

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                            |
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| Part I Annual Report Identification Information                                                    |                                                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025         |                                                                                                                                                                                                                                                                                                                                                                            |
| A This return/report is for:                                                                       | <div><input type="checkbox"/> a multiemployer plan</div> <div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div> <div><input checked="" type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B This return/report is:                                                                           | <div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                             |
| C If the plan is a collectively-bargained plan, check here. . . . .                                | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                        |
| D Check box if filing under:                                                                       | <div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                            |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                            |
| 1a Name of plan<br>ONCOR THRIFT PLAN                                                                                                                                                                                                                                                                                                                                | <div>1b Three-digit plan number (PN) ▶ 002</div> <div>1c Effective date of plan<br/>01/01/2015</div>                                                                                       |
| 2a Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>ONCOR ELECTRIC DELIVERY COMPANY LLC<br><br>1616 WOODALL RODGERS FREEWAY<br>SUITE 7080<br>DALLAS, TX 75202 | <div>2b Employer Identification Number (EIN)<br/>75-2967830</div> <div>2c Plan Sponsor's telephone number<br/>214-486-3550</div> <div>2d Business code (see instructions)<br/>551112</div> |

**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. | 08/03/2026 | DEBBIE DENNIS                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                       |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 6135                                                                                                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 5168<br><b>6a(2)</b> 5674<br><b>6b</b> 59<br><b>6c</b> 963<br><b>6d</b> 6696<br><b>6e</b> 15<br><b>6f</b> 6711<br><b>6g(1)</b> 6012<br><b>6g(2)</b> 6583<br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                                                                                               |

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

2A 2E 2F 2G 2J 2K 2R 2S 2T 3F 3H

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
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| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                               |                                                      |     |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025    |                                                      |     |
| A Name of plan<br>ONCOR THRIFT PLAN                                                           | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                               |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ONCOR ELECTRIC DELIVERY COMPANY LLC | D Employer Identification Number (EIN)<br>75-2967830 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>AMERICAN GENERAL 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     |
| 25-0598210 | 60488         | 1689120                               | 1004                                                                        | 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 |
|                                                                                                                                                                                            |                               |

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 4911499 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

|                                                        |           |   |
|--------------------------------------------------------|-----------|---|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 0 |
|--------------------------------------------------------|-----------|---|

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

|                           |              |   |
|---------------------------|--------------|---|
| (6) Total additions ..... | <b>7c(6)</b> | 0 |
|---------------------------|--------------|---|

|                                                                                       |           |   |
|---------------------------------------------------------------------------------------|-----------|---|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 0 |
|---------------------------------------------------------------------------------------|-----------|---|

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

|                            |              |   |
|----------------------------|--------------|---|
| (5) Total deductions ..... | <b>7e(5)</b> | 0 |
|----------------------------|--------------|---|

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 0 |
|---------------------------------------------------------------------------------------------------------|-----------|---|

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                               |                                                      |     |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025    |                                                      |     |
| A Name of plan<br>ONCOR THRIFT PLAN                                                           | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ONCOR ELECTRIC DELIVERY COMPANY LLC | D Employer Identification Number (EIN)<br>75-2967830 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 UNITED LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 35-0145825 | 60895         | S00029                                | 1004                                                                        | 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 |
|                                      |                               |

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 |                       |
|                                               |                                 |             |                       |

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

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

---

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

---

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |          |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 11442888 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b**

0

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(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**

0

**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**

0

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                               |                                                      |     |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025    |                                                      |     |
| A Name of plan<br>ONCOR THRIFT PLAN                                                           | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                               |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ONCOR ELECTRIC DELIVERY COMPANY LLC | D Employer Identification Number (EIN)<br>75-2967830 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 FINANCIAL

| (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         | 063451                                | 1004                                                                        | 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 |
|                                      |                               |

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |          |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 13705077 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b**

0

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(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**

0

**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**

0

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                               |                                                      |     |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025    |                                                      |     |
| A Name of plan<br>ONCOR THRIFT PLAN                                                           | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                               |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ONCOR ELECTRIC DELIVERY COMPANY LLC | D Employer Identification Number (EIN)<br>75-2967830 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>VOYA FINANCIAL |               |                                       |                                                                             |                         |            |
|-------------------------------------------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
| (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     |
| 71-0294708                                      | 86509         | 060447                                | 1004                                                                        | 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 |
|                                      |                               |

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |          |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 11430252 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b**

0

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(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**

0

**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**

0

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                               |                                                      |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025    |                                                      |
| A Name of plan<br>ONCOR THRIFT PLAN                                                           | B Three-digit plan number (PN) ▶ 002                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ONCOR ELECTRIC DELIVERY COMPANY LLC | D Employer Identification Number (EIN)<br>75-2967830 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
TRANSAMERICA PREMIER 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     |
| 52-0419790 | 66281         | MDA01282TR                            | 1004                                                                        | 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 |
|                                      |                               |

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |          |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 11082555 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b**

0

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(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**

0

**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**

0

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2025</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>ONCOR THRIFT PLAN                                                                                                                                                                                | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 002                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ONCOR ELECTRIC DELIVERY COMPANY LLC                                                                                                                      | <b>D</b> Employer Identification Number (EIN)<br>75-2967830                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FID INV INST OPS CO                                                                                               |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| NORTHERN TRUST                                                                                                    |
| 06-6275604                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FID INST ASSET MGMT TRUST CO                                                                                      |
| 20-4659714                                                                                                        |

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

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

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

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

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

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

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

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

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | ADVISOR                                                                                           | 520998                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FID INV INST OPS CO

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 50<br>64 65 71   | RECORDKEEPER                                                                                      | 218985                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| MULTIPLE MUTUAL FUND COMPANIES<br><br>04-2647786                    | SUB-TRANSFER AGENCY FEES; SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS                                                                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div></div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div>        |  |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                               |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| A Name of plan<br>ONCOR THRIFT PLAN                                                                                                                                                      |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 002                                                                   |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>ONCOR ELECTRIC DELIVERY COMPANY LLC                                                                                     |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>75-2967830                                                   |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)         |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NT S&P 500 INDEX                                                                                                                                 |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN 45-6138589-001                                                                                                                                                                  |  | d Entity code C                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0         |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTL EQUITY 3B                                                                                                                               |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a): MFS HERITAGE TRUST CO                                                                                                                         |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN 57-1187281-021                                                                                                                                                                  |  | d Entity code C                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31749854  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LS CORE PLUS BOND F                                                                                                                              |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a): MFS HERITAGE TRUST CO                                                                                                                         |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN 57-1187281-011                                                                                                                                                                  |  | d Entity code C                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32246588  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BP LG CAP VAL EQ CIT                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a): BOSTON PARTNERS TRUST CO                                                                                                                      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN 61-1603964-001                                                                                                                                                                  |  | d Entity code C                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54072176  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: WW S/M CAP VALUE C                                                                                                                               |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a): SEI TRUST CO                                                                                                                                  |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN 26-2447110-025                                                                                                                                                                  |  | d Entity code C                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35491073  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRP LG CP GR TR C                                                                                                                                |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a): T ROWE PRICE                                                                                                                                  |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN 32-6528532-001                                                                                                                                                                  |  | d Entity code C                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106816357 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX INC T                                                                                                                               |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a): FID MGMT TRUST CO                                                                                                                             |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN 20-4659714-074                                                                                                                                                                  |  | d Entity code C                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3133485   |  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                  |  |                                                                                                                                                                                                                                   |  | Schedule D (Form 5500) 2025<br>v. 250312                                                               |  |

|                                                                     |                        |                                                                                                             |
|---------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2010 T  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): FID MGMT TRUST CO |                        |                                                                                                             |
| <b>c</b> EIN-PN 20-4659714-076                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3952211 |

|                                                                     |                        |                                                                                                             |
|---------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2015 T  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): FID MGMT TRUST CO |                        |                                                                                                             |
| <b>c</b> EIN-PN 20-4659714-077                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2320691 |

|                                                                     |                        |                                                                                                              |
|---------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2020 T  |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FID MGMT TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-078                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38583715 |

|                                                                     |                        |                                                                                                              |
|---------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2025 T  |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FID MGMT TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-079                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30484367 |

|                                                                     |                        |                                                                                                              |
|---------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2030 T  |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FID MGMT TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-080                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77287924 |

|                                                                     |                        |                                                                                                              |
|---------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2035 T  |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FID MGMT TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-081                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29135591 |

|                                                                     |                        |                                                                                                               |
|---------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2040 T  |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): FID MGMT TRUST CO |                        |                                                                                                               |
| <b>c</b> EIN-PN 20-4659714-082                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111689873 |

|                                                                     |                        |                                                                                                              |
|---------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2045 T  |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FID MGMT TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-083                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54299464 |

|                                                                     |                        |                                                                                                              |
|---------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2050 T  |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FID MGMT TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-084                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64240936 |

|                                                                     |                        |                                                                                                              |
|---------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2055 T  |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FID MGMT TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-112                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76573779 |

|                                                                     |                        |                                                                                                              |
|---------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2060 T  |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FID MGMT TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-146                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58701977 |

  

|                                                                     |                        |                                                                                                              |
|---------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2065 T  |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): FID MGMT TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-4659714-208                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25508653 |

  

|                                                                     |                        |                                                                                                             |
|---------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM INX 2070 T  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): FID MGMT TRUST CO |                        |                                                                                                             |
| <b>c</b> EIN-PN 20-4659714-220                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2879054 |

  

|                                                                                    |                        |                                                                                                               |
|------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SP 500 INDEX PL CL D                |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC. |                        |                                                                                                               |
| <b>c</b> EIN-PN 45-6138589-250                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 218647564 |

  

|                                                                                    |                        |                                                                                                              |
|------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SP GLB EXUS IDX CL D                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC. |                        |                                                                                                              |
| <b>c</b> EIN-PN 45-6138589-223                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60361122 |

  

|                                                                                    |                        |                                                                                                              |
|------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SP EXT MKT IDX CL D                 |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC. |                        |                                                                                                              |
| <b>c</b> EIN-PN 45-6138589-100                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29746603 |

  

|                                                                                               |                        |                                                                                                              |
|-----------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WFLD SMMD CP GR EQ D                           |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION |                        |                                                                                                              |
| <b>c</b> EIN-PN 82-6648070-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26664666 |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

**Part II****Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   | 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<br>ONCOR THRIFT PLAN                                                           | B Three-digit plan number (PN) ▶ 002                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ONCOR ELECTRIC DELIVERY COMPANY LLC | D Employer Identification Number (EIN)<br>75-2967830 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 1255066               | 1414890         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 2428599               | 2696725         |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 675157                | 158561          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 3637716               | 2523300         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 0                     | 7897            |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 23405648              | 24721772        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 910236015             | 1174587723      |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 133887858             | 50011190        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 62636725              | 52452584        |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

| <b>1d</b> Employer-related investments:                               |              | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                      | <b>1d(2)</b> |                       |                 |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1138162784            | 1308574642      |

**Liabilities**

|                                                                            |           |        |       |
|----------------------------------------------------------------------------|-----------|--------|-------|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> | 524322 | 299   |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> | 34340  | 31533 |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |       |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> |        |       |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 558662 | 31832 |

**Net Assets**

|                                                            |           |            |            |
|------------------------------------------------------------|-----------|------------|------------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1137604122 | 1308542810 |
|------------------------------------------------------------|-----------|------------|------------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 35732905   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 70234827   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 6082070    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 112049802 |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 196339     |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 2177992    |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2374331   |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 2513148    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 2513148   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 13628      |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 13628     |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 176539484 |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 6218638   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 1203022   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 300912053 |

**Expenses**

|                                                                                             |               |           |           |
|---------------------------------------------------------------------------------------------|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 129230193 |           |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |           |           |
| (3) Other .....                                                                             | <b>2e(3)</b>  |           |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 129230193 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           | 3189      |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           |           |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |           |           |
| <b>i</b> Administrative expenses:                                                           |               |           |           |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |           |           |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |           |           |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 218985    |           |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |           |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 520998    |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |           |           |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |           |           |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |           |           |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |           |           |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |           |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 739983    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 129973365 |

**Net Income and Reconciliation**

|                                                                               |              |  |           |
|-------------------------------------------------------------------------------|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 170938688 |
| <b>l</b> Transfers of assets:                                                 |              |  |           |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |           |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **CROWE LLP**

(2) EIN: **35-0921680**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 20000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |                                     |                                     |          |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>ONCOR THRIFT PLAN                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ONCOR ELECTRIC DELIVERY COMPANY LLC                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>75-2967830                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-6568107                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2025 v. 250312                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

## **Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation: \_\_\_\_\_

## **Part VII IRS Compliance Questions**

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**ONCOR THRIFT PLAN**  
**FINANCIAL STATEMENTS**  
December 31, 2025 and 2024

ONCOR THRIFT PLAN  
FINANCIAL STATEMENTS  
December 31, 2025 and 2024

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## INDEPENDENT AUDITOR'S REPORT

To the Oncor Thrift Plan Committee  
and Participants of the Oncor Thrift Plan

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

We have performed audits of the financial statements of Oncor Thrift Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits 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 3 to the financial statements, is complete and accurate.

***Opinion***

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

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

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(Continued)

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

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

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

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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(Continued)

- 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 of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

  
Crowe LLP

Oakbrook Terrace, Illinois  
July 31, 2026

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ONCOR THRIFT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2025 and 2024

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|                                                    | <u>2025</u>             | <u>2024</u>             |
|----------------------------------------------------|-------------------------|-------------------------|
| <b>ASSETS</b>                                      |                         |                         |
| Investments - at fair value (Notes 3 and 4)        | \$ 1,227,137,153        | \$ 1,047,756,414        |
| Investments - at contract value (Notes 2, 3 and 5) | 52,572,270              | 62,758,395              |
| Notes receivable from participants (Note 3)        | 24,721,772              | 23,405,648              |
| Participant contributions receivable               | 2,696,725               | 2,428,599               |
| Employer match contributions receivable            | 1,414,890               | 1,255,066               |
| Total assets                                       | <u>1,308,542,810</u>    | <u>1,137,604,122</u>    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>           | <u>\$ 1,308,542,810</u> | <u>\$ 1,137,604,122</u> |

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See notes to financial statements

ONCOR THRIFT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Year ended December 31, 2025

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**ADDITIONS:**

|                                               |              |
|-----------------------------------------------|--------------|
| Interest and dividends on investments         | \$ 2,709,487 |
| Net appreciation in fair value of investments | 183,974,772  |

Contributions:

|                         |                  |
|-------------------------|------------------|
| Participating employees | 70,234,827       |
| Employer                | 35,732,905       |
| Rollover                | <u>6,082,070</u> |
| Total contributions     | 112,049,802      |

|                                                |                  |
|------------------------------------------------|------------------|
| Interest on notes receivable from participants | <u>2,177,992</u> |
|------------------------------------------------|------------------|

|                 |             |
|-----------------|-------------|
| Total additions | 300,912,053 |
|-----------------|-------------|

**DEDUCTIONS:**

|                     |                    |
|---------------------|--------------------|
| Distributions       | 129,233,382        |
| Administrative fees | <u>739,983</u>     |
| Total deductions    | <u>129,973,365</u> |

|              |             |
|--------------|-------------|
| Net increase | 170,938,688 |
|--------------|-------------|

**NET ASSETS AVAILABLE FOR BENEFITS**

|                   |                      |
|-------------------|----------------------|
| Beginning of year | <u>1,137,604,122</u> |
|-------------------|----------------------|

|             |                         |
|-------------|-------------------------|
| End of year | <u>\$ 1,308,542,810</u> |
|-------------|-------------------------|

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See notes to financial statements

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2025 and 2024

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**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description is provided for general information purposes only. Reference should be made to the Oncor Thrift Plan (Plan) document for more complete information.

General: The Plan is a defined contribution plan established January 1, 2015 by Oncor Electric Delivery Company, LLC (Oncor). The Oncor Thrift Plan Committee (Committee) is the named fiduciary of the Plan. The Committee, and its delegates, manage the operation and administration of the Plan. Fidelity Management Trust Company is the trustee and custodian of the assets, and Fidelity WorkPlace Services LLC is the record-keeper and third-party administrator. Aon Hewitt Investment Consulting, Inc. acts as a co-fiduciary investment advisor to the Plan and the Committee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is intended to be a participant-directed "individual account plan" under ERISA Section 404(c). As such, the fiduciaries of the Plan are not liable for any losses that are the direct result of participant investment decisions. Although the Plan has an automatic enrollment feature for new employees, continued participation in the Plan by employees is entirely voluntary.

Participant Accounts: Each participant's account is credited with the participant's contributions and an allocation of employer matching contributions and Plan earnings and is charged with his or her withdrawals and administrative expenses related to participant directed activities. Allocations are based on participant contributions, eligible compensation, participant account balances, or specific participant transactions, as defined. Terminated or retired participant accounts are also charged with a quarterly recordkeeping fee. The full amount of the benefit to which a participant is entitled under the Plan is the value of the participant's vested account at the applicable time. As noted above, each participant directs the investment of his or her account to any of the investment options available under the Plan and is responsible for such investments and the investment gains and losses resulting therefrom.

Eligibility, Participation and Employee Savings: All individuals who are characterized in the internal records of Oncor as employees, and are on the payroll and receive regular salary or wages from Oncor, are eligible to participate in the Plan upon employment except: (1) nonresident alien employees who receive no earned United States of America (US) sourced income, (2) leased employees, or (3) any individuals who are treated by or characterized in the internal records of Oncor as independent contractors, summer interns, loaned employees, staff augmentation personnel, or scope of work contractors, seconded employees or who perform services for Oncor under a special contract for services arrangement, regardless of any determination by the US Internal Revenue Service (IRS), other governmental agency, or a court or other tribunal, that any such individual is, or was, a common law employee of Oncor for any period of time.

The Plan has an automatic enrollment feature whereby new employees are automatically enrolled in the Plan with a pretax contribution rate of 6% of eligible compensation unless the new employee affirmatively makes an election not to participate or to participate at a different contribution rate. If no change is made by the participant, the contribution rate will automatically increase in January of each year following the first full Plan year of participation by 1%. The maximum rate subject to this automatic increase is 15%. Such contributions initiated through this automatic enrollment feature are automatically invested in the age appropriate Fidelity Institutional Asset Management (FIAM) Index Target Date Comingled Pool for the participant unless the participant chooses a different investment option.

Under the Plan, except as limited by law, a participating employee may contribute a specified percentage of eligible compensation each payroll period to the Plan, either through pretax salary deferral, after-tax payroll deduction, or Roth payroll deduction. The total of a participant's pretax, after-tax and Roth salary deferral/payroll deductions is known as Employee Savings. The maximum amount of Employee Savings for participants is 75% of eligible compensation.

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(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2025 and 2024

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**NOTE 1 - DESCRIPTION OF THE PLAN** (Continued)

Federal law limits the amount a participant may contribute on a combined pretax and Roth basis (\$23,500 in 2025). However, a participant who is eligible to make pretax salary deferrals and has attained age 50 before the close of the Plan year, may make an additional pretax catch-up contribution each year. For the Plan year 2025, the limit for catch-up contributions was \$7,500 or \$11,250 for participants between the ages of 60 to 63. The Plan year begins January 1 and ends December 31.

Rollover: Subject to certain conditions, a participant may transfer or rollover to the Plan cash amounts distributed or distributable from an individual retirement account (IRA) or another qualified retirement plan.

Oncor Matching Contributions: All eligible Plan participants receive Oncor matching contributions of 100% up to the first 6% of eligible compensation contributed to the Plan as Employee Savings, except for employees participating in the traditional retirement plan formula under the Oncor Retirement Plan who receive a 75% employer matching contribution on the first 6% of eligible compensation contributed to the Plan as Employee Savings.

Investment of Funds: All employer matching contributions are made in cash and invested among the various investment options available under the Plan according to the participant's investment election. Each participant may invest his/her Employee Savings, in 1% increments, among the various available investment options.

All assets of the Plan are held for the exclusive benefit of participants and their beneficiaries. Separate account records for each participant are maintained by the record-keeper. The record-keeper provides a summary of financial performance by investment fund directly to Plan participants.

A participant may diversify the investment of his account among the available investment funds under the Plan at any time by liquidating the portion of his account attributable to such investments and reinvesting such amounts in other investment options available under the Plan.

Unit Values: Participants do not have beneficial ownership in specific securities or other assets in the Interest Income funds, but have an interest therein represented by units valued as of the close of each business day. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit value, and the appropriate account is charged or credited with the number of units properly attributable to the participant.

Withdrawals from the Plan: Withdrawals from the Plan are governed by applicable IRS regulations and provisions of ERISA. Penalties may apply in certain instances.

The Plan provides for automatic distributions of account balances that do not exceed \$1,000 to terminated participants without the participants' consent after required notification has been provided to the participant.

A participant who terminates employment and has a balance of more than \$1,000 may retain the funds in the Plan or withdraw them at any time. To avoid immediate taxation, an eligible rollover distribution made upon termination may be rolled into an IRA or a qualified retirement plan sponsored by another employer, provided that the other qualified retirement plan accepts rollovers. Participants who have terminated their employment and leave their account in the Plan are charged a quarterly administrative maintenance fee.

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(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2025 and 2024

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**NOTE 1 - DESCRIPTION OF THE PLAN** (Continued)

Participants may make partial or total withdrawals from their rollover and after-tax Employee Savings accounts (excluding Roth contributions) at any time and for any reason. Participants may make withdrawals from pretax and Roth Employee Savings accounts upon termination of employment or attainment of age 59½. Participants may make partial or total withdrawals of their employer matching contributions account at any time. Additionally, participants who meet certain qualifications defined by the IRS may make hardship withdrawals from their pretax Employee Savings account.

Distributions from the Plan may be made systematically over time or in lump sum cash payments.

Vesting: Participants are fully vested in all amounts in their accounts (i.e., pretax contributions, after-tax contributions, Oncor matching contributions, rollover contributions, Roth contributions and all earnings and dividends thereon).

Notes Receivable from Participants: The Plan includes a loan feature allowing participants to borrow up to 50% of their pretax Employee Savings, after-tax Employee Savings, employer matching contributions and rollover contributions and repay the loan with after-tax payroll deductions. A participant may not have more than two outstanding loans at one time. The minimum amount of a Plan loan is \$1,000 and the maximum is the lesser of: (i) \$50,000 less the highest outstanding loan balance in the preceding 12 months, or (ii) one-half of the participant's vested account value. In the event that a participant is impacted by a federally declared disaster, the maximum amount of a Plan loan is increased to the lesser of: (i) \$100,000 less the highest outstanding loan balance in the preceding 12 months, or (ii) the participant's vested account balance. Participants may repay the loan into their account(s) over a period of up to five years for a general purpose loan, and the shorter of 15 years or their remaining mortgage term for a primary home loan. The rate of interest charged for a loan initiated in any given month is the prime lending rate published in the Wall Street Journal on the last business day of the prior month, plus 2.0%.

Tax Status: The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code of 1986, as amended (the Code). In April 2017, Oncor received an IRS determination letter that the Plan meets the requirements of Section 401(a) of the Code in form and that the Trust is exempt from federal income taxes under Section 501(a) of the Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code of 1986, as amended (the Code). Employer contributions paid to the Trust under the Plan are allowable federal income tax deductions to Oncor subject to the conditions and limitations of Section 404 of the Code.

The Plan is subject to examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress. The Plan has recorded no uncertain tax positions.

Amendment, Modification, Suspension and Termination: It is currently the intention of Oncor to continue the Plan indefinitely; however, Oncor, by action of its Board of Directors, may amend, modify or suspend the Plan at any time, or from time to time, and may terminate the Plan at any time. Additionally, Oncor's executive team may amend the Plan for amendments that are ministerial or administrative in nature, or which do not result in a material change to the Plan's funding or costs (defined as an increase in excess of \$25 million), or are required to maintain the Plan's qualified status or are dictated by statute or regulation.

In the event of the termination of the Plan, in whole or in part, each participant in the Plan affected by such termination shall receive a distribution of the entire balance in the participant's account, whether derived from Employee Savings, rollovers or employer matching contributions.

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(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2025 and 2024

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**NOTE 1 - DESCRIPTION OF THE PLAN (Continued)**

Party-in-Interest: Certain Plan investments are managed by Fidelity Institutional Asset Management Trust Company, Fidelity Management Research Company and Fidelity Brokerage Services LLC, all of which are subsidiaries of the Plan trustee. These transactions qualify as party-in-interest transactions allowable under ERISA regulations. Certain investments issued by the wrap providers (as discussed in Note 5) also qualify as party-in-interest investments. Fees paid to other services providers also qualify as allowable party-in-interest transactions.

Notes receivable from participants also qualify as allowable party-in-interest transactions.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the US (GAAP). Benefit payments are recorded when paid.

Subsequent Events: Plan management has evaluated subsequent events for recognition through July 31, 2026, the date the financial statements were available to be issued.

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 net assets available for benefits and changes therein. Actual results could differ from those estimates.

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

Valuation of Investment Securities and Income Recognition: The Plan's investments are reported at fair value with the exception of fully benefit-responsive investment contracts (FBRICs), which are presented at contract value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Contract value is the relevant measure for the Plan's FBRICs, because contract value is the amount Plan participants generally receive when executing transactions under the terms of the contract and Plan provisions. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

Net realized and unrealized gains or losses include the Plan's gains and losses on investments bought and sold as well as held during the year. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on an accrual basis. Dividend income is recorded on the ex-dividend date.

Notes Receivable From Participants: Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

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(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2025 and 2024

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**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Administrative and Investment Management Expenses: Certain Plan administration fees (e.g., recordkeeping, accounting, legal and trustee services) are paid by Oncor and are excluded from these financial statements. Investment fees are charged individually by each fund manager for asset management and administration of that fund. Investment fees are typically charged indirectly against individuals' accounts by being deducted from the investment return on each individual investment option. Individual service fees (e.g., short-term redemption fees, loan initiation fees, in-service withdrawal fees) are charged separately to the accounts of individuals who choose to utilize a particular plan feature, generally on a pro-rata basis against all investments and sources. Additionally, terminated participants pay a quarterly account maintenance fee, which is recorded as a reduction of administrative fees reported in the statement of changes in net assets available for benefits, if they leave their account in the Plan.

**NOTE 3 - CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS**

With the exception of the contract value of the synthetic investment contracts within the separately managed Interest Income Fund of \$52,572,270 and \$62,758,395 at December 31, 2025 and 2024, respectively, (see Note 5) and related interest income of \$1,299,264 for the year ended December 31, 2025, certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company.

**NOTE 4 - FAIR VALUE MEASUREMENTS**

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

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

- Level 1 valuations use quoted prices in active markets for identical assets that are accessible at the measurement date. An active market is a market in which transactions for the asset occur with sufficient frequency and volume to provide pricing information on an ongoing basis. The Plan's Level 1 investments, including those held in the Plan's brokerage account, include equity and fixed income mutual funds that are valued using published market prices, such as those from the New York Stock Exchange.
- Level 2 valuations use inputs other than actively quoted market prices included in Level 1, which are observable for the asset, either directly or indirectly. Level 2 inputs include: (a) quoted prices for similar assets or liabilities in active markets, (b) quoted prices for identical or similar assets or liabilities in markets that are not active, (c) inputs other than quoted prices that are observable for the asset such as interest rates and yield curves observable at commonly quoted intervals and (d) inputs that are derived principally from or corroborated by observable market data by correlation or other mathematical means. None of the Plan's assets are classified as Level 2 assets.

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(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2025 and 2024

**NOTE 4 - FAIR VALUE MEASUREMENTS** (Continued)

- Level 3 valuations use unobservable inputs for the asset. Unobservable inputs are used to the extent observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset at the measurement date. None of the Plan's assets are classified as Level 3 assets.

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

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

The following tables set forth, by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis as of December 31, 2025 and 2024.

| Fair Value Measurements<br>at December 31, 2025 |                      |                |                |                         |                         |
|-------------------------------------------------|----------------------|----------------|----------------|-------------------------|-------------------------|
|                                                 | <u>Level 1</u>       | <u>Level 2</u> | <u>Level 3</u> | <u>NAV (a)</u>          | <u>Total</u>            |
| Mutual funds                                    | \$ 32,527,444        | \$ -           | \$ -           | \$ -                    | \$ 32,527,444           |
| Other investments -<br>brokerage                | 20,021,986           | -              | -              | -                       | 20,021,986              |
| Investments measured at<br>net asset value (a)  | <u>-</u>             | <u>-</u>       | <u>-</u>       | <u>1,174,587,723</u>    | <u>1,174,587,723</u>    |
| Total investments                               | <u>\$ 52,549,430</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 1,174,587,723</u> | <u>\$ 1,227,137,153</u> |

  

| Fair Value Measurements<br>at December 31, 2024 |                       |                |                |                       |                         |
|-------------------------------------------------|-----------------------|----------------|----------------|-----------------------|-------------------------|
|                                                 | <u>Level 1</u>        | <u>Level 2</u> | <u>Level 3</u> | <u>NAV (a)</u>        | <u>Total</u>            |
| Mutual funds                                    | \$ 121,104,729        | \$ -           | \$ -           | \$ -                  | \$ 121,104,729          |
| Other investments -<br>brokerage                | 16,415,670            | -              | -              | -                     | 16,415,670              |
| Investments measured at<br>net asset value (a)  | <u>-</u>              | <u>-</u>       | <u>-</u>       | <u>910,236,015</u>    | <u>910,236,015</u>      |
| Total investments                               | <u>\$ 137,520,399</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 910,236,015</u> | <u>\$ 1,047,756,414</u> |

- a) These investments are measured at fair value using the net asset value (NAV) per share as a practical expedient as the investments did not have a readily determinable fair value and are not required to be classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit a reconciliation to the amounts presented in the Statement of Net Assets Available for Benefits.

(Continued)

ONCOR THRIFT PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2025 and 2024

**NOTE 4 - FAIR VALUE MEASUREMENTS** (Continued)

Net Asset Value (NAV) Per Share: In accordance with Financial Accounting Standards Board Accounting Standards Update No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, the Plan discloses the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the NAV per share or its equivalent for which the fair value is not readily determinable at December 31, 2025 and 2024. For the Plan, such assets include investments in commingled funds.

The following table sets forth a summary of the Plan's investments for which the fair value has been estimated using the NAV of the investments at December 31, 2025 and 2024.

|                                                      | Fair Value Estimated Using NAV per Share |                                       |                        |                         |                                     |                                |
|------------------------------------------------------|------------------------------------------|---------------------------------------|------------------------|-------------------------|-------------------------------------|--------------------------------|
|                                                      | Fair Value at<br>December 31,<br>2025    | Fair Value at<br>December 31,<br>2024 | Unfunded<br>Commitment | Redemption<br>Frequency | Other<br>Redemption<br>Restrictions | Redemption<br>Notice<br>Period |
| Boston Partners Large<br>Cap Value Equity Fund       | \$ 54,072,176                            | \$ 53,703,689                         | None                   | Daily                   | None                                | 1 day                          |
| Westwood Small Mid Cap<br>Value Collective Trust C   | 35,491,073                               | 37,016,678                            | None                   | Daily                   | None                                | 1 day                          |
| MFS International Equity<br>Fund 3B                  | 31,749,854                               | 48,656,319                            | None                   | Daily                   | None                                | 1 day                          |
| Loomis Sayles Core Plus<br>Fixed Income Fund F       | 32,246,588                               | 21,908,458                            | None                   | Daily                   | None                                | 1 day                          |
| T. Rowe Price Large<br>Cap Growth Trust C            | 106,816,357                              | 104,565,847                           | None                   | Daily                   | None                                | 1 day                          |
| Northern Trust S&P<br>500 Index Pool Class D         | -                                        | 170,275,199                           | None                   | Daily                   | None                                | 1 day                          |
| Westfield Small/Mid Cap<br>Growth Equity CIT Class D | 26,664,666                               | -                                     | None                   | Daily                   | None                                | 1 day                          |
| Spartan Global ex US<br>Index Pool                   | 60,361,122                               | -                                     | None                   | Daily                   | None                                | 1 day                          |
| Spartan Extended Market<br>Index Pool                | 29,746,603                               | -                                     | None                   | Daily                   | None                                | 1 day                          |
| Spartan 500 Index Pool                               | 218,647,564                              | -                                     | None                   | Daily                   | None                                | 1 day                          |
| FIAM Index Target<br>Date Pools                      | <u>578,791,720</u>                       | <u>474,109,825</u>                    | None                   | Daily                   | None                                | 1 day                          |
| Total                                                | <u>\$1,174,587,723</u>                   | <u>\$ 910,236,015</u>                 |                        |                         |                                     |                                |

**NOTE 5 - INTEREST INCOME FUND – FBRICs**

The Interest Income Fund holds a portfolio of investments that includes synthetic investment contracts along with other investments. The investment contracts meet the FBRIC criteria and therefore are reported at contract value.

The following table reflects the total of the synthetic investment contracts held by the Interest Income Fund at December 31, 2025 and 2024.

|                                | <u>2025</u>   | <u>2024</u>   |
|--------------------------------|---------------|---------------|
| Synthetic investment contracts | \$ 52,572,270 | \$ 62,758,395 |

(Continued)

**NOTE 5 - INTEREST INCOME FUND – FBRICs (Continued)**

The Interest Income Fund generally includes investment contracts as described below:

Synthetic Guaranteed Investment Contracts (SGICs): General fixed maturity SGICs consist of an asset or collection of assets that are owned by the Plan and a benefit-responsive (as discussed in Note 2) book value wrap contract. The wrap contract assures that book value, benefit-responsive payments will be made for participant-directed withdrawals. The interest rate of the contract is set at the start of the contract and typically resets every quarter. Generally, fixed maturity SGICs are held to maturity. The initial interest rate is established based on the market interest rates at the time the initial asset is purchased, and it will have an interest rate not less than 0%.

Variable SGICs consist of an asset or collection of assets that are managed by the bank or insurance company and are held in a bankruptcy-remote vehicle for the benefit of the Plan. The contract is benefit-responsive and provides next day liquidity at book value. The crediting rate on this product resets every quarter based on the then current market index rates and an investment spread. The investment spread is established at the time of issuance and is guaranteed by the issuer for the life of the investment.

Constant duration SGICs consist of a portfolio of securities owned by the Plan and a benefit-responsive, book value wrap contract purchased for the portfolio. The wrap contract amortizes gains and losses of the underlying securities over the portfolio duration, and assures that book value, benefit-responsive payments will be made for participant-directed withdrawals. The crediting rate on a constant duration SGIC resets every quarter based on the book value of the contract and the market yield, the market value and the average duration of the underlying assets. The crediting rate aims at converging the book value of the contract and the market value of the underlying portfolio over the duration of the contract and therefore will be affected by movements in interest rates and/or changes in the market value of the underlying portfolio. The initial crediting rate is based on the market interest rates at the time the underlying portfolio is initially established, and it will have an interest crediting rate of not less than 0%.

It is probable that withdrawals and transfers resulting from the events listed below, although no such events are considered probable, would limit the ability of the fund to transact at book or contract value. Instead, market value would likely be used in determining the payouts to the participants.

- Employer-initiated events — events within the control of the Plan or the plan sponsor that would have a material and adverse impact on the fund;
- Employer communications designed to induce participants to transfer from the fund;
- Competing fund transfer or violation of equity wash or equivalent rules in place; and
- Changes of qualification status of employer or Plan.

In general, issuers may terminate the contract and settle at other than contract value if the qualification status of Oncor or the Plan changes, if there is a breach of material obligations under the contract and misrepresentation by the contract holder, or failure of the underlying portfolio to conform to the pre-established investment guidelines.

## **SUPPLEMENTAL SCHEDULE**

ONCOR THRIFT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2025

|                                 |                   |
|---------------------------------|-------------------|
| Name of Plan Sponsor:           | Oncor Thrift Plan |
| Employer Identification Number: | 75-2967830        |
| Three-Digit Plan Number:        | 002               |

| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | Current<br>Value |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------|
| <b>Interest Income Fund</b>                              |                                                                                                                 |                  |
| American General Life                                    | Fixed Maturity Synthetic GIC Contract No. 1689120:                                                              |                  |
|                                                          | American General Life Cash Account <sup>1</sup>                                                                 | \$ 86,514        |
|                                                          | AMERICAN EXPRESS CREDIT ACCOUNT AMXCA 2025-2 A                                                                  | 122,638          |
|                                                          | APPALACHIAN CONSUMER RATE RELI AEPWV 2013-1 A2                                                                  | 141,695          |
|                                                          | BARCLAYS COMMERCIAL MORTGAGE S BBCMS 2022 C18 A2                                                                | 156,723          |
|                                                          | BMO MORTGAGE TRUST BMO 2022 C3 A2                                                                               | 107,074          |
|                                                          | BANK 2023 BNK45 A2                                                                                              | 52,955           |
|                                                          | BENCHMARK MORTGAGE TRUST BMARK 2024 V9 A3                                                                       | 161,709          |
|                                                          | CD COMMERCIAL MORTGAGE TRUST CD 2016 CD2 A3                                                                     | 141,446          |
|                                                          | CNH 2025 A A3                                                                                                   | 233,449          |
|                                                          | DEUTSCHE BANK COMMERCIAL MORTG DBJPM 2017 C6 A4                                                                 | 130,419          |
|                                                          | FANNIE MAE FNR 2012 100 A                                                                                       | 53,654           |
|                                                          | FANNIE MAE FNR 2012 149 LV                                                                                      | 163,280          |
|                                                          | FANNIE MAE FNR 2015 68 HC                                                                                       | 132,383          |
|                                                          | FANNIE MAE FNR 2017 43 A                                                                                        | 36,041           |
|                                                          | FANNIE MAE FNR 2019 14 DA                                                                                       | 110,437          |
|                                                          | FANNIE MAE FNR 2020 33 BG                                                                                       | 51,992           |
|                                                          | FANNIE MAE FNR 2021 91 DA                                                                                       | 155,158          |
|                                                          | FREDDIE MAC FHR 4169 HM                                                                                         | 46,700           |
|                                                          | FREDDIE MAC FHR 4493 PA                                                                                         | 154,131          |
|                                                          | FREDDIE MAC FHR 4571 CA                                                                                         | 88,283           |
|                                                          | FREDDIE MAC FHR 5081 NH                                                                                         | 149,811          |
|                                                          | FREDDIE MAC FHR 4888 CB                                                                                         | 137,574          |
|                                                          | FREDDIE MAC FHR 5263 EA                                                                                         | 97,386           |
|                                                          | FORDL 2025 B A3                                                                                                 | 90,763           |
|                                                          | GM FINANCIAL AUTOMOBILE LEASING 2025-1 A3                                                                       | 72,882           |
|                                                          | GOVERNMENT NATIONAL MORTGAGE A GNR 2013 22 AP                                                                   | 170,656          |
|                                                          | GOVERNMENT NATIONAL MORTGAGE A GNR 2020 78 HL                                                                   | 28,327           |
|                                                          | GOVERNMENT NATIONAL MORTGAGE A GNR 2020 164 KP                                                                  | 178,955          |
|                                                          | GOVERNMENT NATIONAL MORTGAGE A GNR 2023 111 PG                                                                  | 126,539          |
|                                                          | GOVERNMENT NATIONAL MORTGAGE A GNR 2024 175 LP                                                                  | 95,249           |
|                                                          | JOHN DEERE OWNER TRUST JDOT 2025 A A3                                                                           | 131,230          |
|                                                          | MBART 2025 1 A3                                                                                                 | 89,467           |
|                                                          | PG+E RECOVERY FND LLC SR SECURED 06/33 4.838                                                                    | 155,125          |
|                                                          | US TREASURY N/B 08/27 3.75                                                                                      | 692,533          |
|                                                          | US TREASURY N/B 11/27 4.125                                                                                     | 106,760          |
|                                                          | VALET 2025 1 A3                                                                                                 | 205,405          |
|                                                          | Subtotal                                                                                                        | 4,855,343        |
| American United Life                                     | Constant Duration Synthetic GIC Contract No. S00029:                                                            |                  |
|                                                          | MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index                                                                      | 3,496,449        |
|                                                          | Northern Trust CIT Short Term Govt Bond Index                                                                   | 2,532,886        |
|                                                          | MFB NT CIT Asset-Backed Securities Bond Index                                                                   | 1,748,606        |
|                                                          | MFB NT CIT Commercial Mortgage Backed Sec Index                                                                 | 683,511          |
|                                                          | MFB NT CIT Mortgage Backed Sec Index                                                                            | 2,190,848        |
|                                                          | NT CIT 1-10 Yr Int Credit Bond Index Tier J                                                                     | 273,110          |
|                                                          | Subtotal                                                                                                        | 10,925,410       |

(Continued)

ONCOR THRIFT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2025

|                                 |                   |
|---------------------------------|-------------------|
| Name of Plan Sponsor:           | Oncor Thrift Plan |
| Employer Identification Number: | 75-2967830        |
| Three-Digit Plan Number:        | 002               |

| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | Current<br>Value |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------|
| <b>Interest Income Fund</b> (continued)                  |                                                                                                                 |                  |
| Prudential                                               | Constant Duration Synthetic GIC Contract GA 63451:                                                              |                  |
|                                                          | Prudential Core Conservative Intermediate<br>Bond Collective Trust <sup>1</sup>                                 | \$ 12,500,016    |
| Transamerica Premier Life                                | Constant Duration Synthetic GIC Contract MDA01282TR:                                                            |                  |
|                                                          | MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index                                                                      | 3,225,724        |
|                                                          | Northern Trust CIT Short Term Govt Bond Index                                                                   | 2,419,885        |
|                                                          | MFB NT CIT Asset-Backed Securities Bond Index                                                                   | 1,665,465        |
|                                                          | MFB NT CIT Commercial Mortgage Backed Sec Index                                                                 | 650,346          |
|                                                          | MFB NT CIT Mortgage Backed Sec Index                                                                            | 2,080,852        |
|                                                          | NT CIT 1-10 Yr Int Credit Bond Index Tier J                                                                     | 364,184          |
|                                                          | Subtotal                                                                                                        | 10,406,456       |
| Voya Ret. Ins. & Annuity Co.                             | Constant Duration Synthetic GIC Contract MCA-60447:                                                             |                  |
|                                                          | MFB NTGI-QM Collective Daily 1-5 Yr CR Bond Index                                                               | 3,394,628        |
|                                                          | Northern Trust CIT Short Term Govt Bond Index                                                                   | 2,546,593        |
|                                                          | MFB NT Collective Asset-Backed Securities Bond Index                                                            | 1,752,672        |
|                                                          | MFB NT Collective Commercial Mortgage Backed Sec Index                                                          | 684,399          |
|                                                          | MFB NT Collective Mortgage Backed Sec Index                                                                     | 2,189,807        |
|                                                          | NT Collective 1-10 Yr Int Credit Bond Index Tier J                                                              | 383,253          |
|                                                          | Subtotal                                                                                                        | 10,951,352       |
| Fidelity (STIF) <sup>1</sup>                             |                                                                                                                 | 2,136,975        |
| Adjustment from Fair Value to Contract Value             |                                                                                                                 | 2,933,693        |
| Wrap Contracts <sup>1</sup>                              |                                                                                                                 | -                |
| Total Interest Income Fund                               |                                                                                                                 | 54,709,245       |
| <b>Mutual Funds</b>                                      |                                                                                                                 |                  |
| Vanguard                                                 | Total Bond Market Index I                                                                                       | 29,035,590       |
| Vanguard                                                 | Inflation-Protected Secs Adm                                                                                    | 1,354,879        |
| Total Mutual Funds                                       |                                                                                                                 | 30,390,469       |
| <b>Collective Trusts</b>                                 |                                                                                                                 |                  |
| Boston Partners Trust<br>Company                         | Large Cap Value Equity Fund                                                                                     | 54,072,176       |
| Spartan Group Trust                                      | 500 Index Pool Class D                                                                                          | 218,647,564      |
| Spartan Group Trust                                      | Extended Market Index Class D                                                                                   | 29,746,603       |
| Spartan Group Trust                                      | Global ex US Index Pool Class D                                                                                 | 60,361,122       |
| Great Gray Trust<br>Company, LLC                         | Westfield Small/Mid Cap Growth Equity                                                                           | 26,664,666       |

(Continued)

ONCOR THRIFT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2025

|                                 |                   |
|---------------------------------|-------------------|
| Name of Plan Sponsor:           | Oncor Thrift Plan |
| Employer Identification Number: | 75-2967830        |
| Three-Digit Plan Number:        | 002               |

| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | Current<br>Value        |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Collective Trusts</b> (continued)                     |                                                                                                                 |                         |
| T. Rowe Price                                            | Large-Cap Growth Trust C                                                                                        | \$ 106,816,357          |
| MFS Heritage Trust<br>Company                            | International Equity Fund 3B                                                                                    | 31,749,854              |
| Loomis Sayles Trust<br>Company, LLC                      | Core Plus Fixed Income Fund Class F                                                                             | 32,246,588              |
| SEI Trust Company                                        | Westwood SMidCap Value Collective Trust Class C                                                                 | 35,491,073              |
| FIAM <sup>1</sup>                                        | Index Target Date Income                                                                                        | 3,133,485               |
| FIAM <sup>1</sup>                                        | Index Target Date 2010                                                                                          | 3,952,211               |
| FIAM <sup>1</sup>                                        | Index Target Date 2015                                                                                          | 2,320,691               |
| FIAM <sup>1</sup>                                        | Index Target Date 2020                                                                                          | 38,583,715              |
| FIAM <sup>1</sup>                                        | Index Target Date 2025                                                                                          | 30,484,367              |
| FIAM <sup>1</sup>                                        | Index Target Date 2030                                                                                          | 77,287,924              |
| FIAM <sup>1</sup>                                        | Index Target Date 2035                                                                                          | 29,135,591              |
| FIAM <sup>1</sup>                                        | Index Target Date 2040                                                                                          | 111,689,873             |
| FIAM <sup>1</sup>                                        | Index Target Date 2045                                                                                          | 54,299,464              |
| FIAM <sup>1</sup>                                        | Index Target Date 2050                                                                                          | 64,240,936              |
| FIAM <sup>1</sup>                                        | Index Target Date 2055                                                                                          | 76,573,779              |
| FIAM <sup>1</sup>                                        | Index Target Date 2060                                                                                          | 58,701,977              |
| FIAM <sup>1</sup>                                        | Index Target Date 2065                                                                                          | 25,508,653              |
| FIAM <sup>1</sup>                                        | Index Target Date 2070                                                                                          | <u>2,879,054</u>        |
| Total Collective Trusts                                  |                                                                                                                 | 1,174,587,723           |
| Fidelity <sup>1</sup>                                    | BrokerageLink Account                                                                                           | 20,021,986              |
| Participant loans <sup>1</sup>                           | 5.25% - 10.50%, various maturity dates                                                                          | <u>24,721,772</u>       |
| Total assets held at end of year                         |                                                                                                                 | <u>\$ 1,304,431,195</u> |

<sup>1)</sup> Party-in-Interest.

Schedule C, Line 2(h) Formula Descriptions

Oncor Thrift Plan  
EIN: 75-2967830, PN: 002  
Plan Year Ending: December 31, 2025

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

| Payor Name                               | Street Address 1                   | Street Address 2 | City              | State | Zip Code  | Compensation |
|------------------------------------------|------------------------------------|------------------|-------------------|-------|-----------|--------------|
| AB LARGE CAP GROWTH CLASS A              | 8000 IH 10 W                       | STE 1400 14TH FL | SAN ANTONIO       | TX    | 78230     | 0.40%        |
| ALLSPRING LARGE CAP GROWTH FUND A        | 525 MARKET ST MAC A0103 122        |                  | SAN FRANCISCO     | CA    | 94105     | 0.40%        |
| ALLSPRING PRECIOUS METALS FUND A         | 525 MARKET ST MAC A0103 122        |                  | SAN FRANCISCO     | CA    | 94105     | 0.40%        |
| AMANA DEVELOPING WORLD FUND              | 1300 NORTH STATE ST                |                  | BELLINGHAM        | WA    | 98225     | 0.40%        |
| AMANA GROWTH FUND INSTITUTIONAL          | 1300 NORTH STATE ST                |                  | BELLINGHAM        | WA    | 98225     | 0.10%        |
| AMANA MUTUAL FUND TRUST GROWTH           | 1300 NORTH STATE ST                |                  | BELLINGHAM        | WA    | 98225     | 0.40%        |
| AMANA MUTUAL FUND TRUST INCOME           | 1300 NORTH STATE ST                |                  | BELLINGHAM        | WA    | 98225     | 0.40%        |
| AMANA PARTICIPATION FD INVESTOR CLASS    | 1300 NORTH STATE ST                |                  | BELLINGHAM        | WA    | 98225     | 0.40%        |
| AMERICAN BEACON ARK TRANS INNOVTN INVSTR | 220 E LAS COLINAS BLVD             | STE 1200         | IRVING            | TX    | 75039     | 0.40%        |
| AMERICAN CENTURY EQUITY INCOME INV CL    | 4400 MAIN ST 1ST FL                |                  | KANSAS CITY       | MO    | 64111     | 0.35%        |
| AMERICAN FUNDS GRWTH& INC PORTFOLIO F1   | 3500 WISEMAN BLVD                  |                  | SAN ANTONIO       | TX    | 782514321 | 0.37%        |
| APPLIED FIN EXPLORERFUND INVESTOR        | 8730 STONY POINT PKWY STE 205      |                  | RICHMOND          | VA    | 23235     | 0.40%        |
| AZZAD ETHICAL MID CAP FUND CL A          | 8000 TOWN CENTRE DR STE 400        |                  | BROADVIEW HEIGHTS | OH    | 441474031 | 0.40%        |
| BARON FIFTH AVENUE GROWTH FUND           | 767 5TH AVE 49TH FL                |                  | NEW YORK          | NY    | 10153     | 0.40%        |
| BARON FOCUSED GROWTHFUND                 | 767 5TH AVE 49TH FL                |                  | NEW YORK          | NY    | 10153     | 0.40%        |
| BARON GLOBAL OPPORTUNITY RETAIL          | 767 5TH AVE 49TH FL                |                  | NEW YORK          | NY    | 10153     | 0.40%        |
| BARON OPPORTUNITY FUND                   | 767 5TH AVE 49TH FL                |                  | NEW YORK          | NY    | 10153     | 0.40%        |
| BARON PARTNERS FUND                      | 767 5TH AVE 49TH FL                |                  | NEW YORK          | NY    | 10153     | 0.40%        |
| BECK, MACK & OLIVER PARTNERS FUND        | THREE CANAL PLAZA                  | STE 600          | PORTLAND          | ME    | 04100     | 0.40%        |
| BERKSHIRE FOCUS FUND                     | 475 MILAN DR STE 103               |                  | SAN JOSE          | CA    | 95134     | 0.40%        |
| BITCOIN STRATEGY FD INVESTOR             | 7501 WISCONSIN AVE                 | STE 1000 E TOWER | BETHESDA          | MD    | 20814     | 0.40%        |
| BLACKROCK ADVANTAGE INTERNATIONAL CL A   | 40 EAST 52ND ST                    |                  | NEW YORK          | NY    | 10022     | 0.40%        |
| BLACKROCK ENERGY OPPORTUNITIES CL A      | 40 EAST 52ND ST                    |                  | NEW YORK          | NY    | 10022     | 0.40%        |
| BLACKROCK TECHNOLOGY OPPORTUNITIES CL A  | 40 EAST 52ND ST                    |                  | NEW YORK          | NY    | 10022     | 0.40%        |
| CALVERT BALANCED FUND CLASS A            | 4550 MONTGOMERY AVE STE 1000 N     |                  | BETHESDA          | MD    | 20814     | 0.40%        |
| CLEARBRIDGE SELECT FUND CL A             | 100 FOUNTAIN PARKWAY               |                  | ST. PETERSBURG    | FL    | 33716     | 0.40%        |
| COLUMBIA GLOBAL TECHGROWTH CL A          | 225 FRANKLIN ST                    | BX25 10320       | BOSTON            | MA    | 02110     | 0.40%        |
| COLUMBIA SELIGMAN GLOBAL TECHNOLOGY A    | 225 FRANKLIN ST                    | BX25 10320       | BOSTON            | MA    | 02110     | 0.40%        |
| COLUMBIA SELIGMAN TECH AND INFO CL A     | 225 FRANKLIN ST                    | BX25 10320       | BOSTON            | MA    | 02110     | 0.40%        |
| CULLEN HIGH DIVIDENDEQUITY FUND RETAIL   | 645 FIFTH AVE                      |                  | NEW YORK          | NY    | 10022     | 0.40%        |
| DIREXION MONTHLY NASDAQ100BULL2X INV     | 155 SEAPORT BOULEVARD              | STE P8           | NEW YORK          | NY    | 10019     | 0.40%        |
| DWS SCIENCE AND TECHNOLOGY FUND-A        | 280 PARK AVE                       | 9TH FLR          | NEW YORK          | NY    | 10026     | 0.40%        |
| EUROPAC GOLD FUND CL I                   | LOTS 81 82                         | ST C STE 204     | DORADO            | PR    | 00646     | 0.10%        |
| EUROPAC INTERNATNL DIVIDEND INC CL I     | LOTS 81 82                         | ST C STE 204     | DORADO            | PR    | 00646     | 0.10%        |
| EVENTIDE HEALTHCARE AND LIFE SCIENCES N  | 80 ARKAY STE 110                   |                  | HAUPPAUGE         | NY    | 11788     | 0.40%        |
| FIRSTHAND ALTERNATIVE ENERGY             | 150 ALMADEN BLVD.                  | STE 1250         | SAN JOSE          | CA    | 95113     | 0.40%        |
| FIRSTHAND TECHNOLOGY OPPORTUNITIES FUND  | 150 ALMADEN BLVD.                  | STE 1250         | SAN JOSE          | CA    | 95113     | 0.40%        |
| FRANKLIN DYNATECH FUND A                 | 100 FOUNTAIN PARKWAY               |                  | ST. PETERSBURG    | FL    | 33716     | \$16.00      |
| FROST TOTAL RETURN BOND FD INVESTOR      | P.O. BOX 2509                      |                  | SAN ANTONIO       | TX    | 782992509 | 0.40%        |
| GEORGE PUTNAM BALANCED FUND CL A         | 1 POST OFFICE SQ MAILZONE G3C      |                  | BOSTON            | MA    | 02109     | 0.40%        |
| GOLDMAN SACHS ASSET ALLOC GRWTH STRAT A  | 71 S. WACKER DR                    | 4TH FL           | CHICAGO           | IL    | 60606     | 0.40%        |
| GOLDMAN SACHS INTL EQUITY INCOME CL A    | 71 S. WACKER DR                    | 4TH FL           | CHICAGO           | IL    | 60606     | 0.40%        |
| GUINNESS ATKINSON ALTERNATIVE ENERGY     | 2220 E. ROUTE 66                   | STE 226          | GLENDORA          | CA    | 91740     | 0.40%        |
| HENNESSY ENERGY TRANSITION INVESTOR      | 7250 REDWOOD BLVD.                 | STE 200          | NOVATO            | CA    | 94945     | 0.40%        |
| HENNESSY GAS UTILITYINVESTOR CL          | 7250 REDWOOD BLVD.                 | STE 200          | NOVATO            | CA    | 94945     | 0.40%        |
| HENNESSY MIDSTREAM INV                   | 7250 REDWOOD BLVD.                 | STE 200          | NOVATO            | CA    | 94945     | 0.40%        |
| IMAN FUND RETAIL SHARES                  | 721 ENTERPRISE DR                  |                  | OAKBROOK          | IL    | 60523     | 0.40%        |
| INVESCO DIVIDEND INCOME FUND A           | 11 GREENWAY PLAZA                  | STE 100          | HOUSTON           | TX    | 77046     | 0.40%        |
| INVESCO GOLD & SPEC MINERALS A           | 11 GREENWAY PLAZA                  | STE 100          | HOUSTON           | TX    | 77046     | 0.40%        |
| INVESCO SENIOR FLOATING RATE A           | 11 GREENWAY PLAZA                  | STE 100          | HOUSTON           | TX    | 77046     | 0.40%        |
| INVESCO STEELPATH MLP ALPHA PLUS A       | 11 GREENWAY PLAZA                  | STE 100          | HOUSTON           | TX    | 77046     | 0.40%        |
| ISHARES S&P 500 INDEX INVESTOR A         | 40 EAST 52ND ST                    |                  | NEW YORK          | NY    | 10022     | 0.30%        |
| JANUS HENDERSON CONTRARIAN T             | 151 DETROIT ST.                    |                  | DENVER            | CO    | 80206     | 0.35%        |
| JANUS HENDERSON GLOB TECH & INNOV T      | 151 DETROIT ST.                    |                  | DENVER            | CO    | 80206     | 0.35%        |
| JPMORGAN EQUITY INCOME FUND CL A         | 1111 POLARIS PARKWAY               |                  | COLUMBUS          | OH    | 43240     | 0.40%        |
| KINETICS SMALL CAP OPPORTUNITIES         | 470 PARK AVE SOUTH                 |                  | NEW YORK          | NY    | 10016     | 0.40%        |
| LDR REAL ESTATE VALUE OPPORTUNITY P      | 8730 STONY POINT PKWY              | STE 205          | RICHMOND          | VA    | 23235     | 0.40%        |
| MATTHEWS CHINA SMALL COMPANIES INVESTOR  | 4 EMBARCADERO CENTER STE 550       |                  | SAN FRANCISCO     | CA    | 94111     | 0.40%        |
| MORGAN STA INST INC.INCEPTION PORT CL A  | 522 FIFTH AVE                      | 4TH FL           | NEW YORK          | NY    | 10036     | 0.40%        |
| MORGAN STANLEY DISCOVERY PORT CL A       | 522 FIFTH AVE                      | 4TH FL           | NEW YORK          | NY    | 10036     | 0.40%        |
| MORGAN STANLEY DISCOVERY PORT CL I       | 522 FIFTH AVE                      | 4TH FL           | NEW YORK          | NY    | 10036     | 0.10%        |
| MORGAN STANLEY GLOBAL OPPORTUNITY A      | 522 FIFTH AVE                      | 4TH FL           | NEW YORK          | NY    | 10036     | 0.40%        |
| MORGAN STANLEY GROWTH PORTFOLIO A        | 522 FIFTH AVE                      | 4TH FL           | NEW YORK          | NY    | 10036     | 0.40%        |
| MORGAN STANLEY INSIGHT A                 | 522 FIFTH AVE                      | 4TH FL           | NEW YORK          | NY    | 10036     | 0.40%        |
| NEEDHAM SMALL CAP GROWTH                 | 445 PARK AVE 15TH FL               |                  | NEW YORK          | NY    | 10022     | 0.40%        |
| NEUBERGER REAL ESTATE TRUST              | 1290 AVE OF THE AMERICAS           | 22ND FL          | NEW YORK          | NY    | 101040002 | 0.40%        |
| NUVEEN QUANT SML CAP EQUITY R6           | 333 WEST WACKER DR                 |                  | CHICAGO           | IL    | 60606     | 0.10%        |
| PARNASSUS CORE EQUITY INVESTOR           | 1 MARKET ST STEUART TOWER STE 1600 |                  | SAN FRANCISCO     | CA    | 94105     | 0.40%        |
| PARNASSUS GROWTH EQUITY FUND INVESTOR    | 1 MARKET ST STEUART TOWER STE 1600 |                  | SAN FRANCISCO     | CA    | 94105     | 0.40%        |
| PARNASSUS VALUE EQUITY INVESTOR          | 1 MARKET ST STEUART TOWER STE 1600 |                  | SAN FRANCISCO     | CA    | 94105     | 0.40%        |
| PIMCO INCOME FUND CL A                   | 1633 BROADWAY                      |                  | NEW YORK          | NY    | 10019     | 0.40%        |
| PUTNAM GLOBAL TECHNOLOGY FUND CL A       | 1 POST OFFICE SQ MAILZONE G3C      |                  | BOSTON            | MA    | 02109     | 0.40%        |
| RYDEX MONTHLY REBAL NASDAQ 100 2X STR A  | 9601 BLACKWELL RD STE 500          |                  | ROCKVILLE         | MD    | 20850     | 0.07%        |
| RYDEX NASDAQ 100 2X STRATEGY CL A        | 9601 BLACKWELL RD STE 500          |                  | ROCKVILLE         | MD    | 20850     | 0.40%        |
| RYDEX S&P 500 2X STRATEGY CL H           | 9601 BLACKWELL RD STE 500          |                  | ROCKVILLE         | MD    | 20850     | 0.40%        |
| SEMICONDUCTOR ULTRA SECTOR PRO FD INVSTR | 7501 WISCONSIN AVE                 | STE 1000 E TOWER | BETHESDA          | MD    | 20814     | 0.40%        |
| SHELTON NASDAQ 100 INDEX INVESTOR        | P.O. BOX 87                        |                  | DENVER            | CO    | 802010087 | 0.15%        |
| SHELTON SUSTAINABLE EQUITY INVESTOR      | P.O. BOX 87                        |                  | DENVER            | CO    | 802010087 | 0.40%        |
| SPROTT GOLD EQUITY FUND INVESTOR         | 200 BAY ST                         | STE 2600         | TORONTO           | CA    | M5J 2J1   | 0.40%        |
| T ROWE PRICE COMM & TECHNOLOGY INVESTOR  | 4515 PAINTERS MILL RD              |                  | OWINGS MILLS      | MD    | 21117     | 0.15%        |
| T ROWE PRICE DIVIDEND GROWTH             | 4515 PAINTERS MILL RD              |                  | OWINGS MILLS      | MD    | 21117     | 0.15%        |
| T ROWE PRICE RETIRE 2050 FUND            | 4515 PAINTERS MILL RD              |                  | OWINGS MILLS      | MD    | 21117     | 0.15%        |
| T ROWE PRICE SCIENCE& TECHNOLOGY         | 4515 PAINTERS MILL RD              |                  | OWINGS MILLS      | MD    | 21117     | 0.15%        |

|                                        |                             |          |                   |    |           |       |
|----------------------------------------|-----------------------------|----------|-------------------|----|-----------|-------|
| THE INTERNET FUND                      | 470 PARK AVE SOUTH          |          | NEW YORK          | NY | 10016     | 0.40% |
| TOUCHSTONE SANDS CAP SEL GRWTH Z       | 303 BROADWAY                | STE 1100 | CINCINNATI        | OH | 452024203 | 0.40% |
| TRANSAMERICA US GROWTH CLASS A         | 4333 EDGEWOOD RD NE         |          | CEDAR RAPIDS      | IA | 52499     | 0.40% |
| VAN ECK INTERNAT'L INVESTORS GOLD FD Y | 666 3RD AVE                 | 9TH FL   | NEW YORK          | NY | 10017     | 0.10% |
| VICTORY GLOBAL ENERGY TRANSITION A     | 4900 TIEDEMAN RD 4TH FL     |          | BROOKLYN          | OH | 44114     | 0.40% |
| VICTORY NASDAQ-100 INDEX FUND CL A     | 4900 TIEDEMAN RD 4TH FL     |          | BROOKLYN          | OH | 44114     | 0.40% |
| VIRTUS KAR MID CAP GROWTH FUND CL C    | 100 SUMMIT LAKE DR 201      |          | GREENFIELD        | MA | 01301     | 0.10% |
| VIRTUS ZEVENBERGEN INNOVATIVE GR STK A | 100 SUMMIT LAKE DR 201      |          | GREENFIELD        | MA | 01301     | 0.40% |
| WASATCH ULTRA GROWTH                   | 505 WAKARA WAY              | STE 300  | SALT LAKE CITY    | UT | 84108     | 0.40% |
| WISE CAPITAL FUND                      | 8000 TOWN CENTRE DR STE 400 |          | BROADVIEW HEIGHTS | OH | 441474031 | 0.40% |

ONCOR THRIFT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2025

|                                 |                   |
|---------------------------------|-------------------|
| Name of Plan Sponsor:           | Oncor Thrift Plan |
| Employer Identification Number: | 75-2967830        |
| Three-Digit Plan Number:        | 002               |

| Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br><u>Par or Maturity Value</u> | <u>Current<br/>Value</u> |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Interest Income Fund</b>                                     |                                                                                                                        |                          |
| American General Life                                           | Fixed Maturity Synthetic GIC Contract No. 1689120:                                                                     |                          |
|                                                                 | American General Life Cash Account <sup>1</sup>                                                                        | \$ 86,514                |
|                                                                 | AMERICAN EXPRESS CREDIT ACCOUNT AMXCA 2025-2 A                                                                         | 122,638                  |
|                                                                 | APPALACHIAN CONSUMER RATE RELI AEPWV 2013-1 A2                                                                         | 141,695                  |
|                                                                 | BARCLAYS COMMERCIAL MORTGAGE S BBCMS 2022 C18 A2                                                                       | 156,723                  |
|                                                                 | BMO MORTGAGE TRUST BMO 2022 C3 A2                                                                                      | 107,074                  |
|                                                                 | BANK 2023 BNK45 A2                                                                                                     | 52,955                   |
|                                                                 | BENCHMARK MORTGAGE TRUST BMARK 2024 V9 A3                                                                              | 161,709                  |
|                                                                 | CD COMMERCIAL MORTGAGE TRUST CD 2016 CD2 A3                                                                            | 141,446                  |
|                                                                 | CNH 2025 A A3                                                                                                          | 233,449                  |
|                                                                 | DEUTSCHE BANK COMMERCIAL MORTG DBJPM 2017 C6 A4                                                                        | 130,419                  |
|                                                                 | FANNIE MAE FNR 2012 100 A                                                                                              | 53,654                   |
|                                                                 | FANNIE MAE FNR 2012 149 LV                                                                                             | 163,280                  |
|                                                                 | FANNIE MAE FNR 2015 68 HC                                                                                              | 132,383                  |
|                                                                 | FANNIE MAE FNR 2017 43 A                                                                                               | 36,041                   |
|                                                                 | FANNIE MAE FNR 2019 14 DA                                                                                              | 110,437                  |
|                                                                 | FANNIE MAE FNR 2020 33 BG                                                                                              | 51,992                   |
|                                                                 | FANNIE MAE FNR 2021 91 DA                                                                                              | 155,158                  |
|                                                                 | FREDDIE MAC FHR 4169 HM                                                                                                | 46,700                   |
|                                                                 | FREDDIE MAC FHR 4493 PA                                                                                                | 154,131                  |
|                                                                 | FREDDIE MAC FHR 4571 CA                                                                                                | 88,283                   |
|                                                                 | FREDDIE MAC FHR 5081 NH                                                                                                | 149,811                  |
|                                                                 | FREDDIE MAC FHR 4888 CB                                                                                                | 137,574                  |
|                                                                 | FREDDIE MAC FHR 5263 EA                                                                                                | 97,386                   |
|                                                                 | FORDL 2025 B A3                                                                                                        | 90,763                   |
|                                                                 | GM FINANCIAL AUTOMOBILE LEASING 2025-1 A3                                                                              | 72,882                   |
|                                                                 | GOVERNMENT NATIONAL MORTGAGE A GNR 2013 22 AP                                                                          | 170,656                  |
|                                                                 | GOVERNMENT NATIONAL MORTGAGE A GNR 2020 78 HL                                                                          | 28,327                   |
|                                                                 | GOVERNMENT NATIONAL MORTGAGE A GNR 2020 164 KP                                                                         | 178,955                  |
|                                                                 | GOVERNMENT NATIONAL MORTGAGE A GNR 2023 111 PG                                                                         | 126,539                  |
|                                                                 | GOVERNMENT NATIONAL MORTGAGE A GNR 2024 175 LP                                                                         | 95,249                   |
|                                                                 | JOHN DEERE OWNER TRUST JDOT 2025 A A3                                                                                  | 131,230                  |
|                                                                 | MBART 2025 1 A3                                                                                                        | 89,467                   |
|                                                                 | PG+E RECOVERY FND LLC SR SECURED 06/33 4.838                                                                           | 155,125                  |
|                                                                 | US TREASURY N/B 08/27 3.75                                                                                             | 692,533                  |
|                                                                 | US TREASURY N/B 11/27 4.125                                                                                            | 106,760                  |
|                                                                 | VALET 2025 1 A3                                                                                                        | 205,405                  |
|                                                                 | Subtotal                                                                                                               | 4,855,343                |
| American United Life                                            | Constant Duration Synthetic GIC Contract No. S00029:                                                                   |                          |
|                                                                 | MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index                                                                             | 3,496,449                |
|                                                                 | Northern Trust CIT Short Term Govt Bond Index                                                                          | 2,532,886                |
|                                                                 | MFB NT CIT Asset-Backed Securities Bond Index                                                                          | 1,748,606                |
|                                                                 | MFB NT CIT Commercial Mortgage Backed Sec Index                                                                        | 683,511                  |
|                                                                 | MFB NT CIT Mortgage Backed Sec Index                                                                                   | 2,190,848                |
|                                                                 | NT CIT 1-10 Yr Int Credit Bond Index Tier J                                                                            | 273,110                  |
|                                                                 | Subtotal                                                                                                               | 10,925,410               |

(Continued)

ONCOR THRIFT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2025

|                                 |                   |
|---------------------------------|-------------------|
| Name of Plan Sponsor:           | Oncor Thrift Plan |
| Employer Identification Number: | 75-2967830        |
| Three-Digit Plan Number:        | 002               |

| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | Current<br>Value |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------|
| <b>Interest Income Fund</b> (continued)                  |                                                                                                                 |                  |
| Prudential                                               | Constant Duration Synthetic GIC Contract GA 63451:                                                              |                  |
|                                                          | Prudential Core Conservative Intermediate<br>Bond Collective Trust <sup>1</sup>                                 | \$ 12,500,016    |
| Transamerica Premier Life                                | Constant Duration Synthetic GIC Contract MDA01282TR:                                                            |                  |
|                                                          | MFB NTGI-QM CIT Daily 1-5 Yr CR Bond Index                                                                      | 3,225,724        |
|                                                          | Northern Trust CIT Short Term Govt Bond Index                                                                   | 2,419,885        |
|                                                          | MFB NT CIT Asset-Backed Securities Bond Index                                                                   | 1,665,465        |
|                                                          | MFB NT CIT Commercial Mortgage Backed Sec Index                                                                 | 650,346          |
|                                                          | MFB NT CIT Mortgage Backed Sec Index                                                                            | 2,080,852        |
|                                                          | NT CIT 1-10 Yr Int Credit Bond Index Tier J                                                                     | 364,184          |
|                                                          | Subtotal                                                                                                        | 10,406,456       |
| Voya Ret. Ins. & Annuity Co.                             | Constant Duration Synthetic GIC Contract MCA-60447:                                                             |                  |
|                                                          | MFB NTGI-QM Collective Daily 1-5 Yr CR Bond Index                                                               | 3,394,628        |
|                                                          | Northern Trust CIT Short Term Govt Bond Index                                                                   | 2,546,593        |
|                                                          | MFB NT Collective Asset-Backed Securities Bond Index                                                            | 1,752,672        |
|                                                          | MFB NT Collective Commercial Mortgage Backed Sec Index                                                          | 684,399          |
|                                                          | MFB NT Collective Mortgage Backed Sec Index                                                                     | 2,189,807        |
|                                                          | NT Collective 1-10 Yr Int Credit Bond Index Tier J                                                              | 383,253          |
|                                                          | Subtotal                                                                                                        | 10,951,352       |
| Fidelity (STIF) <sup>1</sup>                             |                                                                                                                 | 2,136,975        |
| Adjustment from Fair Value to Contract Value             |                                                                                                                 | 2,933,693        |
| Wrap Contracts <sup>1</sup>                              |                                                                                                                 | -                |
| Total Interest Income Fund                               |                                                                                                                 | 54,709,245       |
| <b>Mutual Funds</b>                                      |                                                                                                                 |                  |
| Vanguard                                                 | Total Bond Market Index I                                                                                       | 29,035,590       |
| Vanguard                                                 | Inflation-Protected Secs Adm                                                                                    | 1,354,879        |
| Total Mutual Funds                                       |                                                                                                                 | 30,390,469       |
| <b>Collective Trusts</b>                                 |                                                                                                                 |                  |
| Boston Partners Trust<br>Company                         | Large Cap Value Equity Fund                                                                                     | 54,072,176       |
| Spartan Group Trust                                      | 500 Index Pool Class D                                                                                          | 218,647,564      |
| Spartan Group Trust                                      | Extended Market Index Class D                                                                                   | 29,746,603       |
| Spartan Group Trust                                      | Global ex US Index Pool Class D                                                                                 | 60,361,122       |
| Great Gray Trust<br>Company, LLC                         | Westfield Small/Mid Cap Growth Equity                                                                           | 26,664,666       |

(Continued)

ONCOR THRIFT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2025

|                                 |                          |
|---------------------------------|--------------------------|
| Name of Plan Sponsor:           | <u>Oncor Thrift Plan</u> |
| Employer Identification Number: | <u>75-2967830</u>        |
| Three-Digit Plan Number:        | <u>002</u>               |

| <u>Identity of Issue, Borrower,<br/>Lessor, or Similar Party</u> | <u>Description of Investment<br/>Including Maturity Date,<br/>Rate of Interest, Collateral,<br/>Par or Maturity Value</u> | <u>Current<br/>Value</u> |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Collective Trusts</b> (continued)                             |                                                                                                                           |                          |
| T. Rowe Price                                                    | Large-Cap Growth Trust C                                                                                                  | \$ 106,816,357           |
| MFS Heritage Trust<br>Company                                    | International Equity Fund 3B                                                                                              | 31,749,854               |
| Loomis Sayles Trust<br>Company, LLC                              | Core Plus Fixed Income Fund Class F                                                                                       | 32,246,588               |
| SEI Trust Company                                                | Westwood SMidCap Value Collective Trust Class C                                                                           | 35,491,073               |
| FIAM <sup>1</sup>                                                | Index Target Date Income                                                                                                  | 3,133,485                |
| FIAM <sup>1</sup>                                                | Index Target Date 2010                                                                                                    | 3,952,211                |
| FIAM <sup>1</sup>                                                | Index Target Date 2015                                                                                                    | 2,320,691                |
| FIAM <sup>1</sup>                                                | Index Target Date 2020                                                                                                    | 38,583,715               |
| FIAM <sup>1</sup>                                                | Index Target Date 2025                                                                                                    | 30,484,367               |
| FIAM <sup>1</sup>                                                | Index Target Date 2030                                                                                                    | 77,287,924               |
| FIAM <sup>1</sup>                                                | Index Target Date 2035                                                                                                    | 29,135,591               |
| FIAM <sup>1</sup>                                                | Index Target Date 2040                                                                                                    | 111,689,873              |
| FIAM <sup>1</sup>                                                | Index Target Date 2045                                                                                                    | 54,299,464               |
| FIAM <sup>1</sup>                                                | Index Target Date 2050                                                                                                    | 64,240,936               |
| FIAM <sup>1</sup>                                                | Index Target Date 2055                                                                                                    | 76,573,779               |
| FIAM <sup>1</sup>                                                | Index Target Date 2060                                                                                                    | 58,701,977               |
| FIAM <sup>1</sup>                                                | Index Target Date 2065                                                                                                    | 25,508,653               |
| FIAM <sup>1</sup>                                                | Index Target Date 2070                                                                                                    | <u>2,879,054</u>         |
| Total Collective Trusts                                          |                                                                                                                           | 1,174,587,723            |
| Fidelity <sup>1</sup>                                            | BrokerageLink Account                                                                                                     | 20,021,986               |
| Participant loans <sup>1</sup>                                   | 5.25% - 10.50%, various maturity dates                                                                                    | <u>24,721,772</u>        |
| Total assets held at end of year                                 |                                                                                                                           | <u>\$ 1,304,431,195</u>  |

<sup>1)</sup> Party-in-Interest.

See accompanying independent auditor's report.