Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

1a Name of plan
TEXAS GAS GROUP BENEFIT PROGRAM

1b Three-digit plan number (PN) ▶ 503

1c Effective date of plan 05/16/2003

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)
TEXAS GAS TRANSMISSION, LLC

610 WEST 2ND STREET
OWENSBORO, KY 42301-0739

2b Employer Identification Number (EIN)
61-0405152

2c Plan Sponsor's telephone number
270-926-8686

2d Business code (see instructions)
486000

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.	07/30/2026	SUZY LAMAR
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1229
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	**6a(1)**	521
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	533
b	Retired or separated participants receiving benefits	**6b**	691
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1224
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

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

4A 4B 4D 4E 4H 4L 4Q

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [X] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TEXAS GAS GROUP BENEFIT PROGRAM

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS GAS TRANSMISSION, LLC

D Employer Identification Number (EIN)
61-0405152

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
AMERICAN HERITAGE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-0781901	60534	97086	241	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
9024	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

RICKEY L. REDEKER
6 CORBETT AVENUE
IRWIN, PA 15642

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9002			3

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

BUCK GLOBAL, LLC
P.O. BOX 207640
DALLAS, TX 75320-7640

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22			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)	0
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)	0
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** [X] Other (specify) ▶ CANCER AND SPECIFIED DISEASE

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 [ ] paid in cash, or [ ] 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**	75917
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TEXAS GAS GROUP BENEFIT PROGRAM

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS GAS TRANSMISSION, LLC

D Employer Identification Number (EIN)
61-0405152

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
HARTFORD LIFE AND ACCIDENT

(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
06-0838648	70815	675557G	533	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4887	2096

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

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

MERCER HEALTH & BENEFITS, LLC
4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
4887			3

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

MERCER HUMAN RESOURCE CONSULTING
4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	2096	CONTINGENT 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)	0
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)	0
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** [X] 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 [ ] paid in cash, or [ ] 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	111604
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TEXAS GAS GROUP BENEFIT PROGRAM

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS GAS TRANSMISSION, LLC

D Employer Identification Number (EIN)
61-0405152

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
FIRST SYMETRA NATIONAL LIFE INS CO OF NEW YORK

(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
91-1367496	78417	16-016605-000	533	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	4692

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

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

MERCER HEALTH & BENEFITS, LLC
4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4692	GROUP VOLUME BONUS	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
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)	0
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)	0
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** [X] 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 [ ] paid in cash, or [ ] 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	439047
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TEXAS GAS GROUP BENEFIT PROGRAM

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS GAS TRANSMISSION, LLC

D Employer Identification Number (EIN)
61-0405152

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	44477-1	1600	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
29584	118

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

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

MERCER HEALTH & BENEFITS, LLC
4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
29584			3

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

IMG
2960 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46208

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	118	TPA FEES	5

(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)	0
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)	0
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** [X] 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** [X] Other (specify) ▶ BUSINESS TRAVEL AND AD & D

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 [ ] paid in cash, or [ ] 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	1129473
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TEXAS GAS GROUP BENEFIT PROGRAM

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS GAS TRANSMISSION, LLC

D Employer Identification Number (EIN)
61-0405152

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
VISION SERVICE PLAN

(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
22-2777159	47029	12243474	458	01/01/2025	12/31/2025

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

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

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)	0
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)	0
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** [X] 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 [ ] paid in cash, or [ ] 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**	98467
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 [X] 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TEXAS GAS GROUP BENEFIT PROGRAM

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS GAS TRANSMISSION, LLC

D Employer Identification Number (EIN)
61-0405152

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 INSURANCE COMPANIES, 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
35-0781558	28207	270224	533	01/01/2025	12/31/2025

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

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

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)	0
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)	0
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** [X] Other (specify) ▶ EAP

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 [ ] paid in cash, or [ ] 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	8473
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan	**B** Three-digit plan number (PN) ▶	
TEXAS GAS GROUP BENEFIT PROGRAM		503
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
TEXAS GAS TRANSMISSION, LLC	61-0405152	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 INSURANCE COMPANIES, INC.

35-0781558

(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?
12 13 15 49 62	N/A	411996	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PIMCO

840 NEWPORT CENTER DRIVE, STE 100
NEWPORT BEACH, CA 92660

(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?
49	N/A	239794	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STEGNER INVESTMENT ASSOCIATES

233 BRECKENRIDGE LANE
LOUISVILLE, KY 40207

(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	N/A	55000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

DEAN DORTON ALLEN FORD, PLLC

27-3858252

(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	N/A	40131	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST CORPORATION

50 SOUTH LA SALLE STREET
CHICAGO, IL 60603

(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?
13	N/A	29770	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CVS-CAREMARK RX, LLC

1 CVS DRIVE
WOONSOCKET, RI 02895

(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?
49	N/A	26545	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

FROST BROWN TODD

P.O. BOX 70087
LOUISVILLE, KY 40270-0087

(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	N/A	16855	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER HEALTH & BENEFITS, LLC

34-2015463

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	N/A	15000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CIGNA HEALTH & LIFE INSURANCE COMP

59-1031071

(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?
12 13 31 38 49 50 56 62	N/A	11969	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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)

KPMG

13-5565207

(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	N/A	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TEXAS GAS GROUP BENEFIT PROGRAM

B Three-digit plan number (PN) ▶ 503

C Plan sponsor's name as shown on line 2a of Form 5500
TEXAS GAS TRANSMISSION, LLC

D Employer Identification Number (EIN)
61-0405152

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	427300	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1025101	860430
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1971653	1828510
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	34745685	31936426
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	503841	0
(B) All other	1c(3)(B)	47598316	44956501
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	861704	5798862
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	87133600	85380729
Liabilities			
1g Benefit claims payable	1g	1273868	717301
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	4354910	428563
1k Total liabilities (add all amounts in lines 1g through1j)	1k	5628778	1145864
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	81504822	84234865

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)	8057341	
(B) Participants	2a(1)(B)	4011848	
(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)		12069189
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	35425	
(B) U.S. Government securities	2b(1)(B)	1040402	
(C) Corporate debt instruments	2b(1)(C)	2629031	
(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)		3704858
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	170201	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		170201
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	412857215	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	412381675	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		475540
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	732900	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		732900

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		318
c Other income	2c		148798
d Total income. Add all **income** amounts in column (b) and enter total	2d		17301804
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10513915	
(2) To insurance carriers for the provision of benefits	2e(2)	1862303	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12376218
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	456816	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	40131	
(5) Investment advisory and investment management fees	2i(5)	309635	
(6) Bank or trust company trustee/custodial fees	2i(6)	31100	
(7) Actuarial fees	2i(7)	15000	
(8) Legal fees	2i(8)	16855	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1326006	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2195543
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14571761
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2730043
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: DEAN DORTON ALLEN FORD, PLLC **(2)** EIN: 27-3858252

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

Financial Statements and Supplemental Schedules

for

TEXAS GAS GROUP BENEFIT PROGRAM

As of December 31, 2025 and 2024 and
for the Year Ended December 31, 2025
with Independent Auditor's Report



CONTENTS

Pages

Independent Auditor's Report ..... 1 - 4

Financial Statements:
- Statements of Net Assets Available for Benefits 5
- Statement of Changes in Net Assets Available for Benefits 6
- Statements of Plan Benefit Obligations 7
- Statement of Changes in Plan Benefit Obligations 8

Notes to the Financial Statements ..... 9 - 17

Supplemental Schedules:
- Schedule H, Line 4i – Schedule of Assets (Held at End of Year) ..... 18 - 23
- Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year) ..... 24 - 30

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 to this Plan for the audit years addressed in the Independent Auditor's Report.

DEANDORTON

Independent Auditor's Report

To the Participants and Plan Administrator of
Texas Gas Group Benefit Program

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

We have performed audits of the accompanying financial statements of Texas Gas Group Benefit Program (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and plan benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and in plan benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements, continued

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H Line 4j – Schedule of Reportable Transactions (During the Year) for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Dean Dorton Allen Ford, PLLC

Louisville, Kentucky
July 27, 2026

TEXAS GAS GROUP BENEFIT PROGRAM

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Cash and cash equivalents	**$ -**	$ 427,300
Investments, at fair value:		
Corporate debt instruments	**44,956,501**	48,102,158
U.S. Government securities	**31,936,426**	34,745,684
Money market funds	**5,798,862**	861,704
Total investments, at fair value	**82,691,789**	83,709,546
Receivable and other assets:		
Accrued investment income	**595,969**	675,033
Contribution receivable - Sponsor	**860,430**	1,025,101
Prepaid taxes on unrelated business income	**-**	10,275
Other assets	**1,232,541**	1,286,345
Total receivable and other assets	**2,688,940**	2,996,754
Total assets	**85,380,729**	87,133,600
Liabilities		
Payable to broker	**18,880**	4,335,348
Payable to vendor	**280,437**	324,104
Payable to Sponsor	**24,439**	22,475
Other liabilities	**409,683**	19,562
Total liabilities	**733,439**	4,701,489
Net assets available for benefits	**$ 84,647,290**	$ 82,432,111

See accompanying notes.

TEXAS GAS GROUP BENEFIT PROGRAM

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2025

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	**$ 1,584,366**
Interest and dividends	**3,648,249**
Total investment income	**5,232,615**
Contributions:	
Contributions from Sponsor	**8,057,341**
Contributions from participants	**4,011,848**
Total contributions	**12,069,189**
Total additions	**17,301,804**
Deductions from net assets attributed to:	
Claims paid	**11,028,779**
Premiums paid	**1,862,303**
Administrative expenses	**869,537**
Federal tax on unrelated business income	**1,326,006**
Total deductions	**15,086,625**
Net increase	**2,215,179**
Net assets available for benefits, beginning of year	**82,432,111**
Net assets available for benefits, end of year	**$ 84,647,290**

See accompanying notes.

TEXAS GAS GROUP BENEFIT PROGRAM

Statements of Plan Benefit Obligations

December 31, 2025 and 2024

	2025	2024
Amounts currently payable:		
Claims incurred but not reported	**$ 412,425**	$ 927,289
Post-retirement benefit obligations:		
Retired participants and surviving spouses	**20,099,365**	16,555,463
Other participants fully eligible for benefits	**8,797,228**	4,604,382
Participants not yet fully eligible for benefits	**111,187**	186,632
Total post-retirement benefit obligation	**29,007,780**	21,346,477
Total plan benefit obligation	**$ 29,420,205**	$ 22,273,766

See accompanying notes.

TEXAS GAS GROUP BENEFIT PROGRAM

Statement of Changes in Plan Benefit Obligations

For the Year Ended December 31, 2025

Amounts currently payable:	
Balance, beginning of year	**$ 927,289**
Claims incurred	**10,513,915**
Claims paid	**(11,028,779)**
Balance, end of year	**412,425**
Post-retirement benefit obligations:	
Balance, beginning of year	**21,346,477**
Increase (decrease) in post-retirement benefits during the year attributable to:	
Service cost	**7,419**
Interest cost	**1,111,156**
Changes in assumption and actuarial gain	**879,660**
Plan amendment	**8,761,815**
Benefits paid	**(3,098,747)**
Balance, end of year	**29,007,780**
Total plan benefit obligations, end of year	**29,420,205**
Total plan benefit obligations, beginning of year	**22,273,766**
Net increase	**$ 7,146,439**

See accompanying notes.

TEXAS GAS GROUP BENEFIT PROGRAM

Notes to the Financial Statements

1. Description of the Plan

The following description of the Texas Gas Group Benefit Program (the "Plan") is provided for general informational purposes only. Participants should refer to the applicable Summary Plan Description or Plan document for a complete description of the Plan's provisions.

General

The Plan is a defined benefit health and welfare benefit plan established May 16, 2003, to provide health, life, accidental death and dismemberment, long-term disability, vision, cancer, and business travel accident benefits to substantially all active and long-term disabled employees of Texas Gas Transmission, LLC (the “Sponsor” and the “Plan Administrator”) and to the dependents of such employees pursuant to the employee’s elected coverage. Health and life benefits are provided to certain retired employees of the Sponsor and to the eligible dependents of such retired employees. There is a cap on the Sponsor’s contributions toward retiree medical benefit coverage. For retirees younger than age 65, the cap limits the Sponsor’s contribution to the amount contributed for each retiree in 2006. For retirees age 65 or older, the Sponsor will cap its contribution at three times the 2006 amount. In October 2025, the Benefits Committee approved eliminating the cap on Company costs and making the Plan non-contributory for participants effective January 1, 2026. The Plan does not cover prescription drug costs for retirees age 65 and older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The Sponsor established the Texas Gas Employee Welfare Benefits Trust (the “Trust”) to pre-fund certain future benefits of retired participants. The Benefits Committee of the Sponsor controls and manages the operation and administration of the Plan. Assets of the Plan are invested in the Trust and held by Northern Trust Company, the Custodian of the Plan (the “Custodian”).

Benefits

The Plan provides basic health benefits for active employees, long-term disabled and certain retired employees, such as medical, prescription drug (excluding retirees over 65), dental (excluding retirees), and flexible spending accounts (active employees only). All claims are administered by Anthem, CVS Caremark, and CIGNA, the Plan’s claims administrators as of December 31, 2025. Allowable claims and administrative expenses are paid directly from the Trust and then the Sponsor makes contributions to cover certain payments. Retired employees, hired prior to January 1, 1996, are eligible to participate after completion of 10 years of service and upon meeting other specific criteria. Medical benefits are generally subject to individual and family deductibles as well as copayment of expenses up to a defined limit.

The Plan provides long-term disability benefits for eligible employees, providing up to 60% of the first $10,000 of pre-disability earnings upon proof of disability. Participants can supplement this noncontributory insurance through contributions to the Plan; under such supplemental coverage, benefits are provided to eligible participants up to 66.67% of the first $15,000 of pre-disability earnings.

1. Description of the Plan, continued

Benefits, continued

The Plan provides basic employee term life coverage for eligible employees, providing 150% of the employee's annual salary up to $500,000. The Plan also provides basic accidental death and dismemberment coverage for eligible employees, providing coverage equal to 200% of the employee's annual salary. Eligible active employees can supplement this noncontributory insurance through contributions to the Plan for themselves and dependents. In addition, eligible active employees are provided with business travel accident insurance coverage. Vision and supplemental cancer insurance is available for purchase by eligible active employees. Vision insurance is available for purchase by long-term disabled employees. Life insurance benefits are provided to retired employees hired prior to April 17, 2012 after completion of 3 years of service. Coverage amounts vary, based on retirement date or other specific criteria, and range from $5,000 to $177,749.

Contributions

Contributions are made by the Sponsor for benefits in amounts in excess of contributions made by the active and long-term disabled participants and, if applicable, to meet the funding requirements as described in Note 3. Contributions are made by the participants in amounts in accordance with their elected coverage and Plan option chosen. The maximum monthly amount contributed by retirees was $1,689.10 for medical coverage during the year ended December 31, 2025, based on elected coverage.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Management's Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported, claims payable, and disclosure of contingent assets and liabilities. Actual amounts could differ from those estimates.

Cash and Cash Equivalents

All highly liquid investments purchased with an original maturity of three months or less are classified as cash equivalents. The Plan maintains cash and cash equivalents in bank accounts which, at times, may exceed the coverage provided by the Federal Deposit Insurance Corporation.

2. Summary of Significant Accounting Policies, continued

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties

The Plan utilizes various investment instruments which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Contribution Receivable - Sponsor

Allowable claims and administrative expenses are paid directly from the Trust and then the Sponsor makes contributions to cover certain payments. The Plan's contribution receivable from the Sponsor as of December 31 is for payments by the Trust prior to December 31 where the Sponsor made contributions to cover certain payments in January of the following year.

Payable to Broker

The Plan's liability for amounts due to broker include pending investment transactions held with brokers from unsettled trades. These transactions are expected to settle within the 30 days subsequent to the Plan's year end.

Claims Incurred But Not Reported

The Plan's liability for claims incurred but not reported is estimated using historical information obtained by the Sponsor from the service providers. These amounts are paid by the Plan only if claims are submitted and approved for payment.

2. Summary of Significant Accounting Policies, continued

Administrative Expenses

Expenses incurred in the administration of the Plan are paid by the Plan.

Post-retirement Benefits

The post-retirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Post-retirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents, and (2) eligible, active employees and their beneficiaries and dependents after retirement from service with the Sponsor. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributable to that employee's service rendered to the valuation date. The post-retirement benefit obligation represents the amount that is to be funded by contributions from the Sponsor and from existing Plan assets.

The actuarial present value of the expected post-retirement 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 costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment, and to reflect the portion of those costs expected to be borne by Medicare, the retired participants, and other providers.

For measurement purposes, health care cost trend rates were assumed to be 7.50% for 2025 for non-Medicare eligibles and gradually decreasing to 5.00% over a period of seven years. Health care cost trend rates were assumed to be 5.50% for Medicare eligibles.

Other significant assumptions used in the valuations as of December 31, 2025 and 2024, were as follows:

- Weighted average discount rate of 5.50% and 5.60%, respectively;
- Life expectancy of participants used to measure the Benefit Obligation as of December 31, 2025 and 2024, is based on the Society of Actuaries Pri-2012 Mortality Table with improvement scales projected using Scale MP-2021.
- A percentage of employees are assumed to retire each year from 55 to 65, with all employees assumed to retire by age 65.

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 post-retirement benefit obligations.

2. Summary of Significant Accounting Policies, continued

Post-employment Benefits

The post-employment benefit obligation represents the actuarial present value of those estimated future disability payments that are attributed by the terms of the Plan to those participants totally disabled on or before December 31, 2003. The post-employment benefit obligation represents the amount that is to be funded by contributions from the Sponsor.

The actuarial present value of the post-employment benefit obligation is determined by the Plan's independent actuary and is the amount that results from applying actuarial assumptions to covered individuals to estimate future expected long-term disability claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death) between the valuation date and the expected date of payment.

Significant assumptions used in the valuation as of December 31, 2025 and 2024, are as follows:

- Weighted-average discount rate of 3.70% and 3.90%, respectively;
- Duration of disability is based on using the termination (mortality and recovery) rates from the Buck 2019 Group Long Term Disability Termination Table for the years ended December 31, 2025 and 2024; and
- Cessation of benefits at earlier of death or age 65.

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 post-employment benefit obligations.

Subsequent Events

The Plan's management has evaluated subsequent events for recognition or disclosure in the financial statements through July 27, 2026, the date that the financial statements were available to be issued.

3. Funding Policy

Based on their elected coverage, retired participants may contribute specified amounts to extend coverage to eligible dependents. See Plan document for additional information. During the year ended December 31, 2025, retired participants contributed approximately $888,000 toward post-retirement benefit costs.

The Sponsor makes contributions to the Plan in accordance with the minimum funding requirement as determined by the Plan's actuary, which is in accordance with the Sponsor's settled rate case with the Federal Energy Regulatory Commission. Based on the minimum funding requirement, as determined by the actuary, the Sponsor was not required to contribute to the Trust to satisfy this requirement during 2025.

3. Funding Policy, continued

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time subject to the provisions set forth in ERISA.

4. Information Certified or Provided by Northern Trust Company

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator has elected that information certified or provided by Northern Trust Company, the Custodian, not be subjected to any auditing procedures except for comparing such information to the related information contained in the financial statements and supplementary information.

Northern Trust Company has certified (individually and in summary) to all cash and cash equivalents, investments, and other assets as of December 31, 2025 and 2024. Northern Trust Company also certified to the completeness and accuracy of $1,584,366 of net appreciation in the fair value of investments and $3,648,249 of interest and dividends related to the investments and cash equivalents for the year ended December 31, 2025.

5. Fair Value Measurements

The Plan classifies its investments based on a hierarchy consisting of: Level 1 (valued using quoted prices from active markets for identical assets), Level 2 (not traded on an active market but for which observable market inputs are readily available), and Level 3 (valued based on significant unobservable inputs). The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis:

Corporate debt instruments: Valued using a yield curve matrix derived from quoted prices for similar assets in active markets.

U.S. Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Money market funds: Valued at cost which approximates fair value.

There have been no changes in the valuation methodologies used at December 31, 2025 and 2024.

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

5. Fair Value Measurements, continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

	Level 1	Level 2	Level 3	Total
2025				
Investments measured at fair value:				
Corporate debt instruments	**$ -**	**$ 44,956,501**	**$ -**	**$ 44,956,501**
U.S. Government securities	**-**	**31,936,426**	**-**	**31,936,426**
Money market funds	**5,798,862**	**-**	**-**	**5,798,862**
Total investments	**$ 5,798,862**	**$ 76,892,927**	**$ -**	**$ 82,691,789**
2024				
Investments measured at fair value:				
Corporate debt instruments	$ -	$ 48,102,158	$ -	$ 48,102,158
U.S. Government securities	-	34,745,684	-	34,745,684
Money market funds	861,704	-	-	861,704
Total investments	$ 861,704	$ 82,847,842	$ -	$ 83,709,546

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2025, there were no significant transfers in or out of Level 3.

6. Related Party and Party-in-Interest Transactions

Certain Plan investments are invested in funds of Northern Trust Company which is the Custodian as defined by the Plan, therefore, these transactions qualify as exempt party-in-interest transactions. There were no indirect fees related to these investments for the year ended December 31, 2025. The direct fees charged by Northern Trust Company for the year ended December 31, 2025 were $7,108. The Plan pays additional direct fees to other third parties which are also included in administrative expenses on the statement of changes in net assets available for benefits.

7. Plan Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to amend and terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the Sponsor will contribute the necessary amounts to fund all claims incurred prior to the date of termination.

8. Tax Status

The Trust received a favorable exemption letter, dated June 13, 1989, from the Internal Revenue Service in which it ruled that the Trust was designed in compliance with Sections 501(c)(9) and 505 and, as then designed, was exempt from taxation under Section 501(a) of the Internal Revenue Code ("IRC"), except for tax which is attributable to its unrelated business income in the Trust. Unrelated Business Income Tax ("UBIT") is a Federal tax imposed on an exempt organization's net income generated from a trade or business that is unrelated to the organization's tax-exempt purpose. The Plan is subject to UBIT on income generated from its investments including its taxable interest and dividend income and net capital gains on the dispositions of securities. The Sponsor is of the opinion that the Plan and Trust, as amended, meet the IRC requirements and, therefore, the Trust continues to be tax-exempt.

9. Contingency

The Plan is currently undergoing an audit by the DOL Employee Benefits Security Administration concerning its operations for the period from January 1, 2022 to May 11, 2023. The scope and focus of the audit include, but may not be limited to, insurance coverages, the denial of certain claims, coinsurance, and certain benefits.

As of the date of this report, the audit is ongoing, and no final findings or conclusions have been provided. Management believes the potential impact, if any, of the DOL audit on the Plan's financial statements will not be material and will be reflected in future financial statements or reported as deemed appropriate in accordance with GAAP and ERISA.

10. Reconciliation to Form 5500

A reconciliation of benefit claims payable and net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2025 and 2024, is as follows:

	2025	2024
Payable to Sponsor per the financial statements	**$ 24,439**	$ 22,475
Payable to vendor per the financial statements	**280,437**	324,104
Plus claims incurred but not reported	**412,425**	927,289
Benefit claims payable per Form 5500	**$ 717,301**	$ 1,273,868
Net assets available for benefits per the financial statements	**$ 84,647,290**	$ 82,432,111
Less claims incurred but not reported	**412,425**	927,289
Net assets per Form 5500	**$ 84,234,865**	$ 81,504,822

10. Reconciliation to Form 5500, continued

A reconciliation of claims paid and net increase per the financial statements to the Form 5500 for the year ended December 31, 2025 is as follows:

	2025
Claims paid per the financial statements	**$ 11,028,779**
Less claims incurred but not reported at December 31, 2024	**(927,289)**
Plus claims incurred but not reported at December 31, 2025	**412,425**
Total claims paid per Form 5500	**$ 10,513,915**
Net increase per the financial statements	**$ 2,215,179**
Change in amount for claims incurred but not reported	**514,864**
Net income per Form 5500	**$ 2,730,043**

SUPPLEMENTAL SCHEDULES

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

(a)	(b) Identity of issue, 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
	Corporate debt instruments:			
	BD6D2K7 Santos Finance LTD	4.125%, 09-14-2027, $200,000	$ 196,091	$ 198,839
	980236AR4 Woodside Fin LTD	5.100%, 09-12-2034, $200,000	199,488	198,127
	BN6S3J8 Sofina SA	3.707%, 11-13-2033, $200,000	229,840	232,461
	BTCJS70 Aspen Insurance Hldgs	5.750%, 07-01-2030, $100,000	99,870	104,341
	58733RAG7 Mercadolibre Inc	4.900%, 01-15-2033, $200,000	196,740	198,220
	015857AF21 Algonquin Power & Utilities Corp Step	5.365%, 06-15-2026, $600,000	598,918	602,840
	11259NAA2 Brookfield Cap Fin LLC SR NT	6.087%, 06-14-2033, $100,000	100,000	107,074
	13607QFE7 Canadian Imperial Bank	4.580%, 09-08-2031, $200,000	200,000	201,705
	BPCT8B6 Canadian Pac Ry Co	4.800%, 03-30-2030, $100,000	102,804	102,312
	12532HAC8 CGI Inc	1.450%, 09-14-2026, $100,000	97,709	98,249
	BN12KH2 Enbridge Inc	5.900%, 11-15-2026, $200,000	199,954	202,906
	78017DAQ1 Royal BK CDA Med Term NTS Book Entry	4.305%, 11-03-2031, $200,000	200,000	199,210
	89115A2V3 Toronto Dominion Bank	5.264%, 12-11-2026, $100,000	100,000	101,234
	BMD6WS0 Toronto Dominion BK	4.861%, 01-31-2028, $100,000	100,000	101,667
	89115A2Y7 Toronto Dominion BK	4.994%, 04-05-2029, $200,000	200,625	205,160
	BP0VPS0 Deutsche Bk Ag N Y Branch	6.819%, 11-20-2029, $100,000	100,000	106,651
	BVH71S5 Deutsche Bk Ag N Y Brh	2.552%, 01-07-2028, $200,000	192,127	196,707
	25160PAN7 Deutsche Bk Ag N Y Brh	7.146%, 07-13-2027, $563,000	572,527	571,627
	BR82H83 Aercap Ireland Cap Designated Activity	6.100%, 01-15-2027, $100,000	99,540	101,898
	881937AA4 Teva Pharmaceutical Fin Neth IV B V SR	5.750%, 12-01-2030, $200,000	198,836	207,445
	60687YCZ0 Mizuho Finl Group Inc	5.778%, 07-06-2029, $200,000	200,000	208,068
	BP95RJ8 Mizuho Finl Group	4.711%, 07-08-2031, $200,000	200,000	202,823
	86562MDY3 Sumitomo Mitsui Finl Group Inc	4.660%, 07-08-2031, $200,000	200,000	202,106
	BQKT7Y1 Toyota Motor Corp	4.450%, 06-30-2030, $200,000	200,000	202,584
	80007RAK1 Sands China LTD	4.300%, 01-08-2026, $100,000	99,961	99,918
	BYWFD56 Banco Santander Sa Formerly Banco Santa	4.379%, 04-12-2028, $200,000	200,302	200,978
	BNQNGP0 Banco Santander Sa	4.175%, 03-24-2028, $200,000	199,754	200,089
	BNG4772 Canary Wharf Gro	1.750%, 04-07-2026, $100,000	113,478	116,646
	BQYLT92 Barclays Plc Fixed	5.829%, 05-09-2027, $250,000	251,956	251,414
	BRCD8Q7 Barclays Plc Fltg	5.575%, 09-13-2027, $100,000	101,123	100,882
	25245BAC1 Diageo Invt Corp	5.125%, 08-15-2030, $200,000	199,922	207,373
	BLGYS97 Hsbc Hldgs Plc Fltg Rt	5.887%, 08-14-2027, $200,000	200,000	202,112
	BVK4MT1 Hsbc Hldgs Plc Hsbc Holdings Plc Sr	5.471%, 05-13-2031, $200,000	200,000	204,041
	BSLP742 Hsbc Hldgs Plc	4.619%, 11-06-2031, $200,000	200,000	200,792
	BQ74Q75 Hsbc Holdings Plc	4.755%, 06-09-2028, $350,000	350,051	353,109
	BRJC5L1 Lloyds Bkg Group Plc	5.462%, 01-05-2028, $200,000	200,000	202,704
	566539AA0 Marex Group Plc	6.404%, 11-04-2029, $200,000	204,224	207,552
	BQWSL11 National Grid Plc	5.602%, 06-12-2028, $300,000	301,411	309,838
	02079KAP2 Alphabet Inc	2.500%, 05-06-2029, $100,000	113,376	116,933
	00287YBX6 Abbvie Inc	3.200%, 11-21-2029, $200,000	191,106	194,089
	BRJNXM1 Aep Tex inc	5.450%, 05-15-2029, $200,000	199,942	207,213

See independent auditor's report.

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

(a)	(b) Identity of issue, 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
	BL55SH9 Aes Corp Sr Nt	1.375%, 01-15-2026, $200,000	199,711	199,769
	BNRQY76 Aes Corp	5.450%, 06-01-2028, $300,000	297,896	306,893
	02005NBZ2 Ally Financial Inc	5.737%, 05-15-2029, $200,000	200,000	205,141
	02079KAW7 Alphabet Inc	4.100%, 11-15-2030, $100,000	99,963	100,420
	BMCZSD5 American Express Co	5.085%, 01-30-2031, $100,000	100,000	103,149
	BTZQDK6 American Homes 4 Rent L P	4.950%, 06-15-2030, $100,000	99,444	102,091
	BRF1QR5 American Tower Corp New	5.800%, 11-15-2028, $200,000	206,319	208,845
	BJLV1Q7 American Tower Corp	3.650%, 03-15-2027, $100,000	98,682	99,563
	BQ5J3Y8 American Tower Corp	5.200%, 02-15-2029, $100,000	99,638	102,968
	BPBK6X8 Amern Tower Corp Fixed	1.450%, 09-15-2026, $300,000	292,476	294,540
	025816EF2 Amern Express Co Fltg Rt	5.016%, 04-25-2031, $200,000	200,000	206,279
	031162DP2 Amgen Inc Fixed	5.150%, 03-02-2028, $200,000	202,759	204,748
	031162CU2 Amgen Inc	2.450%, 02-21-2030, $100,000	93,264	93,361
	032654BE4 Analog Devices Inc	4.500%, 06-15-2030, $200,000	199,824	202,879
	BYZMJS9 Appalachian Pwr Co	3.300%, 06-01-2027, $100,000	98,063	99,064
	BTG00L7 Applovin Corp	5.125%, 12-01-2029, $100,000	99,990	102,671
	BLB3952 Ares Cap Corp	2.150%, 07-15-2026, $450,000	441,478	444,216
	BNXJH25 Ares Cap Corp	7.000%, 01-15-2027, $100,000	99,257	102,474
	BQC4SQ3 Assured Gty Us Hldgs Inc	6.125%, 09-15-2028, $300,000	305,214	315,299
	BMDFQW9 At&t Inc	1.650%, 02-01-2028, $300,000	281,470	286,031
	BSQLCD9 Atlassian Corp	5.250%, 05-15-2029, $100,000	99,571	102,855
	BQKQMW5 Autozone Inc Sr Nt	5.125%, 06-15-2030, $100,000	99,936	103,224
	BMTQVB0 Autozone Inc	6.250%, 11-01-2028, $10,000	10,393	10,570
	06051GHV4 Bank Amer Corp	3.194%,07-23-2030, $200,000	191,887	193,309
	BLPDG1 Bank Amer Corp	3.419%, 12-20-2028, $200,000	195,563	197,725
	BK1LZT5 Bank Amer Corp	3.559%, 04-23-2027. $100,000	99,086	99,820
	06051GGL7 Bank Amer Corp	3.705%, 04-24-2028, $200,000	197,944	199,113
	06051GLG2 Bank of America Corporation	5.202%, 04-25-2029, $500,000	500,000	512,570
	BQ3QP90 Bank of America Corporation	6.204%, 11-10-2028, $200,000	206,413	207,862
	BPSQS22 Becton Dickinson & Co	4.874%, 02-08-2029, $100,000	100,733	102,030
	BVMSYJ5 Black Hills Corp	4.550%, 01-31-2031, $200,000	199,870	200,242
	BPJLWM4 Black Hills Corp	5.950%, 03-15-2028, $100,000	102,123	103,718
	BKPSXR6 Boeing Co Fixed	2.196%, 02-04-2026, $700,000	697,679	698,669
	097023DP7 Boeing Co	6.259%, 05-01-2027, $100,000	101,452	102,612
	BRSF3M8 Broadcom Inc	4.641%, 02-15-2030, $100,000	98,544	100,737
	BKXB3J9 Broadcom Inc	4.750%, 04-15-2029, $200,000	198,722	203,872
	BS6VJN8 Broadcom Inc	5.050%, 07-12-2029, $200,000	202,107	206,062
	BTQGQ28 Brown & Brown Inc	4.900%, 06-23-2030, $100,000	99,829	101,503
	134462AA8 Campbells Company/The	4.550%, 03-21-2031, $100,000	99,784	99,691
	BPNZ6R5 Cap 1 Finl Corp	7.149%, 10-29-2027, $100,000	100,000	102,391
	14040HCZ6 Capital One Financial Corp	6.312%, 06-08-2029, $200,000	200,000	209,957
	BLD5MC4 Cbre Svcs Inc	5.500%, 04-01-2029, $100,000	99,837	103,687
	BJ12BT3 Cbs Corp New Fixed	3.700%, 06-01-2028, $100,000	93,287	97,716
	BPLVD30 Cdw Llc/Cdw Fin Fixed	2.670%, 12-01-2026, $200,000	195,158	197,359
	BP2Q6N5 Centene Corp Del Sr Nt	2.450%, 07-15-2028, $400,000	371,568	374,585

See independent auditor's report.

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

(a)	(b) Identity of issue, 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
	808513BQ7 Charles Schwab Corp Fltg Rt	4.399%, 05-13-2026, $149,000	148,409	149,103
	BMZ0WG8 Charter Communications Oper Llc/Cap	6.100%, 06-01-2029, $200,000	199,888	208,866
	BNMB2S3 Cheniere Energy	4.625%, 10-15-2028, $200,000	190,156	199,734
	BP0VGS7 Cigna Corp New	7.870%, 05-15-2027, $100,000	104,385	104,776
	172967PZ8 Citigroup Inc	4.643%, 05-07-2028, $200,000	200,000	201,629
	BF2SVL4 Conagra Brands Inc	4.850%, 11-01-2028, $100,000	100,531	101,212
	BSNXJ37 Conagra Brands Inc	5.000%, 08-01-2030, $100,000	99,674	101,253
	BPJKB57 Constellation Brands Inc	4.800%, 05-01-2030, $200,000	199,648	203,515
	12713UAA4 Copt Defense Properties Lp	4.500%, 10-15-2030, $200,000	198,928	199,264
	BRXNDQ1 Corebridge Finl Inc Sr Nt	3.650%, 04-05-2027, $100,000	98,413	99,389
	BVZH9L6 Crh America Finance Inc	4.400%, 02-09-2031, $100,000	99,794	100,243
	BPJK629 Crh Smw Fini Designated Activity Co	5.200%, 05-21-2029, $100,000	99,943	103,297
	BMPRDM2 Crowdstrike Hldgs	3.000%, 02-15-2029, $200,000	187,196	191,917
	BM6QS90 Crown Castle Intl Corp New	3.300%, 07-01-2030, $100,000	93,712	94,931
	BDGKYQ8 Crown Castle Intl	3.700%, 06-15-2026, $100,000	99,512	99,775
	BQ0MKX0 Cvs Health Corp	5.000%, 01-30-2029, $200,000	204,645	204,363
	BNGF9B3 Cvs Hlth Corp Cdr Fixed	5.000%, 02-20-2026, $100,000	99,987	100,038
	BYM8106 Discover Bk New	3.450%, 07-27-2026, $350,000	347,038	348,948
	BPGLSN0 Dte Energy Co	5.100%, 03-01-2029, $200,000	198,033	205,109
	BDD98H7 Eaton Vance Corp Fixed	3.500%, 04-06-2027, $100,000	97,487	99,529
	BQD3LP9 Edison Intl	5.450%, 06-15-2029, $100,000	97,339	101,813
	BKC1V30 Edison Intl	5.750%, 06-15-2027, $100,000	99,318	101,785
	BFXCN31 Enable Midstream	4.950%, 05-15-2028, $100,000	99,877	101,646
	BQXV089 Energy Transfer L P	5.200%, 04-01-2030, $100,000	99,796	103,095
	BR3TGW6 Energy Transfer L P	6.050%, 12-01-2026, $200,000	199,882	203,225
	BRVW304 Eog Res Inc	4.400%, 07-15-2028, $100,000	99,902	101,151
	BZ11Z12 Epr Pptys	4.500%, 06-01-2027, $100,000	98,949	100,160
	BFNSMR6 Epr Pptys	4.950%, 04-15-2028, $100,000	98,875	100,755
	BLFK4F4 Epr Properties	3.600%, 11-15-2031, $100,000	90,416	92,800
	BV96YD6 Epr Properities	4.750%, 11-15-2030, $100,000	98,800	99,347
	BYWG490 Eqt Corp	3.900%, 10-01-2027, $100,000	99,430	99,558
	2944UBE5 Equinix Inc Fixed	3.200%, 11-18-2029, $100,000	96,518	96,073
	BS80V93 Evergy Kans Cent Inc	4.700%, 03-13-2028, $100,000	99,887	101,557
	BRBK4H2 Eversource Energy	5.000%, 01-01-2027, $200,000	200,114	201,760
	BMDVV88 Expand Energy Corporation	5.375%, 03-15-2030, $100,000	99,838	101,398
	BT028Y8 F&G Annuities	6.500%, 06-04-2029, $500,000	498,876	521,151
	BVMVXH5 First Citizens Bancshares Inc	7.000%, 12-31-2049, $400,000	400,000	408,991
	BDC3P91 Firstenergy Corp	3.900%, 07-15-2027, $400,000	395,755	398,472
	33938XAA3 Flex Ltd	4.875%, 06-15-2029, $100,000	98,988	101,433
	BP2P6R6 Ford Motor Credit Co Llc	2.700%, 08-10-2026, $400,000	393,993	396,135
	BPCRN59 Ford Motor Credit Co Llc	5.800%, 03-05-2027, $200,000	199,756	202,513
	BQ96JW5 Ford Motor Credit Co Llc	7.350%, 11-04-2027, $200,000	203,680	208,781
	BD0SY80 Ford Mtr Cr Co Llc	4.389%, 01-08-2026, $100,000	99,985	100,006
	BMYXYY0 Ford Mtr Cr Co Llc	4.950%, 05-28-2027, $200,000	200,493	200,747
	BVBJ3T2 Fs Kkr Cap Corp	6.125%, 01-15-2031, $100,000	98,971	97,675

See independent auditor's report.

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

(a)	(b) Identity of issue, 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
	BSMN251 Fs Kkr Cap Corp	6.875%, 08-15-2029, $300,000	296,574	302,489
	36266GAB3 Ge Healthcare Technologies Inc	4.800%, 01-15-2031, $200,000	199,812	203,852
	BPRB9H0 General Electric Co	4.300%, 07-29-2030, $200,000	199,600	201,795
	BRRGMJ2 General Mtrs Finl Co Inc	5.400%, 05-08-2027, $200,000	202,675	203,297
	37940XAV4 Global Pmts Inc Sr Nt	4.500%, 11-15-2028, $100,000	99,942	100,227
	361841AL3 Gllp Cap L P / Glp Fing II Inc	5.300%, 01-15-2029, $200,000	200,973	203,673
	BMGDC88 Goldman Sachs Group Inc Nt Fxd/Fltg	3.615%, 03-15-2028, $300,000	295,621	298,370
	BMGDCB1 Goldman Sachs Group Inc	1.948%, 10-21-2027, $100,000	96,656	98,315
	BF6Q761 Goldman Sachs Group Inc	3.691%, 06-05-2028, $200,000	196,158	198,953
	BPG6ZR8 Goldman Sachs Group Inc	4.387%, 06-15-2027, $100,000	99,488	100,161
	BMY62C3 Goldman Sachs Group Inc	6.484%, 10-24-2029, $200,000	210,717	212,174
	BZ12537 Goldman Sachs	3.500%, 11-16-2026, $250,000	245,580	249,147
	BQKNM60 Gxo Logistics Inc Fixed	1.650%, 07-15-2026, $700,000	686,048	690,012
	BRBDT54 Hca inc Sr Secd Nt	3.125%, 03-15-2027, $300,000	293,562	296,917
	BQPF7Z5 Hca inc	5.200%, 06-01-2028, $100,000	101,754	102,486
	BYZLW98 Hca Inc	5.625%, 09-01-2028, $200,000	206,421	206,374
	42824CCB3 Hewlett Packard Fixed	4.050%, 09-15-2027, $200,000	199,898	200,060
	BRF2HN1 Hyatt Hotels Corp	5.750%, 01-30-2027, $300,000	299,925	304,648
	45115AAA2 Icon Invts Six Designated Activity Co	5.809%, 05-08-2027, $100,000	101,030	102,038
	BP4YG82 Illumina inc Sr Nt	4.650%, 09-09-2026, $100,000	99,930	100,324
	BPCPXK8 Illumina Inc	5.750%, 12-13-2027, $200,000	201,833	206,014
	BRF5C02 Ingersoll Rand inc	5.400%, 08-14-2028, $200,000	199,222	206,803
	BFZFB12 Interstate Pwr & Lt Co	4.100%, 09-26-2028, $100,000	98,517	99,934
	BNDSD46 Jones Lang Lasalle Inc	6.875%, 12-01-2028, $200,000	209,067	214,137
	BSWXX69 Jpmorgan Chase & Co Sr Nt Fltg Rate	4.592%, 07-22-2028, $600,000	600,000	603,829
	BSWW106 Jpmorgan Chase & Co	4.979%, 07-22-2028, $500,000	500,000	507,543
	BR1W7Z7 Jpmorgan Chase & Co	5.299%, 07-24-2029, $200,000	200,000	206,183
	46647PEE2 Jpmorgan Chase & Co	5.571%, 04-22-2028, $100,000	100,000	102,000
	46647PDW3 Jpmorgan Chase & Co	6.070%, 10-22-2027, $200,000	200,000	203,157
	BK1VSD0 Keurig Dr Pepper inc Nt	4.597%, 05-25-2028, $200,000	198,534	201,670
	BKLMSM2 Kilroy Realty Lp	3.050%, 02-15-2030, $100,000	92,597	92,997
	BRF0DT3 Kinder Morgan Inc	5.150%, 06-01-2030, $100,000	99,870	103,496
	BKSYG27 Kraft Heinz Foods	3.750%, 04-01-2030, $100,000	96,375	97,958
	2125837 Lasmo Usa Inc	7.300%, 11-15-2027, $300,000	310,883	317,092
	BRWFZ28 Lowes Cos inc	4.000%, 10-15-2028, $100,000	99,893	100,222
	BNXJH36 L3 Harris Technologies Inc	5.400%, 01-15-2027, $100,000	99,869	101,460
	BVZHWV3 Main Str Cap Corp	5.400%, 08-15-2028, $100,000	99,989	100,471
	571903BV4 Marriot Intl Inc New	4.200%, 07-15-2027, $200,000	199,866	200,745
	BMXNHJ7 Marriott Intl Inc New	4.625%, 06-15-2030, $100,000	100,035	101,594
	571903BW2 Marriott Intl Inc	4.500%, 10-15-2031, $200,000	197,822	200,640
	BLB5691 Marvell Tech Inc Fixed	2.450%, 04-15-2028, $200,000	189,036	192,682
	BN49F19 Marvell Technology Inc	1.650%, 04-15-2026, $500,000	495,745	496,620
	58933YBX2 Merck & Co Inc	4.150%, 03-15-2031, $200,000	199,814	199,632
	BF04KN9 Mercury Gen Corp	4.400%, 03-15-2027, $100,000	95,998	99,907
	BQWR3P6 Morgan Stanley Bk N A Salt Lake City	4.952%, 01-14-2028, $100,000	100,000	100,944

See independent auditor's report.

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

(a)	(b) Identity of issue, 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
	61776NVG5 Morgan Stanley Private Bank	4.734%, 07-18-2031, $250,000	250,000	253,632
	BSNYN27 Morgan Stanley Private Bank National	4.204%, 11-17-2028, $250,000	250,000	250,829
	BKP3KT2 Morgan Stanley	3.622%, 04-01-2031, $250,000	243,241	243,094
	61747YER2 Morgan Stanley	4.210%, 04-20-2028, $200,000	199,474	200,476
	BL0NSL2 Morgan Stanley	5.123%, 02-01-2029, $200,000	202,709	204,205
	BLDCFF9 Morgan Stanley	5.652%, 04-13-2028, $150,000	150,000	152,973
	BVY45N2 Mplx Lp	4.800%, 02-15-2031, $200,000	199,760	202,333
	BQ66T17 National Fuel Gas Co	5.500%, 10-01-2026, $300,000	298,453	303,001
	BM8NG62 Nisource Inc	5.250%, 03-30-2028, $100,000	101,261	102,557
	BQ5HTJ9 Occidental Pete Corp	5.000%, 08-01-2027, $100,000	99,944	101,829
	BQ5HTK0 Occidental Pete Corp	5.200%, 08-01-2029, $100,000	99,964	102,478
	BDVPZZ4 Omega Healthcare Invs Inc	4.750%, 01-15-2028, $100,000	100,782	100,807
	BVDCWD6 Oneok Inc New	5.375%, 06-01-2029, $100,000	100,385	103,133
	BQTY1W3 Oneok Inc	4.250%, 09-24-2027, $300,000	299,892	301,045
	BMZ6BH0 Oneok Inc	5.550%, 11-01-2026, $200,000	199,772	202,167
	BMZ6BK3 Oneok Inc	5.650%, 11-01-2028, $100,000	101,549	103,892
	BMYLX69 Oracle Corp Fixed	2.300%, 03-25-2028, $200,000	189,756	190,776
	BVBFJQ9 Oracle Corp	4.450%, 09-26-2030, $200,000	199,876	195,803
	BTCCJK9 Oracle Corp	4.800%, 08-03-2028, $100,000	99,930	100,537
	BG88F02 Pacific Gas & Elec Co	3.300%, 12-01-2027, $100,000	96,959	98,430
	BQC4X79 Pacific Gas & Elec Co	5.550%, 05-15-2029, $100,000	99,933	103,232
	BTVHRB2 Pfizer Inc	4.200%, 11-15-2030, $100,000	99,921	100,544
	BNKM910 Philip Morris Intl Inc	4.890%, 04-30-2030, $200,000	198,380	201,461
	BP399M3 Philip Morris Intl Inc	5.625%, 11-17-2029, $100,000	104,931	105,201
	BS4D7J8 Pinnacle W Cap Fltg Rt	4.519%, 06-10-2026, $400,000	400,000	400,701
	BS49484 Pnc Bk Na	4.543%, 05-13-2027, $250,000	250,000	250,367
	BT7HYM6 President & Fellows Harvard College	4.887%, 03-15-2030, $100,000	100,000	103,221
	BTVJK42 Public Svc Enterprise Group Inc	4.900%, 03-15-2030, $100,000	99,863	102,337
	BT299N3 Public Svc New Hamp	4.400%, 07-01-2028, $100,000	99,904	100,967
	BV6N805 Quanta Svcs Inc	4.300%, 08-09-2028, $100,000	99,963	100,568
	BMFF940 Radian Group Inc	6.200%, 05-15-2029, $100,000	102,172	104,889
	776696AK2 Roper Technologies Inc	4.250%, 09-15-2028, $100,000	100,186	100,396
	BQH60Q8 San Diego Gas & Elec Co	4.950%, 08-15-2028, $100,000	99,570	102,521
	BQT2LS3 Sherwin-Williams Co	4.500%, 08-15-2030, $200,000	199,782	202,073
	BMCF891 Skyworks Solutions Inc	1.800%, 06-01-2026, $200,000	196,738	197,798
	BMBVXD9 Southern Claif Edison Co 1st Mtg Bd Ser	4.700%, 06-01-2027, $100,000	98,842	100,787
	BDC5L55 Southn Cal Gas Co	2.600%, 06-15-2026, $100,000	99,075	99,415
	BPCVKK5 Southwest Gas Corp Sr Nt	5.800%, 12-01-2027, $100,000	99,867	103,112
	BPSQS00 Spire Inc	5.300%, 03-01-2026, $100,000	99,990	100,140
	855244BN8 Starbucks Corp	4.500%, 05-15-2028, $100,000	100,783	101,027
	863667AQ4 Stryker Corp	3.650%, 03-07-2028, $200,000	198,206	198,918
	BMF0F25 System Energy Res Inc	6.000%, 04-15-2028, $200,000	200,658	207,568
	BM8GZS6 T-Mobile Usa Inc	2.050%, 02-15-2028, $300,000	286,545	288,072
	87264ABR5 T-Mobile Usa Inc	2.250%, 02-15-2026, $100,000	99,687	99,771
	87264ADE2 T-Mobile Usa Inc	4.850%, 01-15-2029, $100,000	100,088	102,208

See independent auditor's report.

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

(a)	(b) Identity of issue, 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
	BPLH6Q2 Targa Res Fixed	5.200%, 07-01-2027, $200,000	201,049	203,266
	BMG7W13 Td Synnex Fixed	1.750%, 08-09-2026, $300,000	294,250	295,534
	BKY5HB0 Teledyne Technologies Inc Snr Nts	2.250%, 04-01-2028, $100,000	94,962	96,181
	882508CK8 Texas Instrs Inc Nt	4.500%, 05-23-2030, $100,000	99,942	101,684
	2298278 Tn Gas Pipeln Co	7.000%, 10-15-2028, $200,000	209,462	214,772
	BTZHTN4 Toyota Mtr Cr Corp	4.500%, 05-14-2027, $200,000	199,910	201,956
	BNSP1Q0 Toyota Mtr Cr Corp	5.050%, 05-16-2029, $200,000	202,763	206,422
	BQ80QB6 U S Bancorp	6.787%, 10-26-2027, $100,000	100,000	102,195
	BVDD8V9 Unitedhealth Group Inc	4.650%, 01-15-2031, $200,000	199,614	203,431
	BP5JTH6 Vici Properties Lp	4.750%, 02-15-2028, $200,000	200,837	202,012
	BDT5HN8 Vmware Inc	3.900%, 08-21-2027, $100,000	98,578	100,035
	BVN2TH9 W P Carey Inc	4.650%, 07-15-2030, $100,000	99,088	100,787
	95000U2V4 Wells Fargo & Co Medium Term Sr Nts	3.526%, 03-24-2028, $100,000	98,398	99,360
	BMGDBG9 Wells Fargo & Co	2.393%, 06-02-2028, $300,000	288,892	293,161
	BKRKN36 Wells Fargo & Co	2.879%, 10-30-2030, $100,000	93,042	95,176
	95000U2F9 Wells Fargo & Co	3.196%, 06-17-2027, $100,000	98,623	99,603
	BF3R2P1 Wells Fargo & Company	3.584%, 05-22-2028, $100,000	98,385	99,354
	BNFZXP6 Wells Fargo & Company	5.574%, 07-25-2029, $300,000	300,000	310,841
	BQKVR25 Wells Fargo & Company	5.707%, 04-22-2028, $100,000	100,000	102,086
	BK5R492 Well Tower Inc	3.100%, 01-15-2030, $100,000	93,769	96,000
	BRJN893 Western Midstream Oper Lp	6.350%, 01-15-2029, $100,000	99,786	105,304
	BGKCBF9 Westinghouse Air Brake Technologies Corp	4.700%, 09-15-2028, $100,000	101,109	101,246
	BCRN82 Williams Companies Inc	4.900%, 03-15-2029, $200,000	199,532	204,298
	976656CU0 Wisconsin Elec Pwr Co Deb	4.150%, 10-15-2030, $200,000	199,832	199,915
	BF4VKH0 First Franklin MTG LN TR 2004-FF1 MTG	4.596%, 11-25-2034, $400,328	361,029	396,416
	Total corporate debt instruments		44,294,398	44,956,501
	U.S. Government securities:			
	BS84F15 United Sts Treas Bills 0% T-Bill	0.000%, 05-21-2026, $18,900,000	18,630,783	18,644,368
	BSZ7PM8 United States of Amer Treas Notes	4.125%, 10-31-2026, $2,100,000	2,107,580	2,108,991
	BQXV186 United States of Amer Treas Notes	4.000%, 06-30-2028, $4,700,000	4,702,825	4,756,180
	BSPRXZ7 United States of Amer Treas Notes	4.125%, 01-31-2027, $2,000,000	1,996,328	2,012,500
	BSLQ8MO United States of Amer Treas Notes	4.250%, 01-15-2028, $1,400,000	1,399,563	1,420,836
	BTKW387 United States of Amer Treas Notes	4.250%, 11-15-2034, $200,000	195,456	202,508
	BSPRXW4 United States of Amer Treas Notes	4.375%, 01-31-2030, $500,000	497,754	511,465
	BS60BL7 United States of Amer Treas Notes	4.500%, 12-31-2031, $2,200,000	2,203,543	2,279,578
	Total U.S. Government securities		31,733,832	31,936,426
	Money market funds:			
*	BYZBLN5 MFB Northern INSTL FDS TREAS PT	Market price $1.00	471,980	471,980
*	665279873 MFB Northern INSTL FDS TREAS PT	Market price $1.00	2,009,121	2,009,121
	72201P613 MFO Pimco Short Term Floating NAV II	Market price $10.02	3,317,761	3,317,761
	Total money market funds		5,798,862	5,798,862
	Total		$ 81,827,092	$ 82,691,789

* Party-in-interest

See independent auditor's report.

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year)

Year ended December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

Identity of party involved	Description of assets	Number of sales / purchases	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Single transactions:							
Purchases							
United States of Amer Treas Notes	4.125% 06-15-2026	1	$ 5,892,058	$ -	$ 5,892,058	$ 5,892,058	$ -
United States of Amer Treas Notes	4.125% 06-15-2026	1	5,792,883	-	5,792,883	5,792,883	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	5,793,441	-	5,793,441	5,793,441	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	5,690,763	-	5,690,763	5,690,763	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	7,380,646	-	7,380,646	7,380,646	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	9,286,069	-	9,286,069	9,286,069	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	9,994,416	-	9,994,416	9,994,416	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	10,391,021	-	10,391,021	10,391,021	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	7,688,536	-	7,688,536	7,688,536	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	11,183,476	-	11,183,476	11,183,476	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	7,689,732	-	7,689,732	7,689,732	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	11,183,297	-	11,183,297	11,183,297	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	11,197,383	-	11,197,383	11,197,383	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	18,925,041	-	18,925,041	18,925,041	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	18,936,877	-	18,936,877	18,936,877	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	18,910,521	-	18,910,521	18,910,521	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	13,042,127	-	13,042,127	13,042,127	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	12,837,161	-	12,837,161	12,837,161	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	6,102,125	-	6,102,125	6,102,125	-
United States of Amer Treas Notes	4.125% 06-15-2026	1	5,602,733	-	5,602,733	5,602,733	-
United States of Amer Treas Notes	3.125% FIXED DUE 08-15-2025	1	4,470,608	-	4,470,608	4,470,608	-
United States of Amer Treas Bills	0.000% 05-21-2026	1	18,562,047	-	18,562,047	18,562,047	-
Sales							
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	5,891,703	5,883,224	5,891,703	8,479
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	5,792,750	5,789,109	5,792,750	3,641
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	5,690,426	5,692,859	5,690,426	(2,433)
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	5,792,750	5,791,791	5,792,750	959
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	7,379,188	7,391,304	7,379,188	(12,116)
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	9,285,469	9,282,912	9,285,469	2,557
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	9,993,750	9,973,227	9,993,750	20,523
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	10,390,250	10,385,831	10,390,250	4,419
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	7,687,969	7,695,701	7,687,969	(7,732)
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	11,182,500	11,190,574	11,182,500	(8,074)
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	7,687,969	7,688,536	7,687,969	(567)

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year)

Year ended December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

Identity of party involved	Description of assets	Number of sales / purchases	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
United States of Amer Treas Notes	4.125% 06-15-2026	1	$ -	$ 11,182,500.00	$ 11,183,476	$ 11,182,500	$ (976)
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	11,196,500	11,184,513	11,196,500	11,987
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	18,923,625	18,885,899	18,923,625	37,726
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	18,935,438	18,925,041	18,935,438	10,397
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	18,905,906	18,936,877	18,905,906	(30,971)
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	13,040,625	13,007,036	13,040,625	33,589
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	12,832,000	12,825,514	12,832,000	6,486
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	6,101,906	6,118,155	6,101,906	(16,249)
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	5,601,750	5,615,030	5,601,750	(13,280)
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	18,946,512	18,913,972	18,946,512	32,540
United States of Amer Treas Notes	3.125% FIXED DUE 08-15-2025	1	-	4,469,238	4,458,491	4,469,238	10,747
United States of Amer Treas Notes	3.125% FIXED DUE 08-15-2025	1	-	4,980,273	4,982,522	4,980,273	(2,249)
*MFO Pimco Short Term Floating Nav II		1	-	4,500,000	4,499,990	4,500,000	10
Series with same party:							
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Australian dollar		114,480	-	114,480	114,480	-
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Australian dollar		-	227,516	227,516	228,281	765
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		396,782	-	396,782	395,664	(1,118)
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		-	396,976	396,976	396,974	(2)
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Euro		519,951	-	519,951	526,268	6,317
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Euro		-	285,433	285,433	285,623	190
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Japanese yen		39,590	-	39,590	39,590	-
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Japanese yen		-	11,046	11,046	11,046	-
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Mexican peso		236,622	-	236,622	238,377	1,755

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year)

Year ended December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

Identity of party involved	Description of assets	Number of sales / purchases	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - New Zealand dollar		$ 195,833	$ -	$ 195,833	$ 196,280	$ 447
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - New Zealand dollar		-	82,790	82,790	82,790	-
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - South Korean won		25,400	-	25,400	25,043	(357)
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - South Korean won		-	25,039	25,039	25,039	-
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - United States dollar		915,771	-	915,771	915,771	-
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - United States dollar		-	1,415,630	1,415,630	1,415,630	-
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Australian dollar		116,783	-	116,783	116,783	-
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Australian dollar		-	116,798	116,798	117,374	576
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Canadian dollar		192,123	-	192,123	192,034	(89)
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Canadian dollar		-	192,123	192,123	190,026	(2,097)
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		79,102	-	79,102	78,966	(136)
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		-	79,013	79,013	79,035	22
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Euro		873,264	-	873,264	873,712	448
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Euro		-	873,855	873,855	885,300	11,445

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year)

Year ended December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

Identity of party involved	Description of assets	Number of sales / purchases	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		$ 1,586,489	$ -	$ 1,586,489	$ 1,581,518	$ (4,971)
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		-	1,082,763	1,082,763	1,084,429	1,666
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Mexican peso		237,141	-	237,141	249,267	12,126
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Mexican peso		-	237,141	237,141	238,203	1,062
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - New Zealand dollar		158,003	-	158,003	157,070	(933)
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - New Zealand dollar		-	157,770	157,770	157,770	-
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - United States dollar		2,542,125	-	2,542,125	2,542,125	-
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - United States dollar			3,242,904	3,242,904	3,242,904	-
GOLDMAN SACHS BANK USA.	Series of foreign currency exchange transactions executed during the plan year - Brazilian real		1,020,659	-	1,020,659	1,034,670	14,011
GOLDMAN SACHS BANK USA.	Series of foreign currency exchange transactions executed during the plan year - Brazilian real		-	768,755	768,755	775,461	6,706
GOLDMAN SACHS BANK USA.	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		683,409	-	683,409	677,090	(6,319)
GOLDMAN SACHS BANK USA.	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		-	674,163	674,163	673,925	(238)
GOLDMAN SACHS BANK USA.	Series of foreign currency exchange transactions executed during the plan year - United States dollar		1,442,918	-	1,442,918	1,442,918	-
GOLDMAN SACHS BANK USA.	Series of foreign currency exchange transactions executed during the plan year - United States dollar		-	1,704,067	1,704,067	1,704,067	-

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year)

Year ended December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

Identity of party involved	Description of assets	Number of sales / purchases	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - Brazilian real		$ 241,753	$ -	$ 241,753	$ 248,028	$ 6,275
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - Brazilian real		-	247,751	247,751	247,751	-
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		395,858	-	395,858	395,912	54
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		-	593,316	593,316	594,813	1,497
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		896,289	-	896,289	896,015	(274)
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		-	828,959	828,959	833,028	4,069
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - South Korean won		12,700	-	12,700	12,522	(178)
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - South Korean won		-	12,520	12,520	12,520	-
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - United States dollar		1,682,546	-	1,682,546	1,682,546	-
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - United States dollar		-	1,546,599	1,546,599	1,546,599	-
STANDARD CHARTERED BANK	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		747,926	-	747,926	746,645	(1,281)
STANDARD CHARTERED BANK	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		-	748,623	748,623	746,880	(1,743)
STANDARD CHARTERED BANK	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		797,162	-	797,162	797,375	213
STANDARD CHARTERED BANK	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		-	795,148	795,148	798,084	2,936

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year)

Year ended December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

Identity of party involved	Description of assets	Number of sales / purchases	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
STANDARD CHARTERED BANK	Series of foreign currency exchange transactions executed during the plan year - United States dollar		$ 1,543,770	$ -	$ 1,543,770	$ 1,543,770	$ -
STANDARD CHARTERED BANK	Series of foreign currency exchange transactions executed during the plan year - United States dollar		-	1,545,088	1,545,088	1,545,088	-
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - Brazilian real		521,574	-	521,574	524,825	3,251
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - Brazilian real		-	524,534	524,534	525,339	805
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - Euro		508,948	-	508,948	511,382	2,434
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - Euro		-	509,998	509,998	517,032	7,034
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - Mexican peso		1,300	-	1,300	1,344	44
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - Mexican peso		-	1,300	1,300	1,344	44
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - United States dollar		1,035,832	-	1,035,832	1,035,832	-
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - United States dollar		-	1,031,821	1,031,821	1,031,821	-

See independent auditor's report.

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year)

Year ended December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

Identity of party involved	Description of assets	Number of sales / purchases	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Series in same security:							
Purchases							
*MFB Northern Instl FDS Treasury Protfolio Premier Class		156	$ 42,941,840	$ -	$ 42,941,840	$ 42,941,840	$ -
*MFO PIMCO Short Term Floating Nav II		78	34,528,282	-	34,528,282	34,528,282	-
United States of Amer Treas Notes	4.000% 06-30-2028	6	2,676,350	-	2,676,350	2,676,350	-
United States of Amer Treas Notes	4.125% 06-15-2026	47	245,227,797	-	245,227,797	245,227,797	-
United States of Amer Treas Notes	4.125% 06-15-2026	43	58,252,319	-	58,252,319	58,252,319	-
United States of Amer Treas Notes	3.125% 08-15-2025	13	32,233,671	-	32,233,671	32,233,671	-
Sales							
*MFB Northern Instl FDS Treasury Protfolio Premier Class		238	-	41,033,175	41,033,175	41,033,175	-
*MFO PIMCO Short Term Floating Nav II		44	-	31,500,000	31,499,789	31,500,000	211
United States of Amer Treas Notes	4.000% 06-30-2028	6	-	2,675,875	2,724,888	2,675,875	(49,013)
United States of Amer Treas Notes	4.125% 06-15-2026	48	-	264,144,848	264,074,589	264,144,848	70,259
United States of Amer Treas Notes	4.125% 06-15-2026	43	-	58,246,070	58,233,737	58,246,070	12,333
United States of Amer Treas Notes	3.125% 08-15-2025	17	-	38,798,316	38,788,189	38,798,316	10,127

**Represents a party-in-interest*

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

(a)	(b) Identity of issue, 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
	Corporate debt instruments:			
	BD6D2K7 Santos Finance LTD	4.125%, 09-14-2027, $200,000	$ 196,091	$ 198,839
	980236AR4 Woodside Fin LTD	5.100%, 09-12-2034, $200,000	199,488	198,127
	BN6S3J8 Sofina SA	3.707%, 11-13-2033, $200,000	229,840	232,461
	BTCJS70 Aspen Insurance Hldgs	5.750%, 07-01-2030, $100,000	99,870	104,341
	58733RAG7 Mercadolibre Inc	4.900%, 01-15-2033, $200,000	196,740	198,220
	015857AF21 Algonquin Power & Utilities Corp Step	5.365%, 06-15-2026, $600,000	598,918	602,840
	11259NAA2 Brookfield Cap Fin LLC SR NT	6.087%, 06-14-2033, $100,000	100,000	107,074
	13607QFE7 Canadian Imperial Bank	4.580%, 09-08-2031, $200,000	200,000	201,705
	BPCT8B6 Canadian Pac Ry Co	4.800%, 03-30-2030, $100,000	102,804	102,312
	12532HAC8 CGI Inc	1.450%, 09-14-2026, $100,000	97,709	98,249
	BN12KH2 Enbridge Inc	5.900%, 11-15-2026, $200,000	199,954	202,906
	78017DAQ1 Royal BK CDA Med Term NTS Book Entry	4.305%, 11-03-2031, $200,000	200,000	199,210
	89115A2V3 Toronto Dominion Bank	5.264%, 12-11-2026, $100,000	100,000	101,234
	BMD6WS0 Toronto Dominion BK	4.861%, 01-31-2028, $100,000	100,000	101,667
	89115A2Y7 Toronto Dominion BK	4.994%, 04-05-2029, $200,000	200,625	205,160
	BP0VPS0 Deutsche Bk Ag N Y Branch	6.819%, 11-20-2029, $100,000	100,000	106,651
	BVH71S5 Deutsche Bk Ag N Y Brh	2.552%, 01-07-2028, $200,000	192,127	196,707
	25160PAN7 Deutsche Bk Ag N Y Brh	7.146%, 07-13-2027, $563,000	572,527	571,627
	BR82H83 Aercap Ireland Cap Designated Activity	6.100%, 01-15-2027, $100,000	99,540	101,898
	881937AA4 Teva Pharmaceutical Fin Neth IV B V SR	5.750%, 12-01-2030, $200,000	198,836	207,445
	60687YCZ0 Mizuho Finl Group Inc	5.778%, 07-06-2029, $200,000	200,000	208,068
	BP95RJ8 Mizuho Finl Group	4.711%, 07-08-2031, $200,000	200,000	202,823
	86562MDY3 Sumitomo Mitsui Finl Group Inc	4.660%, 07-08-2031, $200,000	200,000	202,106
	BQKT7Y1 Toyota Motor Corp	4.450%, 06-30-2030, $200,000	200,000	202,584
	80007RAK1 Sands China LTD	4.300%, 01-08-2026, $100,000	99,961	99,918
	BYWFD56 Banco Santander Sa Formerly Banco Santa	4.379%, 04-12-2028, $200,000	200,302	200,978
	BNQNGP0 Banco Santander Sa	4.175%, 03-24-2028, $200,000	199,754	200,089
	BNG4772 Canary Wharf Gro	1.750%, 04-07-2026, $100,000	113,478	116,646
	BQYLT92 Barclays Plc Fixed	5.829%, 05-09-2027, $250,000	251,956	251,414
	BRCD8Q7 Barclays Plc Fltg	5.575%, 09-13-2027, $100,000	101,123	100,882
	25245BAC1 Diageo Invt Corp	5.125%, 08-15-2030, $200,000	199,922	207,373
	BLGYS97 Hsbc Hldgs Plc Fltg Rt	5.887%, 08-14-2027, $200,000	200,000	202,112
	BVK4MT1 Hsbc Hldgs Plc Hsbc Holdings Plc Sr	5.471%, 05-13-2031, $200,000	200,000	204,041
	BSLP742 Hsbc Hldgs Plc	4.619%, 11-06-2031, $200,000	200,000	200,792
	BQ74Q75 Hsbc Holdings Plc	4.755%, 06-09-2028, $350,000	350,051	353,109
	BRJC5L1 Lloyds Bkg Group Plc	5.462%, 01-05-2028, $200,000	200,000	202,704
	566539AA0 Marex Group Plc	6.404%, 11-04-2029, $200,000	204,224	207,552
	BQWSL11 National Grid Plc	5.602%, 06-12-2028, $300,000	301,411	309,838
	02079KAP2 Alphabet Inc	2.500%, 05-06-2029, $100,000	113,376	116,933
	00287YBX6 Abbvie Inc	3.200%, 11-21-2029, $200,000	191,106	194,089
	BRJNXM1 Aep Tex inc	5.450%, 05-15-2029, $200,000	199,942	207,213

See independent auditor's report.

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

(a)	(b) Identity of issue, 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
	BL55SH9 Aes Corp Sr Nt	1.375%, 01-15-2026, $200,000	199,711	199,769
	BNRQY76 Aes Corp	5.450%, 06-01-2028, $300,000	297,896	306,893
	02005NBZ2 Ally Financial Inc	5.737%, 05-15-2029, $200,000	200,000	205,141
	02079KAW7 Alphabet Inc	4.100%, 11-15-2030, $100,000	99,963	100,420
	BMCZSD5 American Express Co	5.085%, 01-30-2031, $100,000	100,000	103,149
	BTZQDK6 American Homes 4 Rent L P	4.950%, 06-15-2030, $100,000	99,444	102,091
	BRF1QR5 American Tower Corp New	5.800%, 11-15-2028, $200,000	206,319	208,845
	BJLV1Q7 American Tower Corp	3.650%, 03-15-2027, $100,000	98,682	99,563
	BQ5J3Y8 American Tower Corp	5.200%, 02-15-2029, $100,000	99,638	102,968
	BPBK6X8 Amern Tower Corp Fixed	1.450%, 09-15-2026, $300,000	292,476	294,540
	025816EF2 Amern Express Co Fltg Rt	5.016%, 04-25-2031, $200,000	200,000	206,279
	031162DP2 Amgen Inc Fixed	5.150%, 03-02-2028, $200,000	202,759	204,748
	031162CU2 Amgen Inc	2.450%, 02-21-2030, $100,000	93,264	93,361
	032654BE4 Analog Devices Inc	4.500%, 06-15-2030, $200,000	199,824	202,879
	BYZMJS9 Appalachian Pwr Co	3.300%, 06-01-2027, $100,000	98,063	99,064
	BTG00L7 Applovin Corp	5.125%, 12-01-2029, $100,000	99,990	102,671
	BLB3952 Ares Cap Corp	2.150%, 07-15-2026, $450,000	441,478	444,216
	BNXJH25 Ares Cap Corp	7.000%, 01-15-2027, $100,000	99,257	102,474
	BQC4SQ3 Assured Gty Us Hldgs Inc	6.125%, 09-15-2028, $300,000	305,214	315,299
	BMDFQW9 At&t Inc	1.650%, 02-01-2028, $300,000	281,470	286,031
	BSQLCD9 Atlassian Corp	5.250%, 05-15-2029, $100,000	99,571	102,855
	BQKQMW5 Autozone Inc Sr Nt	5.125%, 06-15-2030, $100,000	99,936	103,224
	BMTQVB0 Autozone Inc	6.250%, 11-01-2028, $10,000	10,393	10,570
	06051GHV4 Bank Amer Corp	3.194%,07-23-2030, $200,000	191,887	193,309
	BLPDG1 Bank Amer Corp	3.419%, 12-20-2028, $200,000	195,563	197,725
	BK1LZT5 Bank Amer Corp	3.559%, 04-23-2027. $100,000	99,086	99,820
	06051GGL7 Bank Amer Corp	3.705%, 04-24-2028, $200,000	197,944	199,113
	06051GLG2 Bank of America Corporation	5.202%, 04-25-2029, $500,000	500,000	512,570
	BQ3QP90 Bank of America Corporation	6.204%, 11-10-2028, $200,000	206,413	207,862
	BPSQS22 Becton Dickinson & Co	4.874%, 02-08-2029, $100,000	100,733	102,030
	BVMSYJ5 Black Hills Corp	4.550%, 01-31-2031, $200,000	199,870	200,242
	BPJLWM4 Black Hills Corp	5.950%, 03-15-2028, $100,000	102,123	103,718
	BKPSXR6 Boeing Co Fixed	2.196%, 02-04-2026, $700,000	697,679	698,669
	097023DP7 Boeing Co	6.259%, 05-01-2027, $100,000	101,452	102,612
	BRSF3M8 Broadcom Inc	4.641%, 02-15-2030, $100,000	98,544	100,737
	BKXB3J9 Broadcom Inc	4.750%, 04-15-2029, $200,000	198,722	203,872
	BS6VJN8 Broadcom Inc	5.050%, 07-12-2029, $200,000	202,107	206,062
	BTQGQ28 Brown & Brown Inc	4.900%, 06-23-2030, $100,000	99,829	101,503
	134462AA8 Campbells Company/The	4.550%, 03-21-2031, $100,000	99,784	99,691
	BPNZ6R5 Cap 1 Finl Corp	7.149%, 10-29-2027, $100,000	100,000	102,391
	14040HCZ6 Capital One Financial Corp	6.312%, 06-08-2029, $200,000	200,000	209,957
	BLD5MC4 Cbre Svcs Inc	5.500%, 04-01-2029, $100,000	99,837	103,687
	BJ12BT3 Cbs Corp New Fixed	3.700%, 06-01-2028, $100,000	93,287	97,716
	BPLVD30 Cdw Llc/Cdw Fin Fixed	2.670%, 12-01-2026, $200,000	195,158	197,359
	BP2Q6N5 Centene Corp Del Sr Nt	2.450%, 07-15-2028, $400,000	371,568	374,585

See independent auditor's report.

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

(a)	(b) Identity of issue, 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
	808513BQ7 Charles Schwab Corp Fltg Rt	4.399%, 05-13-2026, $149,000	148,409	149,103
	BMZ0WG8 Charter Communications Oper Llc/Cap	6.100%, 06-01-2029, $200,000	199,888	208,866
	BNMB2S3 Cheniere Energy	4.625%, 10-15-2028, $200,000	190,156	199,734
	BP0VGS7 Cigna Corp New	7.870%, 05-15-2027, $100,000	104,385	104,776
	172967PZ8 Citigroup Inc	4.643%, 05-07-2028, $200,000	200,000	201,629
	BF2SVL4 Conagra Brands Inc	4.850%, 11-01-2028, $100,000	100,531	101,212
	BSNXJ37 Conagra Brands Inc	5.000%, 08-01-2030, $100,000	99,674	101,253
	BPJKB57 Constellation Brands Inc	4.800%, 05-01-2030, $200,000	199,648	203,515
	12713UAA4 Copt Defense Properties Lp	4.500%, 10-15-2030, $200,000	198,928	199,264
	BRXNDQ1 Corebridge Finl Inc Sr Nt	3.650%, 04-05-2027, $100,000	98,413	99,389
	BVZH9L6 Crh America Finance Inc	4.400%, 02-09-2031, $100,000	99,794	100,243
	BPJK629 Crh Smw Fini Designated Activity Co	5.200%, 05-21-2029, $100,000	99,943	103,297
	BMPRDM2 Crowdstrike Hldgs	3.000%, 02-15-2029, $200,000	187,196	191,917
	BM6QS90 Crown Castle Intl Corp New	3.300%, 07-01-2030, $100,000	93,712	94,931
	BDGKYQ8 Crown Castle Intl	3.700%, 06-15-2026, $100,000	99,512	99,775
	BQ0MKX0 Cvs Health Corp	5.000%, 01-30-2029, $200,000	204,645	204,363
	BNGF9B3 Cvs Hlth Corp Cdr Fixed	5.000%, 02-20-2026, $100,000	99,987	100,038
	BYM8106 Discover Bk New	3.450%, 07-27-2026, $350,000	347,038	348,948
	BPGLSN0 Dte Energy Co	5.100%, 03-01-2029, $200,000	198,033	205,109
	BDD98H7 Eaton Vance Corp Fixed	3.500%, 04-06-2027, $100,000	97,487	99,529
	BQD3LP9 Edison Intl	5.450%, 06-15-2029, $100,000	97,339	101,813
	BKC1V30 Edison Intl	5.750%, 06-15-2027, $100,000	99,318	101,785
	BFXCN31 Enable Midstream	4.950%, 05-15-2028, $100,000	99,877	101,646
	BQXV089 Energy Transfer L P	5.200%, 04-01-2030, $100,000	99,796	103,095
	BR3TGW6 Energy Transfer L P	6.050%, 12-01-2026, $200,000	199,882	203,225
	BRVW304 Eog Res Inc	4.400%, 07-15-2028, $100,000	99,902	101,151
	BZ11Z12 Epr Pptys	4.500%, 06-01-2027, $100,000	98,949	100,160
	BFNSMR6 Epr Pptys	4.950%, 04-15-2028, $100,000	98,875	100,755
	BLFK4F4 Epr Properties	3.600%, 11-15-2031, $100,000	90,416	92,800
	BV96YD6 Epr Properities	4.750%, 11-15-2030, $100,000	98,800	99,347
	BYWG490 Eqt Corp	3.900%, 10-01-2027, $100,000	99,430	99,558
	2944UBE5 Equinix Inc Fixed	3.200%, 11-18-2029, $100,000	96,518	96,073
	BS80V93 Evergy Kans Cent Inc	4.700%, 03-13-2028, $100,000	99,887	101,557
	BRBK4H2 Eversource Energy	5.000%, 01-01-2027, $200,000	200,114	201,760
	BMDVV88 Expand Energy Corporation	5.375%, 03-15-2030, $100,000	99,838	101,398
	BT028Y8 F&G Annuities	6.500%, 06-04-2029, $500,000	498,876	521,151
	BVMVXH5 First Citizens Bancshares Inc	7.000%, 12-31-2049, $400,000	400,000	408,991
	BDC3P91 Firstenergy Corp	3.900%, 07-15-2027, $400,000	395,755	398,472
	33938XAA3 Flex Ltd	4.875%, 06-15-2029, $100,000	98,988	101,433
	BP2P6R6 Ford Motor Credit Co Llc	2.700%, 08-10-2026, $400,000	393,993	396,135
	BPCRN59 Ford Motor Credit Co Llc	5.800%, 03-05-2027, $200,000	199,756	202,513
	BQ96JW5 Ford Motor Credit Co Llc	7.350%, 11-04-2027, $200,000	203,680	208,781
	BD0SY80 Ford Mtr Cr Co Llc	4.389%, 01-08-2026, $100,000	99,985	100,006
	BMYXYY0 Ford Mtr Cr Co Llc	4.950%, 05-28-2027, $200,000	200,493	200,747
	BVBJ3T2 Fs Kkr Cap Corp	6.125%, 01-15-2031, $100,000	98,971	97,675

See independent auditor's report.

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

(a)	(b) Identity of issue, 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
	BSMN251 Fs Kkr Cap Corp	6.875%, 08-15-2029, $300,000	296,574	302,489
	36266GAB3 Ge Healthcare Technologies Inc	4.800%, 01-15-2031, $200,000	199,812	203,852
	BPRB9H0 General Electric Co	4.300%, 07-29-2030, $200,000	199,600	201,795
	BRRGMJ2 General Mtrs Finl Co Inc	5.400%, 05-08-2027, $200,000	202,675	203,297
	37940XAV4 Global Pmts Inc Sr Nt	4.500%, 11-15-2028, $100,000	99,942	100,227
	361841AL3 Gllp Cap L P / Glp Fing II Inc	5.300%, 01-15-2029, $200,000	200,973	203,673
	BMGDC88 Goldman Sachs Group Inc Nt Fxd/Fltg	3.615%, 03-15-2028, $300,000	295,621	298,370
	BMGDCB1 Goldman Sachs Group Inc	1.948%, 10-21-2027, $100,000	96,656	98,315
	BF6Q761 Goldman Sachs Group Inc	3.691%, 06-05-2028, $200,000	196,158	198,953
	BPG6ZR8 Goldman Sachs Group Inc	4.387%, 06-15-2027, $100,000	99,488	100,161
	BMY62C3 Goldman Sachs Group Inc	6.484%, 10-24-2029, $200,000	210,717	212,174
	BZ12537 Goldman Sachs	3.500%, 11-16-2026, $250,000	245,580	249,147
	BQKNM60 Gxo Logistics Inc Fixed	1.650%, 07-15-2026, $700,000	686,048	690,012
	BRBDT54 Hca inc Sr Secd Nt	3.125%, 03-15-2027, $300,000	293,562	296,917
	BQPF7Z5 Hca inc	5.200%, 06-01-2028, $100,000	101,754	102,486
	BYZLW98 Hca Inc	5.625%, 09-01-2028, $200,000	206,421	206,374
	42824CCB3 Hewlett Packard Fixed	4.050%, 09-15-2027, $200,000	199,898	200,060
	BRF2HN1 Hyatt Hotels Corp	5.750%, 01-30-2027, $300,000	299,925	304,648
	45115AAA2 Icon Invts Six Designated Activity Co	5.809%, 05-08-2027, $100,000	101,030	102,038
	BP4YG82 Illumina inc Sr Nt	4.650%, 09-09-2026, $100,000	99,930	100,324
	BPCPXK8 Illumina Inc	5.750%, 12-13-2027, $200,000	201,833	206,014
	BRF5C02 Ingersoll Rand inc	5.400%, 08-14-2028, $200,000	199,222	206,803
	BFZFB12 Interstate Pwr & Lt Co	4.100%, 09-26-2028, $100,000	98,517	99,934
	BNDSD46 Jones Lang Lasalle Inc	6.875%, 12-01-2028, $200,000	209,067	214,137
	BSWXX69 Jpmorgan Chase & Co Sr Nt Fltg Rate	4.592%, 07-22-2028, $600,000	600,000	603,829
	BSWW106 Jpmorgan Chase & Co	4.979%, 07-22-2028, $500,000	500,000	507,543
	BR1W7Z7 Jpmorgan Chase & Co	5.299%, 07-24-2029, $200,000	200,000	206,183
	46647PEE2 Jpmorgan Chase & Co	5.571%, 04-22-2028, $100,000	100,000	102,000
	46647PDW3 Jpmorgan Chase & Co	6.070%, 10-22-2027, $200,000	200,000	203,157
	BK1VSD0 Keurig Dr Pepper inc Nt	4.597%, 05-25-2028, $200,000	198,534	201,670
	BKLMSM2 Kilroy Realty Lp	3.050%, 02-15-2030, $100,000	92,597	92,997
	BRF0DT3 Kinder Morgan Inc	5.150%, 06-01-2030, $100,000	99,870	103,496
	BKSYG27 Kraft Heinz Foods	3.750%, 04-01-2030, $100,000	96,375	97,958
	2125837 Lasmo Usa Inc	7.300%, 11-15-2027, $300,000	310,883	317,092
	BRWFZ28 Lowes Cos inc	4.000%, 10-15-2028, $100,000	99,893	100,222
	BNXJH36 L3 Harris Technologies Inc	5.400%, 01-15-2027, $100,000	99,869	101,460
	BVZHWV3 Main Str Cap Corp	5.400%, 08-15-2028, $100,000	99,989	100,471
	571903BV4 Marriot Intl Inc New	4.200%, 07-15-2027, $200,000	199,866	200,745
	BMXNHJ7 Marriott Intl Inc New	4.625%, 06-15-2030, $100,000	100,035	101,594
	571903BW2 Marriott Intl Inc	4.500%, 10-15-2031, $200,000	197,822	200,640
	BLB5691 Marvell Tech Inc Fixed	2.450%, 04-15-2028, $200,000	189,036	192,682
	BN49F19 Marvell Technology Inc	1.650%, 04-15-2026, $500,000	495,745	496,620
	58933YBX2 Merck & Co Inc	4.150%, 03-15-2031, $200,000	199,814	199,632
	BF04KN9 Mercury Gen Corp	4.400%, 03-15-2027, $100,000	95,998	99,907
	BQWR3P6 Morgan Stanley Bk N A Salt Lake City	4.952%, 01-14-2028, $100,000	100,000	100,944

See independent auditor's report.

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

(a)	(b) Identity of issue, 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
	61776NVG5 Morgan Stanley Private Bank	4.734%, 07-18-2031, $250,000	250,000	253,632
	BSNYN27 Morgan Stanley Private Bank National	4.204%, 11-17-2028, $250,000	250,000	250,829
	BKP3KT2 Morgan Stanley	3.622%, 04-01-2031, $250,000	243,241	243,094
	61747YER2 Morgan Stanley	4.210%, 04-20-2028, $200,000	199,474	200,476
	BL0NSL2 Morgan Stanley	5.123%, 02-01-2029, $200,000	202,709	204,205
	BLDCFF9 Morgan Stanley	5.652%, 04-13-2028, $150,000	150,000	152,973
	BVY45N2 Mplx Lp	4.800%, 02-15-2031, $200,000	199,760	202,333
	BQ66T17 National Fuel Gas Co	5.500%, 10-01-2026, $300,000	298,453	303,001
	BM8NG62 Nisource Inc	5.250%, 03-30-2028, $100,000	101,261	102,557
	BQ5HTJ9 Occidental Pete Corp	5.000%, 08-01-2027, $100,000	99,944	101,829
	BQ5HTK0 Occidental Pete Corp	5.200%, 08-01-2029, $100,000	99,964	102,478
	BDVPZZ4 Omega Healthcare Invs Inc	4.750%, 01-15-2028, $100,000	100,782	100,807
	BVDCWD6 Oneok Inc New	5.375%, 06-01-2029, $100,000	100,385	103,133
	BQTY1W3 Oneok Inc	4.250%, 09-24-2027, $300,000	299,892	301,045
	BMZ6BH0 Oneok Inc	5.550%, 11-01-2026, $200,000	199,772	202,167
	BMZ6BK3 Oneok Inc	5.650%, 11-01-2028, $100,000	101,549	103,892
	BMYLX69 Oracle Corp Fixed	2.300%, 03-25-2028, $200,000	189,756	190,776
	BVBFJQ9 Oracle Corp	4.450%, 09-26-2030, $200,000	199,876	195,803
	BTCCJK9 Oracle Corp	4.800%, 08-03-2028, $100,000	99,930	100,537
	BG88F02 Pacific Gas & Elec Co	3.300%, 12-01-2027, $100,000	96,959	98,430
	BQC4X79 Pacific Gas & Elec Co	5.550%, 05-15-2029, $100,000	99,933	103,232
	BTVHRB2 Pfizer Inc	4.200%, 11-15-2030, $100,000	99,921	100,544
	BNKM910 Philip Morris Intl Inc	4.890%, 04-30-2030, $200,000	198,380	201,461
	BP399M3 Philip Morris Intl Inc	5.625%, 11-17-2029, $100,000	104,931	105,201
	BS4D7J8 Pinnacle W Cap Fltg Rt	4.519%, 06-10-2026, $400,000	400,000	400,701
	BS49484 Pnc Bk Na	4.543%, 05-13-2027, $250,000	250,000	250,367
	BT7HYM6 President & Fellows Harvard College	4.887%, 03-15-2030, $100,000	100,000	103,221
	BTVJK42 Public Svc Enterprise Group Inc	4.900%, 03-15-2030, $100,000	99,863	102,337
	BT299N3 Public Svc New Hamp	4.400%, 07-01-2028, $100,000	99,904	100,967
	BV6N805 Quanta Svcs Inc	4.300%, 08-09-2028, $100,000	99,963	100,568
	BMFF940 Radian Group Inc	6.200%, 05-15-2029, $100,000	102,172	104,889
	776696AK2 Roper Technologies Inc	4.250%, 09-15-2028, $100,000	100,186	100,396
	BQH60Q8 San Diego Gas & Elec Co	4.950%, 08-15-2028, $100,000	99,570	102,521
	BQT2LS3 Sherwin-Williams Co	4.500%, 08-15-2030, $200,000	199,782	202,073
	BMCF891 Skyworks Solutions Inc	1.800%, 06-01-2026, $200,000	196,738	197,798
	BMBVXD9 Southern Claif Edison Co 1st Mtg Bd Ser	4.700%, 06-01-2027, $100,000	98,842	100,787
	BDC5L55 Southn Cal Gas Co	2.600%, 06-15-2026, $100,000	99,075	99,415
	BPCVKK5 Southwest Gas Corp Sr Nt	5.800%, 12-01-2027, $100,000	99,867	103,112
	BPSQS00 Spire Inc	5.300%, 03-01-2026, $100,000	99,990	100,140
	855244BN8 Starbucks Corp	4.500%, 05-15-2028, $100,000	100,783	101,027
	863667AQ4 Stryker Corp	3.650%, 03-07-2028, $200,000	198,206	198,918
	BMF0F25 System Energy Res Inc	6.000%, 04-15-2028, $200,000	200,658	207,568
	BM8GZS6 T-Mobile Usa Inc	2.050%, 02-15-2028, $300,000	286,545	288,072
	87264ABR5 T-Mobile Usa Inc	2.250%, 02-15-2026, $100,000	99,687	99,771
	87264ADE2 T-Mobile Usa Inc	4.850%, 01-15-2029, $100,000	100,088	102,208

See independent auditor's report.

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

(a)	(b) Identity of issue, 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
	BPLH6Q2 Targa Res Fixed	5.200%, 07-01-2027, $200,000	201,049	203,266
	BMG7W13 Td Synnex Fixed	1.750%, 08-09-2026, $300,000	294,250	295,534
	BKY5HB0 Teledyne Technologies Inc Snr Nts	2.250%, 04-01-2028, $100,000	94,962	96,181
	882508CK8 Texas Instrs Inc Nt	4.500%, 05-23-2030, $100,000	99,942	101,684
	2298278 Tn Gas Pipeln Co	7.000%, 10-15-2028, $200,000	209,462	214,772
	BTZHTN4 Toyota Mtr Cr Corp	4.500%, 05-14-2027, $200,000	199,910	201,956
	BNSP1Q0 Toyota Mtr Cr Corp	5.050%, 05-16-2029, $200,000	202,763	206,422
	BQ80QB6 U S Bancorp	6.787%, 10-26-2027, $100,000	100,000	102,195
	BVDD8V9 Unitedhealth Group Inc	4.650%, 01-15-2031, $200,000	199,614	203,431
	BP5JTH6 Vici Properties Lp	4.750%, 02-15-2028, $200,000	200,837	202,012
	BDT5HN8 Vmware Inc	3.900%, 08-21-2027, $100,000	98,578	100,035
	BVN2TH9 W P Carey Inc	4.650%, 07-15-2030, $100,000	99,088	100,787
	95000U2V4 Wells Fargo & Co Medium Term Sr Nts	3.526%, 03-24-2028, $100,000	98,398	99,360
	BMGDBG9 Wells Fargo & Co	2.393%, 06-02-2028, $300,000	288,892	293,161
	BKRKN36 Wells Fargo & Co	2.879%, 10-30-2030, $100,000	93,042	95,176
	95000U2F9 Wells Fargo & Co	3.196%, 06-17-2027, $100,000	98,623	99,603
	BF3R2P1 Wells Fargo & Company	3.584%, 05-22-2028, $100,000	98,385	99,354
	BNFZXP6 Wells Fargo & Company	5.574%, 07-25-2029, $300,000	300,000	310,841
	BQKVR25 Wells Fargo & Company	5.707%, 04-22-2028, $100,000	100,000	102,086
	BK5R492 Well Tower Inc	3.100%, 01-15-2030, $100,000	93,769	96,000
	BRJN893 Western Midstream Oper Lp	6.350%, 01-15-2029, $100,000	99,786	105,304
	BGKCBF9 Westinghouse Air Brake Technologies Corp	4.700%, 09-15-2028, $100,000	101,109	101,246
	BCRN82 Williams Companies Inc	4.900%, 03-15-2029, $200,000	199,532	204,298
	976656CU0 Wisconsin Elec Pwr Co Deb	4.150%, 10-15-2030, $200,000	199,832	199,915
	BF4VKH0 First Franklin MTG LN TR 2004-FF1 MTG	4.596%, 11-25-2034, $400,328	361,029	396,416
	Total corporate debt instruments		44,294,398	44,956,501
	U.S. Government securities:			
	BS84F15 United Sts Treas Bills 0% T-Bill	0.000%, 05-21-2026, $18,900,000	18,630,783	18,644,368
	BSZ7PM8 United States of Amer Treas Notes	4.125%, 10-31-2026, $2,100,000	2,107,580	2,108,991
	BQXV186 United States of Amer Treas Notes	4.000%, 06-30-2028, $4,700,000	4,702,825	4,756,180
	BSPRXZ7 United States of Amer Treas Notes	4.125%, 01-31-2027, $2,000,000	1,996,328	2,012,500
	BSLQ8MO United States of Amer Treas Notes	4.250%, 01-15-2028, $1,400,000	1,399,563	1,420,836
	BTKW387 United States of Amer Treas Notes	4.250%, 11-15-2034, $200,000	195,456	202,508
	BSPRXW4 United States of Amer Treas Notes	4.375%, 01-31-2030, $500,000	497,754	511,465
	BS60BL7 United States of Amer Treas Notes	4.500%, 12-31-2031, $2,200,000	2,203,543	2,279,578
	Total U.S. Government securities		31,733,832	31,936,426
	Money market funds:			
*	BYZBLN5 MFB Northern INSTL FDS TREAS PT	Market price $1.00	471,980	471,980
*	665279873 MFB Northern INSTL FDS TREAS PT	Market price $1.00	2,009,121	2,009,121
	72201P613 MFO Pimco Short Term Floating NAV II	Market price $10.02	3,317,761	3,317,761
	Total money market funds		5,798,862	5,798,862
	Total		$ 81,827,092	$ 82,691,789

* Party-in-interest

See independent auditor's report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

1a Name of plan
TEXAS GAS GROUP BENEFIT PROGRAM

1b Three-digit plan number (PN) ▶ 503

1c Effective date of plan 05/16/2003

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)
TEXAS GAS TRANSMISSION, LLC

610 WEST 2ND STREET

OWENSBORO KY 42301-0739

2b Employer Identification Number (EIN) 61-0405152

2c Plan Sponsor's telephone number 270-926-8686

2d Business code (see instructions) 486000

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	Suzy LaMar	7/29/2026	SUZY LAMAR
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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**	1,229
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	**6a(1)**	521
a (2) Total number of active participants at the end of the plan year	**6a(2)**	533
b Retired or separated participants receiving benefits	**6b**	691
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	1,224
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4A 4B 4D 4E 4H 4L 4Q

9a Plan funding arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] General assets of the sponsor

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

a Pension Schedules
- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) - Number Attached ____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [X] **A** (Insurance Information) - Number Attached 6
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year)

Year ended December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

Identity of party involved	Description of assets	Number of sales / purchases	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
United States of Amer Treas Notes	4.125% 06-15-2026	1	$ -	$ 11,182,500.00	$ 11,183,476	$ 11,182,500	$ (976)
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	11,196,500	11,184,513	11,196,500	11,987
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	18,923,625	18,885,899	18,923,625	37,726
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	18,935,438	18,925,041	18,935,438	10,397
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	18,905,906	18,936,877	18,905,906	(30,971)
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	13,040,625	13,007,036	13,040,625	33,589
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	12,832,000	12,825,514	12,832,000	6,486
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	6,101,906	6,118,155	6,101,906	(16,249)
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	5,601,750	5,615,030	5,601,750	(13,280)
United States of Amer Treas Notes	4.125% 06-15-2026	1	-	18,946,512	18,913,972	18,946,512	32,540
United States of Amer Treas Notes	3.125% FIXED DUE 08-15-2025	1	-	4,469,238	4,458,491	4,469,238	10,747
United States of Amer Treas Notes	3.125% FIXED DUE 08-15-2025	1	-	4,980,273	4,982,522	4,980,273	(2,249)
*MFO Pimco Short Term Floating Nav II		1	-	4,500,000	4,499,990	4,500,000	10
Series with same party:							
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Australian dollar		114,480	-	114,480	114,480	-
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Australian dollar		-	227,516	227,516	228,281	765
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		396,782	-	396,782	395,664	(1,118)
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		-	396,976	396,976	396,974	(2)
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Euro		519,951	-	519,951	526,268	6,317
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Euro		-	285,433	285,433	285,623	190
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Japanese yen		39,590	-	39,590	39,590	-
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Japanese yen		-	11,046	11,046	11,046	-
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - Mexican peso		236,622	-	236,622	238,377	1,755

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year)

Year ended December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

Identity of party involved	Description of assets	Number of sales / purchases	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - New Zealand dollar		$ 195,833	$ -	$ 195,833	$ 196,280	$ 447
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - New Zealand dollar		-	82,790	82,790	82,790	-
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - South Korean won		25,400	-	25,400	25,043	(357)
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - South Korean won		-	25,039	25,039	25,039	-
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - United States dollar		915,771	-	915,771	915,771	-
BNP Paribas Paris	Series of foreign currency exchange transactions executed during the plan year - United States dollar		-	1,415,630	1,415,630	1,415,630	-
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Australian dollar		116,783	-	116,783	116,783	-
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Australian dollar		-	116,798	116,798	117,374	576
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Canadian dollar		192,123	-	192,123	192,034	(89)
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Canadian dollar		-	192,123	192,123	190,026	(2,097)
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		79,102	-	79,102	78,966	(136)
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		-	79,013	79,013	79,035	22
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Euro		873,264	-	873,264	873,712	448
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Euro		-	873,855	873,855	885,300	11,445

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year)

Year ended December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

Identity of party involved	Description of assets	Number of sales / purchases	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		$ 1,586,489	$ -	$ 1,586,489	$ 1,581,518	$ (4,971)
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		-	1,082,763	1,082,763	1,084,429	1,666
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Mexican peso		237,141	-	237,141	249,267	12,126
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - Mexican peso		-	237,141	237,141	238,203	1,062
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - New Zealand dollar		158,003	-	158,003	157,070	(933)
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - New Zealand dollar		-	157,770	157,770	157,770	-
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - United States dollar		2,542,125	-	2,542,125	2,542,125	-
CITIBANK N.A.	Series of foreign currency exchange transactions executed during the plan year - United States dollar			3,242,904	3,242,904	3,242,904	-
GOLDMAN SACHS BANK USA.	Series of foreign currency exchange transactions executed during the plan year - Brazilian real		1,020,659	-	1,020,659	1,034,670	14,011
GOLDMAN SACHS BANK USA.	Series of foreign currency exchange transactions executed during the plan year - Brazilian real		-	768,755	768,755	775,461	6,706
GOLDMAN SACHS BANK USA.	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		683,409	-	683,409	677,090	(6,319)
GOLDMAN SACHS BANK USA.	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		-	674,163	674,163	673,925	(238)
GOLDMAN SACHS BANK USA.	Series of foreign currency exchange transactions executed during the plan year - United States dollar		1,442,918	-	1,442,918	1,442,918	-
GOLDMAN SACHS BANK USA.	Series of foreign currency exchange transactions executed during the plan year - United States dollar		-	1,704,067	1,704,067	1,704,067	-

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year)

Year ended December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

Identity of party involved	Description of assets	Number of sales / purchases	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - Brazilian real		$ 241,753	$ -	$ 241,753	$ 248,028	$ 6,275
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - Brazilian real		-	247,751	247,751	247,751	-
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		395,858	-	395,858	395,912	54
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		-	593,316	593,316	594,813	1,497
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		896,289	-	896,289	896,015	(274)
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		-	828,959	828,959	833,028	4,069
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - South Korean won		12,700	-	12,700	12,522	(178)
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - South Korean won		-	12,520	12,520	12,520	-
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - United States dollar		1,682,546	-	1,682,546	1,682,546	-
JPMORGAN CHASE BANK, N.A.	Series of foreign currency exchange transactions executed during the plan year - United States dollar		-	1,546,599	1,546,599	1,546,599	-
STANDARD CHARTERED BANK	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		747,926	-	747,926	746,645	(1,281)
STANDARD CHARTERED BANK	Series of foreign currency exchange transactions executed during the plan year - Chinese yuan renminbi		-	748,623	748,623	746,880	(1,743)
STANDARD CHARTERED BANK	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		797,162	-	797,162	797,375	213
STANDARD CHARTERED BANK	Series of foreign currency exchange transactions executed during the plan year - Indian rupee		-	795,148	795,148	798,084	2,936

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year)

Year ended December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

Identity of party involved	Description of assets	Number of sales / purchases	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
STANDARD CHARTERED BANK	Series of foreign currency exchange transactions executed during the plan year - United States dollar		$ 1,543,770	$ -	$ 1,543,770	$ 1,543,770	$ -
STANDARD CHARTERED BANK	Series of foreign currency exchange transactions executed during the plan year - United States dollar		-	1,545,088	1,545,088	1,545,088	-
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - Brazilian real		521,574	-	521,574	524,825	3,251
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - Brazilian real		-	524,534	524,534	525,339	805
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - Euro		508,948	-	508,948	511,382	2,434
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - Euro		-	509,998	509,998	517,032	7,034
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - Mexican peso		1,300	-	1,300	1,344	44
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - Mexican peso		-	1,300	1,300	1,344	44
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - United States dollar		1,035,832	-	1,035,832	1,035,832	-
SOCIETE GENERALE	Series of foreign currency exchange transactions executed during the plan year - United States dollar		-	1,031,821	1,031,821	1,031,821	-

See independent auditor's report.

TEXAS GAS GROUP BENEFIT PROGRAM

Schedule H, Line 4j – Schedule of Reportable Transactions (During the Year)

Year ended December 31, 2025

Plan Sponsor Employer Identification Number: 61-0405152
Plan number: 503

Identity of party involved	Description of assets	Number of sales / purchases	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Series in same security:							
Purchases							
*MFB Northern Instl FDS Treasury Protfolio Premier Class		156	$ 42,941,840	$ -	$ 42,941,840	$ 42,941,840	$ -
*MFO PIMCO Short Term Floating Nav II		78	34,528,282	-	34,528,282	34,528,282	-
United States of Amer Treas Notes	4.000% 06-30-2028	6	2,676,350	-	2,676,350	2,676,350	-
United States of Amer Treas Notes	4.125% 06-15-2026	47	245,227,797	-	245,227,797	245,227,797	-
United States of Amer Treas Notes	4.125% 06-15-2026	43	58,252,319	-	58,252,319	58,252,319	-
United States of Amer Treas Notes	3.125% 08-15-2025	13	32,233,671	-	32,233,671	32,233,671	-
Sales							
*MFB Northern Instl FDS Treasury Protfolio Premier Class		238	-	41,033,175	41,033,175	41,033,175	-
*MFO PIMCO Short Term Floating Nav II		44	-	31,500,000	31,499,789	31,500,000	211
United States of Amer Treas Notes	4.000% 06-30-2028	6	-	2,675,875	2,724,888	2,675,875	(49,013)
United States of Amer Treas Notes	4.125% 06-15-2026	48	-	264,144,848	264,074,589	264,144,848	70,259
United States of Amer Treas Notes	4.125% 06-15-2026	43	-	58,246,070	58,233,737	58,246,070	12,333
United States of Amer Treas Notes	3.125% 08-15-2025	17	-	38,798,316	38,788,189	38,798,316	10,127

**Represents a party-in-interest*