURIT MUNI	Registered Investment Company	2,084,484	1,970,437
	PGIM SHRT DURAT HI YLD	Registered Investment Company	16,907,565	16,559,657
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DE HLRV HRA 1607	Common/Collective Trust Fund	218,781	213,160
		<u>401,467,236</u>	<u>390,526,395</u>
Alternative Investments:			
A&M CAPITAL PARTNERS LP	Alternative Investment	1,327,297	2,519,930
A&M CAPITAL PARTNERS II, LP	Alternative Investment	10,068,280	16,708,218
ALPINE INVESTORS IX, LP	Alternative Investment	3,579,023	5,160,458
CERBERUS INSTITUTIONAL PARTNERS (SERIES FOUR)	Alternative Investment	—	26,044
KKR AMERICAS FUND XII LP	Alternative Investment	5,645,968	12,113,620
NB CO-INVESTMENT PARTNERS (Formerly known as LEHMAN CO-IN)	Alternative Investment	2,559,912	113,936
NB PRIVATE EQUITY CREDIT OPPORTUNITIES FUND (TE) LP	Alternative Investment	3,106,459	4,250,338
NB REAL ESTATE SECONDARY OPPORTUNITIES OFFSHORE FUND LP	Alternative Investment	3,411,003	5,993,802
PWP GROWTH EQUITY FUND I LP	Alternative Investment	2,514,451	6,750,901
PWP GROWTH EQUITY FUND II LP	Alternative Investment	4,313,856	9,121,461
SILVERPEAK LEGACY PENSION PARTNERS I	Alternative Investment	291,161	—
SILVERPEAK LEGACY PENSION PARTNERS II (FORMERLY LEHMAN BROS RE PENS PART II)	Alternative Investment	5,452	58,695

SILVERPEAK LEGACY PENSION PARTNERS III (FORMERLY LEH REAL ESTATE PENS PARTIII)	Alternative Investment	3,459,348	178,897
TRILANTIC ENERGY PARTNERS (NORTH AMERICA) L.P.	Alternative Investment	23,847	—
TRILANTIC ENERGY PARTNERS II PARALLEL (NORTH AMERICA) LP	Alternative Investment	7,913,128	10,236,116
TRILANTIC IV (Formerly known as LEHMAN BROS MERCHANT BANKING PTRS IV)	Alternative Investment	1,089,976	288,985
WCAS CAPITAL PARTNERS IV	Alternative Investment	76,336	—
WELSH, CARSON, ANDERSON & STOWE XII, LP	Alternative Investment	580,761	—
		<u>49,966,258</u>	<u>73,521,401</u>
	Total investments	<u>\$1,516,624,190</u>	<u>\$1,746,158,264</u>

* A party-in-interest as defined by ERISA.

See accompanying Independent Auditor's Report.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

Employer ID No: 54-1229715

Plan Number: 507

FORM 5500, SCHEDULE H, PART IV, LINE 4j— SCHEDULE OF REPORTABLE TRANSACTIONS YEAR ENDED DECEMBER 31, 2024

Single Transactions in Excess of 5% of Plan Assets:

Shares/Units	(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gain or (Loss)
7,212,678	Allspring Closed-End Bond Fund	Common/Collective Trust Fund	\$ —	\$ 168,179,680	\$ 118,139,586	\$ 50,040,095
173,315,782	Dreyfus Government Cash Management – Institutional Shares*	Registered Investment Company	173,315,782	—	—	—
212,000,000	Dreyfus Government Cash Management – Institutional Shares*	Registered Investment Company	212,000,000	—	—	—
212,000,000	Dreyfus Government Cash Management – Institutional Shares*	Registered Investment Company	—	212,000,000	212,000,000	—
167,293,329	Dreyfus Government Cash Management – Institutional Shares*	Registered Investment Company	—	167,293,329	167,293,329	—

* A party-in-interest as defined by ERISA.

Series of Transactions in Excess of 5% of Plan Assets:

Shares/Units	(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gain or (Loss)
7,949,014	Allspring Closed-End Bond Fund	Common/Collective Trust Fund	11	\$ —	\$ 191,922,923	\$ 135,834,461	\$ 56,088,462
775,894,387	Dreyfus Government Cash Management – Institutional Shares*	Registered Investment Company	352	775,894,387	—	—	—
745,915,668	Dreyfus Government Cash Management – Institutional Shares*	Registered Investment Company	306	—	745,915,668	745,915,668	—
7,849,872	PGIM Core Plus Bond Fund	Common/Collective Trust Fund	7	93,897,050	—	—	—

* A party-in-interest as defined by ERISA.

See accompanying Independent Auditor's Report.