Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NEW JERSEY RESOURCES CORPORATION GROUP LIFE & HEALTH PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 07/01/1974

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NEW JERSEY RESOURCES CORPORATION

1415 WYCKOFF ROAD
WALL, NJ 07719

2b Employer Identification Number (EIN)
22-2376465

2c Plan Sponsor's telephone number
732-938-1000

2d Business code (see instructions)
523900

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.	09/15/2026	LORI DELGIUDICE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/18/2026	ROBERTO BEL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1588
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1153
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1172
b	Retired or separated participants receiving benefits	**6b**	435
c	Other retired or separated participants entitled to future benefits	**6c**	3
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1610
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NEW JERSEY RESOURCES CORPORATION GROUP LIFE & HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
NEW JERSEY RESOURCES CORPORATION

D Employer Identification Number (EIN)
22-2376465

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	0187641	3787	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	78305

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	78305	2024 PINNACLE VISION AND MEDICAL RETENTION INCENTIVE RISK	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(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** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [X] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	36916531
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NEW JERSEY RESOURCES CORPORATION GROUP LIFE & HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
NEW JERSEY RESOURCES CORPORATION

D Employer Identification Number (EIN)
22-2376465

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
DELTA DENTAL OF NEW JERSEY, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
22-1896118	55085	03188	2824	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	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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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.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(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** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1162702
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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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
NEW JERSEY RESOURCES CORPORATION GROUP LIFE & HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
NEW JERSEY RESOURCES CORPORATION

D Employer Identification Number (EIN)
22-2376465

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
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00501775	1366	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
16624	26205

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

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

MERCER HEALTH & BENEFITS LLC
ONE INVESTORS WAY
NORWOOD, MA 02062

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16624	26205	FEES	3

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(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** [X] Life insurance
- **e** [X] Temporary disability (accident and sickness)
- **f** [X] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ AD&D & OPTIONAL LIFE

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1088989
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NEW JERSEY RESOURCES CORPORATION GROUP LIFE & HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
NEW JERSEY RESOURCES CORPORATION

D Employer Identification Number (EIN)
22-2376465

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
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00899434	1320	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
34447	6156

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

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

MERCER HEALTH & BENEFITS LLC
ONE INVESTORS WAY
NORWOOD, MA 02062

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34447	6156	FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(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** [X] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1232841
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NEW JERSEY RESOURCES CORPORATION GROUP LIFE & HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
NEW JERSEY RESOURCES CORPORATION

D Employer Identification Number (EIN)
22-2376465

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
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00576870	75	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
52458	7046

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

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

MERCER HEALTH & BENEFITS LLC
ONE INVESTORS WAY
NORWOOD, MA 02062

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
52458	7046	FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(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** [X] Other (specify) ▶ OPTIONAL AD&D & OPTIONAL LIFE

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	403522
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
NEW JERSEY RESOURCES CORPORATION GROUP LIFE & HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
NEW JERSEY RESOURCES CORPORATION

D Employer Identification Number (EIN)
22-2376465

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

SEI TRUST

1 FREEDOM DRIVE
OAKS, PA 19456

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 25 28 51	INVEST MANAGER/TRUSTEE	370954	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON PLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	ACTUARY CONSULTING	92734	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	42698	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ERNST & YOUNG U.S. LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	TAX SERVICES	35800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	INSURANCE SERVICES	28000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EXTEND HEALTH, INC.

26-0775680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	INSURANCE SERVICES	24250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NEW JERSEY RESOURCES CORPORATION GROUP LIFE & HEALTH PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
NEW JERSEY RESOURCES CORPORATION

D Employer Identification Number (EIN)
22-2376465

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	135793	130725
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	9467787	10069173
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	83321986	88312324
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	5681014	6159032

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	98606580	104671254
Liabilities			
1g Benefit claims payable	1g	491387	507917
1h Operating payables	1h	93180	114190
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	584567	622107
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	98022013	104049147

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	37056434	
(B) Participants	2a(1)(B)	3987959	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		41044393
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2847541	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2847541
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	28508	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		28508

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10432426
c Other income	2c		1354526
d Total income. Add all **income** amounts in column (b) and enter total	2d		55707394
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8577112	
(2) To insurance carriers for the provision of benefits	2e(2)	40442634	
(3) Other	2e(3)	66078	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		49085824
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	35800	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	42698	
(5) Investment advisory and investment management fees	2i(5)	397599	
(6) Bank or trust company trustee/custodial fees	2i(6)	25605	
(7) Actuarial fees	2i(7)	92734	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		594436
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		49680260
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6027134
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BDO USA, P.C. **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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



NEW JERSEY RESOURCES CORPORATION
GROUP LIFE AND HEALTH PLAN

FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024
SUPPLEMENTAL SCHEDULES FOR THE YEAR ENDED DECEMBER 31, 2025
AND
INDEPENDENT AUDITOR'S REPORT

PREPARED FOR FILING AS PART OF THE ANNUAL
RETURN-REPORT OF AN EMPLOYEE BENEFIT PLAN
(EIN# 22-2376465; PLAN# 501 ATTACHMENT TO FORM 5500)

NEW JERSEY RESOURCES CORPORATION GROUP LIFE AND HEALTH PLAN

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Tel: 212-885-8000
Fax: 212-697-1299
www.bdo.com

200 Park Avenue
38th Floor
New York, NY 10166

Independent Auditor's Report

To the Plan Administrator
New Jersey Resources Corporation Group Life and Health Plan
Wall Township, New Jersey

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

We have performed audits of the financial statements of New Jersey Resources Corporation Group Life and Health 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). 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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 11 to the financial statements, is complete and accurate.

Opinion

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

- 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 (GAAP); and

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

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

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 GAAP, 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 within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 GAAP.

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

is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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

BDO USA, P.C.

September 10, 2026

NEW JERSEY RESOURCES CORPORATION GROUP LIFE AND HEALTH PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
Assets:		
Investments, at fair value	**$ 104,540,529**	$ 98,470,787
Net assets held in 401(h) account	**22,734,267**	19,713,421
Receivables:		
Interest and dividends	**130,725**	135,793
Total assets	**127,405,521**	118,320,001
Liabilities:		
Accrued administrative expenses	**114,190**	93,180
Net assets available for benefits	**$ 127,291,331**	$ 118,226,821

See Independent Auditor's Report and Notes to Financial Statements

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

	2025
Additions in net assets attributed to:	
Net appreciation in fair value of investments	$ 10,938,952
Net increase in 401(h) account	3,020,846
Contributions from employer	37,056,434
Contributions from participants	3,987,959
Investment income	2,847,541
Return of capital	876,508
Total additions	58,728,240
Deductions from net assets attributed to:	
Payments for benefits:	
Group health and prescription drugs	8,527,238
Life insurance premiums	33,344
Total premiums paid on behalf of retirees	8,560,582
Payments for premiums:	
Group health, dental, and prescription premiums	37,984,068
Life and disability insurance premiums	2,458,566
Total premiums paid to insurance companies	40,442,634
Administrative expenses	594,436
Other taxes	66,078
Total deductions	49,663,730
Net increase	9,064,510
Net assets available for benefits:	
Beginning of year	118,226,821
End of year	$ 127,291,331

See Independent Auditor's Report and Notes to Financial Statements

1. DESCRIPTION OF THE PLAN

The following description of the New Jersey Resources Corporation Group Life and Health Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for complete information. The Plan Sponsor is New Jersey Resources Corporation (the Company).

In March of 1994, the Company established the New Jersey Natural Gas (NJNG) Represented Employees Voluntary Employee Beneficiary Association (VEBA) (Represented VEBA Trust) and the NJNG Non-Represented Employees VEBA (Non-Represented VEBA Trust) (collectively, the Trusts) to fund the post-employment medical and life insurance benefits of the Plan. The Company began funding the Represented VEBA Trust in January 1997 and the Non-Represented VEBA Trust in September 2001 and began making payments from the Trusts in 2001. The Plan is administered through a Benefits Administration Committee appointed by the Company's Board of Directors.

The Plan provides health and welfare benefits to all full-time permanent employees. Non-represented employees of the Company and its subsidiaries hired before October 1, 2009, represented employees of NJNG hired before January 1, 2012, and represented employees of NJR Home Services hired before April 3, 2012, are also eligible for retiree health and welfare benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Company serves as the administrator of the Plan.

Through the Plan, the Company provides post-employment medical and life insurance benefits to eligible represented retirees and their dependents who are covered by the collective bargaining agreement with Local Union 1820 of the International Brotherhood of Electrical Workers (IBEW), American Federation of Labor-Congress of Industrial Organizations and eligible non-represented employees and their dependents. Employee post-employment medical contributions were implemented starting in 2005 based on certain age and service requirements.

The Company provides all permanent employees with a choice of three different health care plans, Comprehensive Indemnity (Indemnity), Direct Access, Consumer Directed Health Plan (CDHP) and a choice between two dental plans. Both medical and dental have a thirty-hour minimum work week requirement for eligibility. The medical coverage is a shared premium expense with employees contributing 23 percent toward the Comprehensive Indemnity premiums, 16 percent towards Direct Access and 10 percent toward the CDHP premiums. The cost of dental coverage is shared by the Company and employees. Employees contribute 5 percent toward their dental coverage. The Plan is fully insured for the medical coverage by Aetna Health Care.

Active permanent full-time employees working thirty or more hours per week are also eligible to participate in the life insurance program, which provides basic life insurance and basic accidental death and dismemberment, both of which are fully covered by the Company. There is also an optional supplemental life insurance plan, to which employees contribute the full cost. The Plan is fully insured by Guardian Life Insurance Company of America for the life coverage.

All active employees are protected by Company-sponsored short-term disability coverage and active employees who work 30 or more hours per week are protected by Company-sponsored long-term disability coverage. The short-term disability plan (TDB) provides benefits equal to 85 percent of the employees' average weekly earnings for up to 26 weeks to the maximum state of New Jersey TDB rate. The long-term plan provides replacement income and coordinates with other sources of disability income.

Eligible retirees are covered by medical insurance. Life insurance is provided to eligible retirees at a reduced amount. Long-term disability ends at retirement as well as accidental death and dismemberment coverage. Dental coverage terminates upon retirement and is subject to Consolidated Omnibus Budget Reconciliation Act.

Contributions are made by the Company in amounts determined by the plan administrator to meet funding requirements. Contributions are made by all represented plan participants in amounts pursuant to the current collective bargaining agreement between the Company and the IBEW (the Union). The costs of the post-employment benefit plan are shared by the Company and retirees as listed below.

Current eligible employees may continue their active medical plan coverage (excluding CDHP) into retirement. Medicare-eligible retirees covered under NJR's Direct Access plan must transfer to the Indemnity Plan in order to coordinate with Medicare coverage. Coverage includes vision benefits and prescription drugs. The Prescription Drug benefit provides coverage at 80 percent of the reasonable customary charges (i.e. a 20 percent co-insurance payment by the participant) with no deductible. Future retiree contributions are summarized as follows:

- For current non-Union and Union employees of NJR Home Services who attained age 50 and 20 years of service by January 1, 2005, (grandfathered employees) and are eligible for post-employment medical, there will be no contribution for post-employment health care coverage in retirement.

- For current Union employees of New Jersey Natural Gas Company who attained 20 years of service by January 1, 2005, (grandfathered employees) and are eligible for post-employment medical, there will be no contribution for post-employment health care coverage in retirement.

- All other current employees that did not attain age 50 and 20 years of service by January 1, 2005 and who are eligible for post-employment medical, will contribute 10 percent of the total cost of coverage in retirement.

The following is a summary of the Group Life Insurance benefits that were in effect as of December 31, 2025 and 2024:

- For active Union and General Office employees, the basic group life and accidental death and dismemberment (AD&D) insurance benefit is one year's base annual salary rounded to the nearest $500, to a maximum of $200,000, which is reduced by 35 percent upon turning age 65.

- For active Supervisory and Professional employees and for Officers, the basic group life and AD&D benefit is equal to one year's annual salary rounded to the nearest $500, to a maximum of $400,000, which is reduced by 35 percent upon turning age 65.

- At retirement, the amount of life insurance in force is reduced by 50 percent (exclusive of age reductions). It is further reduced on the next four anniversaries of retirement in 25 percent increments to a bottom limit of $12,000. If retiring at age 65 or older, the reduction schedule in effect upon retirement assumes you retired at age 65, and the 25 percent reductions occur on each anniversary of your 65th birthday, to a bottom limit of $12,000 as discussed above.

The Sponsor pays insurance premiums on behalf of the plan to provide health insurance benefits to eligible employees. In accordance with the terms of the trust agreement, the Trust reimburses the Sponsor for the insurance premiums paid for eligible employees.

In January 2024, the Company announced changes to its postretirement medical benefits plan. Beginning on January 1, 2025, the Company will replace the existing retiree medical coverage for certain eligible employees age 65 and older and their Medicare-eligible dependents with an employer funded Health Reimbursement Arrangement. Medicare-eligible participants may use the Health Reimbursement Arrangement towards the purchase of supplemental insurance coverage and for other qualified medical expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Plan obligations at December 31 for postretirement health and life insurance benefits, and for future disability payments to members considered disabled at December 31 are estimated by the Company and the Plan's actuary. The postretirement benefit obligations are reported at actuarial present value.

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting.

Payment of Benefits - Benefits are recorded when paid.

Expenses - The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying Statement of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition - The investments of the Plan are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Benefits Administration Committee determines the Plan's valuation policies utilizing information provided by the trustee. Purchases and sales of securities are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date; interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. See Note 4 for discussion of fair value measurements.

Subsequent events - The Plan evaluated subsequent events for recognition or disclosure through September 10, 2026, the date the financial statements were available to be issued.

3. BENEFIT OBLIGATIONS

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

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

The Plan's benefit obligations are as follows:

	December 31, 2025
Amounts currently payable:	
Premiums due to insurers	$ 507,917
Post-employment benefit obligations:	
Retired participants	$ 171,843,653
Other participants fully eligible for benefits	32,571,678
Participants not fully eligible for benefits	22,320,383
Total post-employment benefits obligations of the plan	$ 226,735,714
Total benefit obligations	$ 227,243,631

The changes to the Plan's benefit obligations are as follows:

	December 31, 2025
Amounts currently payable:	
Balance at beginning of year	$ 491,387
Premiums incurred	40,547,813
Paid to insurance carrier	(40,531,283)
Balance at end of year	$ 507,917
Post-employment benefit obligations:	
Balance at beginning of year	$ 168,541,077
Increase (decrease) in post-employment benefits during the year attributable to:	
Service cost	(2,658,762)
Interest cost	9,329,147
Changes in actuarial assumptions	60,821,233
Benefits paid (1)	(9,296,981)
Balance at end of year	226,735,714
Plan's benefit obligations at end of year	$ 227,243,631

(1) Includes $0.5 million for the Plan year ended December 31, 2025 for certain benefit payments that are classified in Payments for premiums in the Statement of Changes in Net Assets Available for Benefits.

The significant actuarial assumptions used in the valuation as of December 31, 2025 and 2024, were as follows:

Mortality assumption	PRI-2012 Employee and Healthy Annuitant Mortality Table projected with Scale MP-2021 for the plan year ended December 31, 2025
	PRI-2012 Employee and Healthy Annuitant Mortality Table projected with Scale MP-2021 for the plan year ended December 31, 2024
Discount rate	5.44 percent, as of December 31, 2025
	5.69 percent, as of December 31, 2024
Healthcare cost trend rate as of December 31, 2025	8.00 percent and 9.70 percent for non-Medicare and Medicare, respectively, gradually declining to 4.50 percent in 2033
Healthcare cost trend rate as of December 31, 2024	8.10 percent and 8.90 percent for non-Medicare and Medicare, respectively, gradually declining to 4.50 percent in 2032
Average retirement age rate	Various rates ranging from 2 percent at age 55 to 100 percent percent at age 70

The changes in actuarial assumptions for 2025 are due to the decrease in the discount rate from 5.69 percent to 5.44 percent, as well as updated mortality assumptions and changes in the healthcare cost trend rate.

The health care cost-trend assumption used in measuring the Accumulated Post-employment Benefit Obligation (APBO) has a significant effect on the amounts reported. For 2025 and 2024, if the assumed healthcare cost trend rate was increased by 1 percent in each future year the APBO would increase by $20.4 million and $16.2 million, respectively.

The Plan’s deficiency of net assets over post-employment benefit obligations at December 31, 2025, relates primarily to the post-employment benefit obligation and it is expected that the deficiency will be funded through future Company and employee contributions.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) introduced a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Company and its actuarial advisors determined that benefits provided to certain participants are expected to be at least actuarially equivalent to Medicare Part D, and accordingly, the Company expects to be entitled to a federal subsidy under the Act. The Plan’s post-employment benefit obligations, as shown above, do not reflect any amount associated with the Medicare subsidy because the Plan is not directly entitled to the Medicare subsidy. The post-employment benefit obligation in the Plan’s financial statements differs from that disclosed in the Company’s financial statements since the Company amounts are reported net of the Medicare subsidy in accordance with accounting principles generally accepted in the United States of America for the preparation of such financial statements.

All actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of post-employment benefit obligations.

4. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Topic 820, *Fair Value Measurement* of the FASB Codification provides the framework for measuring fair value and includes a hierarchy used to classify the inputs in measuring fair value. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

A description of the levels within the hierarchy and applicability to the Plan's assets are as follows:

Level 1 Fair value is based on unadjusted quoted prices in active markets that are accessible to the Plan for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available. The types of investments included are money market, equity and fixed income mutual funds.

Level 2 Fair value is based on significant price inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.

Level 3 Fair value is based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and other similar techniques.

The following is a description of the valuation methodologies used for assets measured at fair value:

***Mutual Funds*:** Money market, equity and fixed income funds are valued at either the year-end balance, which approximates fair value or the net asset value (NAV) of shares held by the Plan at year end as reported on the active market on which the individual securities are traded.

***Limited partnerships and private equity fund*:** The NAV for limited partnerships and the private equity fund is provided by the trustee, and is used as a practical expedient to estimate fair value. These investments include limited partnerships which invest in diversified strategy of property funds and private equity funds, and a private equity fund which invests in a global macro thematic investment strategy. The NAV is based on the value of the underlying assets owned by the fund less liabilities.

Plan assets measured at fair value are summarized as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
As of December 31, 2025				
Mutual funds	**$ 88,312,324**	—	—	**$ 88,312,324**
Investments measured at net asset value [(1)]				**16,228,205**
Total investments at fair value				**$104,540,529**
As of December 31, 2024				
Mutual funds	$ 83,321,986	—	—	$ 83,321,986
Investments measured at net asset value [(1)]				15,148,801
Total investments at fair value				$ 98,470,787

(1) Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

There have been no changes in valuation methodologies as of December 31, 2025 and 2024.

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2025 and 2024.

	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
As of December 31, 2025				
Limited partnerships and private equity fund	**$ 16,228,205**	**$ 1,956,730**	**Quarterly**	**95 days**
As of December 31, 2024				
Limited partnerships and private equity fund	$ 15,148,801	$ 2,529,607	Quarterly	95 days

5. TAX STATUS

The Trusts established under the Plan to hold the Plan's assets are intended to qualify pursuant to Section 501(c) (9) of the IRC, and, accordingly, the Trusts' net investment income is exempt from income taxes. The Trusts obtained favorable tax exemption letters from the Internal Revenue Service, dated September 29, 1995, for the Represented VEBA Trust and March 8, 1996 for the Non-Represented VEBA Trust. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. The Plan had tax payments for unrelated business taxable income of $66,078 for the year ended December 31, 2025. Although the Plan has been amended since receiving these exemption letters, the Plan Sponsor believes that the Plan and related Trusts continue to qualify and operate in accordance with applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

As of December 31, 2025 and 2024, the Plan had investments, including 401(h) investments, of approximately $83.7 million and $77.9 million, respectively, that were concentrated in three funds.

7. PLAN TERMINATION

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

8. 401(h) - POST-RETIREMENT MEDICAL BENEFITS

In October 1993, the Board of Directors of the Company approved and adopted an amendment to the Plan for Retirement Allowances for Non-Represented Employees of New Jersey Natural Gas (Non-Represented Pension Plan) to include a group life and medical-benefit component in addition to normal retirement benefits to fund a portion of the post-employment obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). As a result, NJR established a separate 401(h) account for such contributions, which is maintained in the Non-Represented Pension Plan.

In accordance with IRC Section 401(h), the Non-Represented Pension Plan investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligation for post-employment group life and medical benefits is not included in the accumulated plan benefits of the Non-Represented Pension Plan but is reported as an obligation of the Group Life and Health Plan (see *Note 3. Benefit Obligations*).

In addition, in accordance with Topic 965, Plan Accounting-Health and Welfare Benefit Plans, since the assets of the 401(h) account are used to fund certain health benefit obligations, they are reported in the Statement of Changes in Net Assets of the Group Life and Health Plan.

The following table presents the net assets of the 401(h) account at December 31:

	2025	2024
Assets:		
Investments, at fair value	**$ 22,725,440**	$ 19,704,271
Interest and dividends receivable	**28,360**	26,602
Total assets	**22,753,800**	19,730,873
Accrued administrative expenses	**(19,533)**	(17,452)
Net assets available for benefits	**$ 22,734,267**	$ 19,713,421

The following table presents the net change in the 401(h) account:

	December 31, 2025
Investment income	**$ 603,477**
Return of Capital	**157,014**
Net appreciation in fair value of investments	**2,334,226**
Administrative expenses	**(73,871)**
Net increase in 401(h) account available for benefits	**$ 3,020,846**

See the Non-Represented Pension Plan 5500 filing for the year ended September 30, 2025, on the Department of Labor website for additional 401(h) account disclosures.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2025	2024
Net assets available for benefits per the financial statements	**$ 127,291,331**	$ 118,226,821
Net assets held in defined benefit plan - 401(h) account	**(22,734,267)**	(19,713,421)
Benefit obligations currently payable	**(507,917)**	(491,387)
Net assets available for benefits per Form 5500	**$ 104,049,147**	$ 98,022,013

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

	December 31, 2025
Net increase per the financial statements	**$ 9,064,510**
Add:	
Amounts currently payable at December 31, 2024	**491,387**
Less:	
Net increase in 401(h) account	**3,020,846**
Amounts currently payable at December 31, 2025	**507,917**
Net income per Form 5500	**$ 6,027,134**

10. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are managed by SEI Private Trust Company (SEI Trust), the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Administrative expenses of SEI Trust are paid by the Plan and totaled $370,954 for the year ended December 31, 2025.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

11. INFORMATION CERTIFIED BY TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, SEI Trust, a qualified institution, has certified to the completeness and accuracy of all investments reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, including 401(h) account investments, and the supplemental Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and related investment activity reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025, including 401(h) account investments and the supplemental Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025, except for investments of limited partnerships and private equity funds.

New Jersey Resources Corporation **Plan Number 501**

Group Life and Health Plan **Tax ID Number 22-2376465**

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

December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value**	**Cost**	**Current Value**
*	SEI Large Cap Index Fund (LCIAX)	Equity Mutual Funds	$ 25,856,929	$ 29,526,249
*	SEI Extended Market Index Fund (SMXAX)	Equity Mutual Funds	5,380,248	6,244,471
	State Street Global All Cap Equity ex-US Index Fund (SSGLX)	Equity Mutual Funds	14,288,130	18,254,221
*	SEI Core Fixed Income Fund (SCOAX)	Fixed Income Mutual Funds	24,527,100	22,759,225
*	SEI Emerging Markets Debt Fund (SEDAX)	Fixed Income Mutual Funds	4,485,548	4,256,839
*	SEI High Yield Bond Fund (SGYAX)	Fixed Income Mutual Funds	8,521,998	7,271,319
*	SEI Core Property Fund LP	Limited Partnership	1,914,000	2,729,729
*	SEI Global Private Assets IV, LP	Limited Partnership	1,205,337	3,392,035
*	SEI Global Private Assets V, LP	Limited Partnership	2,846,569	3,947,409
*	SEI Vista Fund, LTD	Private Equity Fund	4,625,000	6,159,032
			$ 93,650,859	$104,540,529

* A party in interest as defined by ERISA

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

BEGINNING MARKET VALUE 6,041,111.71
COMPARATIVE VALUE (5%) 302,055.59

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD		SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
ISSUE: 783980204 - SEI CORE FIXED INCOME FUND (SCOAX)							
11027-29NONV 01/02/25	R	667	8.700	0	5,803-		5,803
11027-29NONV 02/03/25	R	664	8.720	0	5,793-		5,793
11027-29NONV 03/03/25	R	561	8.890	0	4,984-		4,984
11027-29NONV 04/01/25	R	592	8.860	0	5,246-		5,246
11027-29NONV 05/01/25	R	555	8.870	0	4,921-		4,921
11027-29NONV 06/02/25	R	567	8.770	0	4,976-		4,976
11027-29NONV 07/01/25	R	535	8.880	0	4,755-		4,755
11027-29NONV 08/01/25	R	537	8.820	0	4,735-		4,735
11027-29NONV 09/02/25	R	527	8.900	0	4,689-		4,689
11027-29NONV 10/01/25	R	478	8.970	0	4,288-		4,288
11027-29NONV 11/03/25	R	468	9.000	0	4,210-		4,210
11027-29NONV 12/01/25	R	429	9.020	0	3,867-		3,867
SUB-TOTAL OF REINVS # 12				0	58,267		58,267
11027-29NONV 01/06/25	B	1	8.680	0	11-		11
11027-29NONV 03/03/25	B	301	8.890	0	2,672-		2,672
11027-29NONV 03/03/25	B	2,821	8.890	0	25,077-		25,077
11027-29NONV 03/05/25	B	2	8.880	0	19-		19
11027-29NONV 03/31/25	B	312	8.850	0	2,758-		2,758
11027-29NONV 04/03/25	B	5	8.880	0	40-		40
11027-29NONV 04/30/25	B	1,450	8.880	0	12,875-		12,875
11027-29NONV 05/30/25	B	1,233	8.750	0	10,785-		10,785
11027-29NONV 06/05/25	B	255	8.800	0	2,243-		2,243
11027-29NONV 07/01/25	B	1,315	8.880	0	11,681-		11,681
11027-29NONV 07/28/25	B	106	8.820	0	935-		935
11027-29NONV 07/31/25	B	285	8.820	0	2,513-		2,513
11027-29NONV 08/07/25	B	0	8.900	0	4-		4
11027-29NONV 08/21/25	B	41	8.870	0	363-		363
11027-29NONV 09/30/25	B	462	8.980	0	4,151-		4,151
11027-29NONV 10/08/25	B	147	8.980	0	1,316-		1,316
11027-29NONV 11/05/25	B	1,481	8.990	0	13,312-		13,312
11027-29NONV 12/02/25	B	1,557	8.990	0	14,001-		14,001
11027-29NONV 12/04/25	B	145	9.010	0	1,305-		1,305
11027-29NONV 12/23/25	B	220	8.970	0	1,977-		1,977
11027-29NONV 12/31/25	B	1,693	8.990	0	15,223-		15,223

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
SUB-TOTAL OF BUYS # 21			0	123,261	123,261		
11027-29NONV 01/08/25 S	11	8.640	0	92	99	-7	
11027-29NONV 01/31/25 S	5,209	8.730	0	45,473	48,514	-3,041	
11027-29NONV 02/05/25 S	433	8.730	0	3,776	4,028	-252	
11027-29NONV 02/06/25 S	116	8.780	0	1,023	1,085	-62	
11027-29NONV 02/19/25 S	4,010	8.720	0	34,969	37,342	-2,372	
11027-29NONV 02/27/25 S	10,959	8.870	0	97,210	102,050	-4,840	
11027-29NONV 02/28/25 S	371	8.850	0	3,286	3,458	-171	
11027-29NONV 03/05/25 S	331	8.880	0	2,935	3,075	-140	
11027-29NONV 03/19/25 S	228	8.830	0	2,016	2,123	-108	
11027-29NONV 03/27/25 S	7,453	8.810	0	65,661	69,331	-3,670	
11027-29NONV 04/02/25 S	327	8.890	0	2,903	3,037	-134	
11027-29NONV 04/09/25 S	1,244	8.790	0	10,930	11,565	-634	
11027-29NONV 04/14/25 S	116	8.700	0	1,005	1,074	-69	
11027-29NONV 04/24/25 S	10,854	8.760	0	95,078	100,937	-5,860	
11027-29NONV 04/24/25 S	6	8.760	0	51	54	-3	
11027-29NONV 06/26/25 S	6,048	8.850	0	53,528	56,171	-2,644	
11027-29NONV 07/28/25 S	3,414	8.820	0	30,112	31,688	-1,576	
11027-29NONV 08/05/25 S	327	8.900	0	2,913	3,037	-124	
11027-29NONV 08/21/25 S	5	8.870	0	41	43	-2	
11027-29NONV 08/29/25 S	6,640	8.920	0	59,233	61,617	-2,384	
11027-29NONV 08/29/25 S	179	8.920	0	1,601	1,666	-64	
11027-29NONV 09/10/25 S	198	8.990	0	1,782	1,839	-57	
11027-29NONV 09/24/25 S	5,922	8.990	0	53,237	54,941	-1,703	
11027-29NONV 10/16/25 S	840	9.030	0	7,589	7,795	-206	
11027-29NONV 10/23/25 S	7,485	9.070	0	67,891	69,427	-1,536	
11027-29NONV 10/24/25 S	7	9.050	0	64	66	-2	
11027-29NONV 11/07/25 S	42	9.000	0	377	388	-11	
11027-29NONV 11/26/25 S	43	9.030	0	387	398	-10	
11027-29NONV 11/26/25 S	10	9.030	0	88	90	-2	
11027-29NONV 11/26/25 S	9,349	9.030	0	84,425	86,677	-2,252	
11027-29NONV 12/18/25 S	7,114	8.970	0	63,812	65,918	-2,106	
SUB-TOTAL OF SALES # 31			0	793,488	829,533	-36,044	
SUB-TOTAL			0	975,016	1,011,061	-36,044	
ISSUE: 783980303 - SEI HIGH YIELD BOND FUND (SGYAX)							
11027-29NONV 01/02/25 R	584	7.130	0	4,165-	4,165		
11027-29NONV 02/03/25 R	555	7.180	0	3,983-	3,983		
11027-29NONV 03/03/25 R	452	7.180	0	3,247-	3,247		

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
11027-29NONV 04/01/25 R	478	7.040	0	3,365-	3,365		
11027-29NONV 05/01/25 R	425	6.990	0	2,974-	2,974		
11027-29NONV 06/02/25 R	427	7.040	0	3,008-	3,008		
11027-29NONV 07/01/25 R	404	7.120	0	2,875-	2,875		
11027-29NONV 08/01/25 R	425	7.140	0	3,033-	3,033		
11027-29NONV 09/02/25 R	392	7.160	0	2,806-	2,806		
11027-29NONV 10/01/25 R	344	7.170	0	2,463-	2,463		
11027-29NONV 11/03/25 R	379	7.140	0	2,706-	2,706		
11027-29NONV 12/01/25 R	327	7.090	0	2,317-	2,317		
11027-29NONV 12/19/25 R	269	7.050	0	1,895-	1,895		
SUB-TOTAL OF REINVS # 13			0	38,837	38,837		
11027-29NONV 03/03/25 B	62	7.180	0	445-	445		
11027-29NONV 03/03/25 B	1,058	7.180	0	7,599-	7,599		
11027-29NONV 03/31/25 B	190	7.070	0	1,341-	1,341		
11027-29NONV 04/30/25 B	636	7.000	0	4,452-	4,452		
11027-29NONV 05/30/25 B	442	7.040	0	3,110-	3,110		
11027-29NONV 06/05/25 B	13	7.060	0	89-	89		
11027-29NONV 07/01/25 B	475	7.120	0	3,385-	3,385		
11027-29NONV 07/28/25 B	42	7.160	0	299-	299		
11027-29NONV 07/31/25 B	235	7.150	0	1,682-	1,682		
11027-29NONV 08/21/25 B	38	7.130	0	269-	269		
11027-29NONV 09/30/25 B	270	7.170	0	1,934-	1,934		
11027-29NONV 10/08/25 B	41	7.160	0	293-	293		
11027-29NONV 11/05/25 B	358	7.100	0	2,540-	2,540		
11027-29NONV 12/02/25 B	627	7.090	0	4,443-	4,443		
11027-29NONV 12/04/25 B	1	7.100	0	4-	4		
11027-29NONV 12/23/25 B	63	7.050	0	442-	442		
11027-29NONV 12/31/25 B	719	7.060	0	5,078-	5,078		
SUB-TOTAL OF BUYS # 17			0	37,405	37,405		
11027-29NONV 01/08/25 S	334	7.140	0	2,382	2,597	-215	
11027-29NONV 01/31/25 S	2,518	7.180	0	18,077	19,596	-1,519	
11027-29NONV 02/05/25 S	200	7.160	0	1,432	1,556	-124	
11027-29NONV 02/06/25 S	36	7.180	0	261	282	-22	
11027-29NONV 02/19/25 S	1,493	7.170	0	10,703	11,611	-908	
11027-29NONV 02/27/25 S	3,651	7.190	0	26,247	28,396	-2,149	
11027-29NONV 02/28/25 S	88	7.190	0	631	683	-52	
11027-29NONV 03/05/25 S	63	7.150	0	449	488	-39	
11027-29NONV 03/19/25 S	16	7.090	0	114	125	-11	
11027-29NONV 03/27/25 S	2,934	7.100	0	20,833	22,783	-1,950	
11027-29NONV 04/02/25 S	32	7.050	0	225	247	-23	
11027-29NONV 04/09/25 S	285	6.830	0	1,950	2,215	-265	

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
11027-29NONV 04/14/25 S	24	6.840	0	167	189	-22	
11027-29NONV 04/24/25 S	3,765	6.960	0	26,205	29,206	-3,001	
11027-29NONV 04/24/25 S	2	6.960	0	14	16	-2	
11027-29NONV 05/16/25 S	1,188	7.030	0	8,350	9,198	-848	
11027-29NONV 06/26/25 S	2,331	7.100	0	16,547	18,024	-1,477	
11027-29NONV 07/03/25 S	37	7.120	0	263	286	-22	
11027-29NONV 07/28/25 S	2,214	7.160	0	15,853	17,102	-1,249	
11027-29NONV 08/05/25 S	84	7.150	0	598	646	-48	
11027-29NONV 08/29/25 S	2,476	7.170	0	17,753	19,108	-1,355	
11027-29NONV 08/29/25 S	71	7.170	0	512	551	-39	
11027-29NONV 09/24/25 S	2,425	7.190	0	17,434	18,703	-1,269	
11027-29NONV 10/23/25 S	2,694	7.140	0	19,235	20,762	-1,527	
11027-29NONV 10/24/25 S	2	7.140	0	11	12	-1	
11027-29NONV 11/07/25 S	72	7.100	0	508	551	-43	
11027-29NONV 11/07/25 S	81	7.100	0	577	626	-49	
11027-29NONV 11/26/25 S	7	7.090	0	52	56	-4	
11027-29NONV 11/26/25 S	2	7.090	0	12	13	-1	
11027-29NONV 11/26/25 S	3,464	7.090	0	24,558	26,665	-2,108	
11027-29NONV 12/18/25 S	3,186	7.080	0	22,555	24,487	-1,933	
SUB-TOTAL OF SALES # 31			0	254,508	276,780	-22,272	
SUB-TOTAL			0	330,750	353,022	-22,272	
ISSUE: 783980857 - SEI LARGE CAP INDEX FUND (LCIAX)							
11027-29NONV 04/07/25 R	30	168.710	0	5,097-	5,097		
11027-29NONV 07/09/25 R	25	207.310	0	5,139-	5,139		
11027-29NONV 10/07/25 R	18	224.100	0	3,974-	3,974		
11027-29NONV 12/19/25 R	724	197.180	0	142,754-	142,754		
11027-29NONV 12/31/25 R	17	200.010	0	3,472-	3,472		
SUB-TOTAL OF REINVS # 5			0	160,436	160,436		
11027-29NONV 01/09/25 B	18	197.540	0	3,542-	3,542		
11027-29NONV 03/03/25 B	62	198.730	0	12,309-	12,309		
11027-29NONV 03/03/25 B	190	198.730	0	37,743-	37,743		
11027-29NONV 03/18/25 B	16	189.490	0	3,125-	3,125		
11027-29NONV 03/31/25 B	74	186.310	0	13,735-	13,735		
11027-29NONV 04/09/25 B	38	165.520	0	6,326-	6,326		
11027-29NONV 05/30/25 B	42	197.180	0	8,292-	8,292		
11027-29NONV 07/01/25 B	22	207.190	0	4,636-	4,636		
11027-29NONV 07/28/25 B	5	212.760	0	1,048-	1,048		
11027-29NONV 07/31/25 B	28	211.820	0	5,885-	5,885		

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
11027-29NONV 08/21/25 B	2	212.910	0	458-	458		
11027-29NONV 09/09/25 B	7	217.010	0	1,568-	1,568		
11027-29NONV 09/30/25 B	43	222.150	0	9,548-	9,548		
11027-29NONV 10/03/25 B	0	223.880	0	4-	4		
11027-29NONV 10/08/25 B	3	223.110	0	586-	586		
11027-29NONV 11/05/25 B	7	224.570	0	1,475-	1,475		
11027-29NONV 12/02/25 B	13	226.380	0	2,964-	2,964		
11027-29NONV 12/22/25 B	15	198.920	0	2,972-	2,972		
11027-29NONV 12/31/25 B	48	200.010	0	9,589-	9,589		
SUB-TOTAL OF BUYS	# 19		0	125,805	125,805		
11027-29NONV 01/31/25 S	316	203.320	0	64,282	62,886	1,396	
11027-29NONV 02/19/25 S	263	205.170	0	53,899	52,254	1,646	
11027-29NONV 02/27/25 S	201	198.740	0	39,938	39,972	-33	
11027-29NONV 02/28/25 S	1	195.660	0	228	232	-4	
11027-29NONV 03/27/25 S	294	190.860	0	56,176	58,537	-2,361	
11027-29NONV 04/24/25 S	73	178.960	0	13,121	14,554	-1,433	
11027-29NONV 04/24/25 S	0	178.960	0	13	15	-1	
11027-29NONV 05/02/25 S	19	186.540	0	3,455	3,677	-222	
11027-29NONV 05/06/25 S	15	188.290	0	2,894	3,051	-157	
11027-29NONV 05/16/25 S	698	197.360	0	137,663	138,465	-802	
11027-29NONV 06/10/25 S	7	200.550	0	1,350	1,336	14	
11027-29NONV 06/10/25 S	0	200.550	0	57	57	0	
11027-29NONV 06/20/25 S	3	199.720	0	604	600	4	
11027-29NONV 06/20/25 S	0	199.720	0	25	25	0	
11027-29NONV 06/20/25 S	17	199.720	0	3,432	3,411	21	
11027-29NONV 06/26/25 S	417	203.320	0	84,701	82,694	2,007	
11027-29NONV 07/03/25 S	8	208.030	0	1,687	1,610	77	
11027-29NONV 07/28/25 S	0	212.760	0	71	67	5	
11027-29NONV 07/28/25 S	422	212.760	0	89,815	83,825	5,990	
11027-29NONV 08/15/25 S	6	215.200	0	1,283	1,184	99	
11027-29NONV 08/29/25 S	0	216.870	0	1	1	0	
11027-29NONV 08/29/25 S	365	216.870	0	79,173	72,513	6,660	
11027-29NONV 08/29/25 S	8	216.870	0	1,793	1,642	151	
11027-29NONV 09/24/25 S	422	222.110	0	93,754	83,851	9,903	
11027-29NONV 10/23/25 S	340	222.590	0	75,762	67,698	8,063	
11027-29NONV 11/07/25 S	9	222.920	0	1,930	1,722	208	
11027-29NONV 11/07/25 S	10	222.920	0	2,148	1,917	231	
11027-29NONV 11/26/25 S	326	224.770	0	73,259	64,837	8,422	
11027-29NONV 12/10/25 S	3	227.370	0	653	572	81	
11027-29NONV 12/18/25 S	348	223.650	0	77,815	69,237	8,578	
SUB-TOTAL OF SALES	# 30		0	960,982	912,442	48,542	

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
SUB-TOTAL				0	1,247,223	1,198,683	48,542
ISSUE: 85749T848 - STATE STREET GLB ALL CAP EQ EX US IN							
11027-29NONV 12/29/25 R	231	129.850		0	30,016-	30,016	
SUB-TOTAL OF REINVS # 1				0	30,016	30,016	
11027-29NONV 03/03/25 B	68	107.780		0	7,307-	7,307	
11027-29NONV 03/03/25 B	211	107.780		0	22,742-	22,742	
11027-29NONV 03/31/25 B	29	108.700		0	3,168-	3,168	
11027-29NONV 04/09/25 B	36	96.760		0	3,446-	3,446	
11027-29NONV 04/30/25 B	60	110.850		0	6,653-	6,653	
11027-29NONV 07/01/25 B	21	121.030		0	2,549-	2,549	
11027-29NONV 07/28/25 B	5	123.440		0	636-	636	
11027-29NONV 07/31/25 B	105	121.710		0	12,741-	12,741	
11027-29NONV 09/09/25 B	1	126.580		0	100-	100	
11027-29NONV 09/30/25 B	48	128.660		0	6,202-	6,202	
11027-29NONV 11/05/25 B	34	130.740		0	4,479-	4,479	
11027-29NONV 12/02/25 B	14	131.560		0	1,843-	1,843	
11027-29NONV 12/31/25 B	32	130.070		0	4,214-	4,214	
SUB-TOTAL OF BUYS # 13				0	76,080	76,080	
11027-29NONV 01/31/25 S	471	106.660		0	50,188	47,359	2,828
11027-29NONV 02/06/25 S	4	106.790		0	471	444	27
11027-29NONV 02/19/25 S	503	109.900		0	55,294	50,640	4,655
11027-29NONV 02/27/25 S	475	109.670		0	52,106	47,820	4,286
11027-29NONV 02/28/25 S	56	107.910		0	6,010	5,605	404
11027-29NONV 03/19/25 S	59	111.260		0	6,588	5,972	616
11027-29NONV 03/27/25 S	588	109.780		0	64,557	59,313	5,245
11027-29NONV 04/24/25 S	601	108.900		0	65,448	60,623	4,826
11027-29NONV 04/24/25 S	0	108.900		0	35	33	3
11027-29NONV 05/06/25 S	4	113.440		0	509	453	56
11027-29NONV 05/16/25 S	397	115.070		0	45,684	40,075	5,608
11027-29NONV 06/10/25 S	9	118.770		0	1,078	916	162
11027-29NONV 06/10/25 S	0	118.770		0	46	39	7
11027-29NONV 06/20/25 S	19	118.310		0	2,241	1,912	329
11027-29NONV 06/20/25 S	1	118.310		0	91	77	13
11027-29NONV 06/20/25 S	48	118.310		0	5,719	4,880	840
11027-29NONV 06/26/25 S	353	119.120		0	42,035	35,621	6,414
11027-29NONV 07/03/25 S	1	121.300		0	148	123	25
11027-29NONV 07/28/25 S	0	123.440		0	38	31	7
11027-29NONV 07/28/25 S	428	123.440		0	52,869	43,265	9,604

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
11027-29NONV 08/15/25 S	7	124.860	0	872	708	164	
11027-29NONV 08/21/25 S	55	125.210	0	6,929	5,607	1,322	
11027-29NONV 08/29/25 S	288	125.390	0	36,135	29,199	6,936	
11027-29NONV 08/29/25 S	9	125.390	0	1,089	880	209	
11027-29NONV 09/10/25 S	4	126.920	0	488	389	98	
11027-29NONV 09/24/25 S	422	129.340	0	54,520	42,710	11,810	
11027-29NONV 10/09/25 S	21	131.200	0	2,802	2,169	634	
11027-29NONV 10/23/25 S	402	131.120	0	52,712	40,817	11,895	
11027-29NONV 10/24/25 S	0	131.290	0	36	28	8	
11027-29NONV 11/26/25 S	323	129.970	0	41,930	32,809	9,121	
11027-29NONV 12/10/25 S	10	132.400	0	1,309	1,006	303	
11027-29NONV 12/18/25 S	425	132.010	0	56,125	43,269	12,856	
SUB-TOTAL OF SALES	# 32		0	706,102	604,792	101,311	
SUB-TOTAL			0	812,198	710,888	101,311	
GRAND TOTAL			0	3,365,187	3,273,654	91,537	

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS REP EE VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

BEGINNING MARKET VALUE 92,429,674.81
COMPARATIVE VALUE (5%) 4,621,483.74

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS REP EE VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS REP EE VEBA - CONS

DATE BOUGHT/SOLD		SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE								
ISSUE: 783980857 - SEI LARGE CAP INDEX FUND (LCIAX)								
11027-29VEBA	04/07/25 R	478	168.710	0	80,559-	80,559		
11027-29VEBA	07/09/25 R	455	207.310	0	94,271-	94,271		
11027-29VEBA	10/07/25 R	374	224.100	0	83,913-	83,913		
11027-29VEBA	12/19/25 R	17,802	197.180	0	3,510,138-	3,510,138		
11027-29VEBA	12/31/25 R	426	200.010	0	85,284-	85,284		
SUB-TOTAL OF REINVS # 5				0	3,854,165	3,854,165		
11027-29VEBA	01/09/25 B	39	197.540	0	7,647-	7,647		
11027-29VEBA	01/09/25 B	174	197.540	0	34,288-	34,288		
11027-29VEBA	03/03/25 B	71	198.730	0	14,190-	14,190		
11027-29VEBA	03/18/25 B	221	189.490	0	41,832-	41,832		
11027-29VEBA	03/31/25 B	79	186.310	0	14,694-	14,694		
11027-29VEBA	04/09/25 B	690	165.520	0	114,172-	114,172		
11027-29VEBA	04/30/25 B	83	185.190	0	15,339-	15,339		
11027-29VEBA	05/30/25 B	22	197.180	0	4,363-	4,363		
11027-29VEBA	12/22/25 B	217	198.920	0	43,226-	43,226		
SUB-TOTAL OF BUYS # 9				0	289,751	289,751		
11027-29VEBA	01/08/25 S	3	197.230	0	551	471	79	
11027-29VEBA	01/31/25 S	741	203.320	0	150,752	125,188	25,565	
11027-29VEBA	02/06/25 S	2	203.060	0	348	290	59	
11027-29VEBA	06/05/25 S	7	199.290	0	1,447	1,226	221	
11027-29VEBA	06/10/25 S	1	200.550	0	275	231	43	
11027-29VEBA	06/10/25 S	0	200.550	0	12	10	2	
11027-29VEBA	06/13/25 S	7	201.720	0	1,329	1,113	216	
11027-29VEBA	06/26/25 S	813	203.320	0	165,269	137,290	27,979	
11027-29VEBA	07/03/25 S	6	208.030	0	1,320	1,071	248	
11027-29VEBA	07/28/25 S	0	212.760	0	69	55	14	
11027-29VEBA	07/28/25 S	1,182	212.760	0	251,473	199,788	51,685	
11027-29VEBA	08/05/25 S	330	210.750	0	69,584	55,810	13,774	
11027-29VEBA	08/15/25 S	11	215.200	0	2,291	1,799	491	
11027-29VEBA	08/21/25 S	20	212.910	0	4,167	3,308	859	
11027-29VEBA	08/29/25 S	0	216.870	0	77	60	17	
11027-29VEBA	08/29/25 S	1,325	216.870	0	287,262	223,896	63,366	
11027-29VEBA	08/29/25 S	16	216.870	0	3,368	2,625	743	
11027-29VEBA	09/10/25 S	5	217.480	0	1,086	844	242	

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS REP EE VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
11027-29VEBA 09/24/25 S	1,224	222.110	0	271,953	206,964	64,989	
11027-29VEBA 10/09/25 S	6	224.490	0	1,307	985	322	
11027-29VEBA 10/16/25 S	20	221.900	0	4,399	3,354	1,045	
11027-29VEBA 10/23/25 S	1,064	222.590	0	236,738	179,946	56,792	
11027-29VEBA 10/23/25 S	68	222.590	0	15,126	11,497	3,629	
11027-29VEBA 10/24/25 S	0	224.030	0	6	5	1	
11027-29VEBA 10/29/25 S	146	228.720	0	33,495	24,777	8,718	
11027-29VEBA 11/07/25 S	9	222.920	0	2,113	1,603	509	
11027-29VEBA 11/07/25 S	291	222.920	0	64,947	49,294	15,653	
11027-29VEBA 11/26/25 S	2	224.770	0	339	255	84	
11027-29VEBA 11/26/25 S	0	224.770	0	77	58	19	
11027-29VEBA 11/26/25 S	1,309	224.770	0	294,163	221,427	72,736	
11027-29VEBA 12/09/25 S	73	227.590	0	16,671	12,394	4,278	
11027-29VEBA 12/10/25 S	6	227.370	0	1,385	1,031	354	
11027-29VEBA 12/18/25 S	828	223.650	0	185,080	140,014	45,066	
SUB-TOTAL OF SALES # 33			0	2,068,479	1,608,679	459,799	
SUB-TOTAL			0	6,212,395	5,752,595	459,799	
GRAND TOTAL			0	6,212,395	5,752,595	459,799	

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS REP EE VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS 401(H) - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

BEGINNING MARKET VALUE 19,704,270.94
COMPARATIVE VALUE (5%) 985,213.55

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS 401(H) - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS 401(H) - CONS

DATE BOUGHT/SOLD		SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE								
ISSUE: 783980857 - SEI LARGE CAP INDEX FUND (LCIAX)								
11027-294HGB 04/07/25	R	111	168.710	0	18,730-	18,730		
11027-294HGB 07/09/25	R	106	207.310	0	21,922-	21,922		
11027-294HGB 10/07/25	R	90	224.100	0	20,099-	20,099		
11027-294HGB 12/19/25	R	4,139	197.180	0	816,186-	816,186		
11027-294HGB 12/31/25	R	99	200.010	0	19,825-	19,825		
SUB-TOTAL OF REINVS # 5				0	896,762	896,762		
11027-294HGB 04/09/25	B	85	165.520	0	14,038-	14,038		
11027-294HGB 05/30/25	B	0	197.180	0	3-	3		
11027-294HGB 12/22/25	B	41	198.920	0	8,133-	8,133		
SUB-TOTAL OF BUYS # 3				0	22,174	22,174		
11027-294HGB 02/05/25	S	70	202.210	0	14,081	11,430	2,651	
11027-294HGB 03/13/25	S	23	186.720	0	4,287	3,769	518	
11027-294HGB 05/06/25	S	29	188.290	0	5,554	4,842	712	
11027-294HGB 06/05/25	S	30	199.290	0	5,882	4,845	1,037	
11027-294HGB 06/13/25	S	29	201.720	0	5,798	4,719	1,080	
11027-294HGB 08/05/25	S	65	210.750	0	13,609	10,610	2,999	
11027-294HGB 10/23/25	S	15	222.590	0	3,340	2,468	872	
11027-294HGB 10/29/25	S	26	228.720	0	5,932	4,266	1,666	
11027-294HGB 11/07/25	S	56	222.920	0	12,594	9,293	3,301	
11027-294HGB 12/09/25	S	15	227.590	0	3,520	2,544	976	
11027-294HGB 12/16/25	S	1,673	226.730	0	379,308	275,178	104,130	
SUB-TOTAL OF SALES # 11				0	453,905	333,964	119,941	
SUB-TOTAL				0	1,372,841	1,252,900	119,941	
GRAND TOTAL				0	1,372,841	1,252,900	119,941	

ACCOUNT NUMBER

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS 401(H) - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER
11027NONV-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

BEGINNING MARKET VALUE 6,041,111.71
COMPARATIVE VALUE (5%) 302,055.59

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER
11027NONV-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER
11027NONV-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD		SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
ISSUE: 783980204 - SEI CORE FIXED INCOME FUND (SCOAX)							
11027-29NONV 01/02/25	R	667	8.700	0	5,803-	5,803	
11027-29NONV 02/03/25	R	664	8.720	0	5,793-	5,793	
11027-29NONV 03/03/25	R	561	8.890	0	4,984-	4,984	
11027-29NONV 04/01/25	R	592	8.860	0	5,246-	5,246	
11027-29NONV 05/01/25	R	555	8.870	0	4,921-	4,921	
11027-29NONV 06/02/25	R	567	8.770	0	4,976-	4,976	
11027-29NONV 07/01/25	R	535	8.880	0	4,755-	4,755	
11027-29NONV 08/01/25	R	537	8.820	0	4,735-	4,735	
11027-29NONV 09/02/25	R	527	8.900	0	4,689-	4,689	
11027-29NONV 10/01/25	R	478	8.970	0	4,288-	4,288	
11027-29NONV 11/03/25	R	468	9.000	0	4,210-	4,210	
11027-29NONV 12/01/25	R	429	9.020	0	3,867-	3,867	
SUB-TOTAL OF REINVS # 12				0	58,267	58,267	
11027-29NONV 01/06/25	B	1	8.680	0	11-	11	
11027-29NONV 03/03/25	B	301	8.890	0	2,672-	2,672	
11027-29NONV 03/03/25	B	2,821	8.890	0	25,077-	25,077	
11027-29NONV 03/05/25	B	2	8.880	0	19-	19	
11027-29NONV 03/31/25	B	312	8.850	0	2,758-	2,758	
11027-29NONV 04/03/25	B	5	8.880	0	40-	40	
11027-29NONV 04/30/25	B	1,450	8.880	0	12,875-	12,875	
11027-29NONV 05/30/25	B	1,233	8.750	0	10,785-	10,785	
11027-29NONV 06/05/25	B	255	8.800	0	2,243-	2,243	
11027-29NONV 07/01/25	B	1,315	8.880	0	11,681-	11,681	
11027-29NONV 07/28/25	B	106	8.820	0	935-	935	
11027-29NONV 07/31/25	B	285	8.820	0	2,513-	2,513	
11027-29NONV 08/07/25	B	0	8.900	0	4-	4	
11027-29NONV 08/21/25	B	41	8.870	0	363-	363	
11027-29NONV 09/30/25	B	462	8.980	0	4,151-	4,151	
11027-29NONV 10/08/25	B	147	8.980	0	1,316-	1,316	
11027-29NONV 11/05/25	B	1,481	8.990	0	13,312-	13,312	
11027-29NONV 12/02/25	B	1,557	8.990	0	14,001-	14,001	
11027-29NONV 12/04/25	B	145	9.010	0	1,305-	1,305	
11027-29NONV 12/23/25	B	220	8.970	0	1,977-	1,977	
11027-29NONV 12/31/25	B	1,693	8.990	0	15,223-	15,223	

ACCOUNT NUMBER
11027NONV-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
SUB-TOTAL OF BUYS # 21			0	123,261	123,261	
11027-29NONV 01/08/25 S	11	8.640	0	92	99	-7
11027-29NONV 01/31/25 S	5,209	8.730	0	45,473	48,514	-3,041
11027-29NONV 02/05/25 S	433	8.730	0	3,776	4,028	-252
11027-29NONV 02/06/25 S	116	8.780	0	1,023	1,085	-62
11027-29NONV 02/19/25 S	4,010	8.720	0	34,969	37,342	-2,372
11027-29NONV 02/27/25 S	10,959	8.870	0	97,210	102,050	-4,840
11027-29NONV 02/28/25 S	371	8.850	0	3,286	3,458	-171
11027-29NONV 03/05/25 S	331	8.880	0	2,935	3,075	-140
11027-29NONV 03/19/25 S	228	8.830	0	2,016	2,123	-108
11027-29NONV 03/27/25 S	7,453	8.810	0	65,661	69,331	-3,670
11027-29NONV 04/02/25 S	327	8.890	0	2,903	3,037	-134
11027-29NONV 04/09/25 S	1,244	8.790	0	10,930	11,565	-634
11027-29NONV 04/14/25 S	116	8.700	0	1,005	1,074	-69
11027-29NONV 04/24/25 S	10,854	8.760	0	95,078	100,937	-5,860
11027-29NONV 04/24/25 S	6	8.760	0	51	54	-3
11027-29NONV 06/26/25 S	6,048	8.850	0	53,528	56,171	-2,644
11027-29NONV 07/28/25 S	3,414	8.820	0	30,112	31,688	-1,576
11027-29NONV 08/05/25 S	327	8.900	0	2,913	3,037	-124
11027-29NONV 08/21/25 S	5	8.870	0	41	43	-2
11027-29NONV 08/29/25 S	6,640	8.920	0	59,233	61,617	-2,384
11027-29NONV 08/29/25 S	179	8.920	0	1,601	1,666	-64
11027-29NONV 09/10/25 S	198	8.990	0	1,782	1,839	-57
11027-29NONV 09/24/25 S	5,922	8.990	0	53,237	54,941	-1,703
11027-29NONV 10/16/25 S	840	9.030	0	7,589	7,795	-206
11027-29NONV 10/23/25 S	7,485	9.070	0	67,891	69,427	-1,536
11027-29NONV 10/24/25 S	7	9.050	0	64	66	-2
11027-29NONV 11/07/25 S	42	9.000	0	377	388	-11
11027-29NONV 11/26/25 S	43	9.030	0	387	398	-10
11027-29NONV 11/26/25 S	10	9.030	0	88	90	-2
11027-29NONV 11/26/25 S	9,349	9.030	0	84,425	86,677	-2,252
11027-29NONV 12/18/25 S	7,114	8.970	0	63,812	65,918	-2,106
SUB-TOTAL OF SALES # 31			0	793,488	829,533	-36,044
SUB-TOTAL			0	975,016	1,011,061	-36,044
ISSUE: 783980303 - SEI HIGH YIELD BOND FUND (SGYAX)						
11027-29NONV 01/02/25 R	584	7.130	0	4,165-	4,165	
11027-29NONV 02/03/25 R	555	7.180	0	3,983-	3,983	
11027-29NONV 03/03/25 R	452	7.180	0	3,247-	3,247	

ACCOUNT NUMBER
11027NONV-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
11027-29NONV 04/01/25 R	478	7.040	0	3,365-	3,365		
11027-29NONV 05/01/25 R	425	6.990	0	2,974-	2,974		
11027-29NONV 06/02/25 R	427	7.040	0	3,008-	3,008		
11027-29NONV 07/01/25 R	404	7.120	0	2,875-	2,875		
11027-29NONV 08/01/25 R	425	7.140	0	3,033-	3,033		
11027-29NONV 09/02/25 R	392	7.160	0	2,806-	2,806		
11027-29NONV 10/01/25 R	344	7.170	0	2,463-	2,463		
11027-29NONV 11/03/25 R	379	7.140	0	2,706-	2,706		
11027-29NONV 12/01/25 R	327	7.090	0	2,317-	2,317		
11027-29NONV 12/19/25 R	269	7.050	0	1,895-	1,895		
SUB-TOTAL OF REINVS # 13			0	38,837	38,837		
11027-29NONV 03/03/25 B	62	7.180	0	445-	445		
11027-29NONV 03/03/25 B	1,058	7.180	0	7,599-	7,599		
11027-29NONV 03/31/25 B	190	7.070	0	1,341-	1,341		
11027-29NONV 04/30/25 B	636	7.000	0	4,452-	4,452		
11027-29NONV 05/30/25 B	442	7.040	0	3,110-	3,110		
11027-29NONV 06/05/25 B	13	7.060	0	89-	89		
11027-29NONV 07/01/25 B	475	7.120	0	3,385-	3,385		
11027-29NONV 07/28/25 B	42	7.160	0	299-	299		
11027-29NONV 07/31/25 B	235	7.150	0	1,682-	1,682		
11027-29NONV 08/21/25 B	38	7.130	0	269-	269		
11027-29NONV 09/30/25 B	270	7.170	0	1,934-	1,934		
11027-29NONV 10/08/25 B	41	7.160	0	293-	293		
11027-29NONV 11/05/25 B	358	7.100	0	2,540-	2,540		
11027-29NONV 12/02/25 B	627	7.090	0	4,443-	4,443		
11027-29NONV 12/04/25 B	1	7.100	0	4-	4		
11027-29NONV 12/23/25 B	63	7.050	0	442-	442		
11027-29NONV 12/31/25 B	719	7.060	0	5,078-	5,078		
SUB-TOTAL OF BUYS # 17			0	37,405	37,405		
11027-29NONV 01/08/25 S	334	7.140	0	2,382	2,597	-215	
11027-29NONV 01/31/25 S	2,518	7.180	0	18,077	19,596	-1,519	
11027-29NONV 02/05/25 S	200	7.160	0	1,432	1,556	-124	
11027-29NONV 02/06/25 S	36	7.180	0	261	282	-22	
11027-29NONV 02/19/25 S	1,493	7.170	0	10,703	11,611	-908	
11027-29NONV 02/27/25 S	3,651	7.190	0	26,247	28,396	-2,149	
11027-29NONV 02/28/25 S	88	7.190	0	631	683	-52	
11027-29NONV 03/05/25 S	63	7.150	0	449	488	-39	
11027-29NONV 03/19/25 S	16	7.090	0	114	125	-11	
11027-29NONV 03/27/25 S	2,934	7.100	0	20,833	22,783	-1,950	
11027-29NONV 04/02/25 S	32	7.050	0	225	247	-23	
11027-29NONV 04/09/25 S	285	6.830	0	1,950	2,215	-265	

ACCOUNT NUMBER
11027NONV-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
11027-29NONV 04/14/25 S	24	6.840	0	167	189	-22	
11027-29NONV 04/24/25 S	3,765	6.960	0	26,205	29,206	-3,001	
11027-29NONV 04/24/25 S	2	6.960	0	14	16	-2	
11027-29NONV 05/16/25 S	1,188	7.030	0	8,350	9,198	-848	
11027-29NONV 06/26/25 S	2,331	7.100	0	16,547	18,024	-1,477	
11027-29NONV 07/03/25 S	37	7.120	0	263	286	-22	
11027-29NONV 07/28/25 S	2,214	7.160	0	15,853	17,102	-1,249	
11027-29NONV 08/05/25 S	84	7.150	0	598	646	-48	
11027-29NONV 08/29/25 S	2,476	7.170	0	17,753	19,108	-1,355	
11027-29NONV 08/29/25 S	71	7.170	0	512	551	-39	
11027-29NONV 09/24/25 S	2,425	7.190	0	17,434	18,703	-1,269	
11027-29NONV 10/23/25 S	2,694	7.140	0	19,235	20,762	-1,527	
11027-29NONV 10/24/25 S	2	7.140	0	11	12	-1	
11027-29NONV 11/07/25 S	72	7.100	0	508	551	-43	
11027-29NONV 11/07/25 S	81	7.100	0	577	626	-49	
11027-29NONV 11/26/25 S	7	7.090	0	52	56	-4	
11027-29NONV 11/26/25 S	2	7.090	0	12	13	-1	
11027-29NONV 11/26/25 S	3,464	7.090	0	24,558	26,665	-2,108	
11027-29NONV 12/18/25 S	3,186	7.080	0	22,555	24,487	-1,933	
SUB-TOTAL OF SALES # 31			0	254,508	276,780	-22,272	
SUB-TOTAL			0	330,750	353,022	-22,272	
ISSUE: 783980857 - SEI LARGE CAP INDEX FUND (LCIAX)							
11027-29NONV 04/07/25 R	30	168.710	0	5,097-	5,097		
11027-29NONV 07/09/25 R	25	207.310	0	5,139-	5,139		
11027-29NONV 10/07/25 R	18	224.100	0	3,974-	3,974		
11027-29NONV 12/19/25 R	724	197.180	0	142,754-	142,754		
11027-29NONV 12/31/25 R	17	200.010	0	3,472-	3,472		
SUB-TOTAL OF REINVS # 5			0	160,436	160,436		
11027-29NONV 01/09/25 B	18	197.540	0	3,542-	3,542		
11027-29NONV 03/03/25 B	62	198.730	0	12,309-	12,309		
11027-29NONV 03/03/25 B	190	198.730	0	37,743-	37,743		
11027-29NONV 03/18/25 B	16	189.490	0	3,125-	3,125		
11027-29NONV 03/31/25 B	74	186.310	0	13,735-	13,735		
11027-29NONV 04/09/25 B	38	165.520	0	6,326-	6,326		
11027-29NONV 05/30/25 B	42	197.180	0	8,292-	8,292		
11027-29NONV 07/01/25 B	22	207.190	0	4,636-	4,636		
11027-29NONV 07/28/25 B	5	212.760	0	1,048-	1,048		
11027-29NONV 07/31/25 B	28	211.820	0	5,885-	5,885		

ACCOUNT NUMBER
11027NONV-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
11027-29NONV 08/21/25 B	2	212.910	0	458-	458		
11027-29NONV 09/09/25 B	7	217.010	0	1,568-	1,568		
11027-29NONV 09/30/25 B	43	222.150	0	9,548-	9,548		
11027-29NONV 10/03/25 B	0	223.880	0	4-	4		
11027-29NONV 10/08/25 B	3	223.110	0	586-	586		
11027-29NONV 11/05/25 B	7	224.570	0	1,475-	1,475		
11027-29NONV 12/02/25 B	13	226.380	0	2,964-	2,964		
11027-29NONV 12/22/25 B	15	198.920	0	2,972-	2,972		
11027-29NONV 12/31/25 B	48	200.010	0	9,589-	9,589		
SUB-TOTAL OF BUYS	# 19		0	125,805	125,805		
11027-29NONV 01/31/25 S	316	203.320	0	64,282	62,886	1,396	
11027-29NONV 02/19/25 S	263	205.170	0	53,899	52,254	1,646	
11027-29NONV 02/27/25 S	201	198.740	0	39,938	39,972	-33	
11027-29NONV 02/28/25 S	1	195.660	0	228	232	-4	
11027-29NONV 03/27/25 S	294	190.860	0	56,176	58,537	-2,361	
11027-29NONV 04/24/25 S	73	178.960	0	13,121	14,554	-1,433	
11027-29NONV 04/24/25 S	0	178.960	0	13	15	-1	
11027-29NONV 05/02/25 S	19	186.540	0	3,455	3,677	-222	
11027-29NONV 05/06/25 S	15	188.290	0	2,894	3,051	-157	
11027-29NONV 05/16/25 S	698	197.360	0	137,663	138,465	-802	
11027-29NONV 06/10/25 S	7	200.550	0	1,350	1,336	14	
11027-29NONV 06/10/25 S	0	200.550	0	57	57	0	
11027-29NONV 06/20/25 S	3	199.720	0	604	600	4	
11027-29NONV 06/20/25 S	0	199.720	0	25	25	0	
11027-29NONV 06/20/25 S	17	199.720	0	3,432	3,411	21	
11027-29NONV 06/26/25 S	417	203.320	0	84,701	82,694	2,007	
11027-29NONV 07/03/25 S	8	208.030	0	1,687	1,610	77	
11027-29NONV 07/28/25 S	0	212.760	0	71	67	5	
11027-29NONV 07/28/25 S	422	212.760	0	89,815	83,825	5,990	
11027-29NONV 08/15/25 S	6	215.200	0	1,283	1,184	99	
11027-29NONV 08/29/25 S	0	216.870	0	1	1	0	
11027-29NONV 08/29/25 S	365	216.870	0	79,173	72,513	6,660	
11027-29NONV 08/29/25 S	8	216.870	0	1,793	1,642	151	
11027-29NONV 09/24/25 S	422	222.110	0	93,754	83,851	9,903	
11027-29NONV 10/23/25 S	340	222.590	0	75,762	67,698	8,063	
11027-29NONV 11/07/25 S	9	222.920	0	1,930	1,722	208	
11027-29NONV 11/07/25 S	10	222.920	0	2,148	1,917	231	
11027-29NONV 11/26/25 S	326	224.770	0	73,259	64,837	8,422	
11027-29NONV 12/10/25 S	3	227.370	0	653	572	81	
11027-29NONV 12/18/25 S	348	223.650	0	77,815	69,237	8,578	
SUB-TOTAL OF SALES	# 30		0	960,982	912,442	48,542	

ACCOUNT NUMBER
11027NONV-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
SUB-TOTAL			0	1,247,223	1,198,683	48,542	
ISSUE: 85749T848 - STATE STREET GLB ALL CAP EQ EX US IN							
11027-29NONV 12/29/25 R	231	129.850	0	30,016-	30,016		
SUB-TOTAL OF REINVS # 1			0	30,016	30,016		
11027-29NONV 03/03/25 B	68	107.780	0	7,307-	7,307		
11027-29NONV 03/03/25 B	211	107.780	0	22,742-	22,742		
11027-29NONV 03/31/25 B	29	108.700	0	3,168-	3,168		
11027-29NONV 04/09/25 B	36	96.760	0	3,446-	3,446		
11027-29NONV 04/30/25 B	60	110.850	0	6,653-	6,653		
11027-29NONV 07/01/25 B	21	121.030	0	2,549-	2,549		
11027-29NONV 07/28/25 B	5	123.440	0	636-	636		
11027-29NONV 07/31/25 B	105	121.710	0	12,741-	12,741		
11027-29NONV 09/09/25 B	1	126.580	0	100-	100		
11027-29NONV 09/30/25 B	48	128.660	0	6,202-	6,202		
11027-29NONV 11/05/25 B	34	130.740	0	4,479-	4,479		
11027-29NONV 12/02/25 B	14	131.560	0	1,843-	1,843		
11027-29NONV 12/31/25 B	32	130.070	0	4,214-	4,214		
SUB-TOTAL OF BUYS # 13			0	76,080	76,080		
11027-29NONV 01/31/25 S	471	106.660	0	50,188	47,359	2,828	
11027-29NONV 02/06/25 S	4	106.790	0	471	444	27	
11027-29NONV 02/19/25 S	503	109.900	0	55,294	50,640	4,655	
11027-29NONV 02/27/25 S	475	109.670	0	52,106	47,820	4,286	
11027-29NONV 02/28/25 S	56	107.910	0	6,010	5,605	404	
11027-29NONV 03/19/25 S	59	111.260	0	6,588	5,972	616	
11027-29NONV 03/27/25 S	588	109.780	0	64,557	59,313	5,245	
11027-29NONV 04/24/25 S	601	108.900	0	65,448	60,623	4,826	
11027-29NONV 04/24/25 S	0	108.900	0	35	33	3	
11027-29NONV 05/06/25 S	4	113.440	0	509	453	56	
11027-29NONV 05/16/25 S	397	115.070	0	45,684	40,075	5,608	
11027-29NONV 06/10/25 S	9	118.770	0	1,078	916	162	
11027-29NONV 06/10/25 S	0	118.770	0	46	39	7	
11027-29NONV 06/20/25 S	19	118.310	0	2,241	1,912	329	
11027-29NONV 06/20/25 S	1	118.310	0	91	77	13	
11027-29NONV 06/20/25 S	48	118.310	0	5,719	4,880	840	
11027-29NONV 06/26/25 S	353	119.120	0	42,035	35,621	6,414	
11027-29NONV 07/03/25 S	1	121.300	0	148	123	25	
11027-29NONV 07/28/25 S	0	123.440	0	38	31	7	
11027-29NONV 07/28/25 S	428	123.440	0	52,869	43,265	9,604	

ACCOUNT NUMBER
11027NONV-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
11027-29NONV 08/15/25 S	7	124.860	0	872	708	164	
11027-29NONV 08/21/25 S	55	125.210	0	6,929	5,607	1,322	
11027-29NONV 08/29/25 S	288	125.390	0	36,135	29,199	6,936	
11027-29NONV 08/29/25 S	9	125.390	0	1,089	880	209	
11027-29NONV 09/10/25 S	4	126.920	0	488	389	98	
11027-29NONV 09/24/25 S	422	129.340	0	54,520	42,710	11,810	
11027-29NONV 10/09/25 S	21	131.200	0	2,802	2,169	634	
11027-29NONV 10/23/25 S	402	131.120	0	52,712	40,817	11,895	
11027-29NONV 10/24/25 S	0	131.290	0	36	28	8	
11027-29NONV 11/26/25 S	323	129.970	0	41,930	32,809	9,121	
11027-29NONV 12/10/25 S	10	132.400	0	1,309	1,006	303	
11027-29NONV 12/18/25 S	425	132.010	0	56,125	43,269	12,856	
SUB-TOTAL OF SALES # 32			0	706,102	604,792	101,311	
SUB-TOTAL			0	812,198	710,888	101,311	
GRAND TOTAL			0	3,365,187	3,273,654	91,537	

ACCOUNT NUMBER
11027NONV-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS NON-REP VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER
11027VEBA-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS REP EE VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

BEGINNING MARKET VALUE 92,429,674.81
COMPARATIVE VALUE (5%) 4,621,483.74

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER
11027VEBA-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS REP EE VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER
11027VEBA-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS REP EE VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
ISSUE: 783980857 - SEI LARGE CAP INDEX FUND (LCIAX)							
11027-29VEBA 04/07/25 R	478	168.710	0	80,559-	80,559		
11027-29VEBA 07/09/25 R	455	207.310	0	94,271-	94,271		
11027-29VEBA 10/07/25 R	374	224.100	0	83,913-	83,913		
11027-29VEBA 12/19/25 R	17,802	197.180	0	3,510,138-	3,510,138		
11027-29VEBA 12/31/25 R	426	200.010	0	85,284-	85,284		
SUB-TOTAL OF REINVS # 5			0	3,854,165	3,854,165		
11027-29VEBA 01/09/25 B	39	197.540	0	7,647-	7,647		
11027-29VEBA 01/09/25 B	174	197.540	0	34,288-	34,288		
11027-29VEBA 03/03/25 B	71	198.730	0	14,190-	14,190		
11027-29VEBA 03/18/25 B	221	189.490	0	41,832-	41,832		
11027-29VEBA 03/31/25 B	79	186.310	0	14,694-	14,694		
11027-29VEBA 04/09/25 B	690	165.520	0	114,172-	114,172		
11027-29VEBA 04/30/25 B	83	185.190	0	15,339-	15,339		
11027-29VEBA 05/30/25 B	22	197.180	0	4,363-	4,363		
11027-29VEBA 12/22/25 B	217	198.920	0	43,226-	43,226		
SUB-TOTAL OF BUYS # 9			0	289,751	289,751		
11027-29VEBA 01/08/25 S	3	197.230	0	551	471		79
11027-29VEBA 01/31/25 S	741	203.320	0	150,752	125,188		25,565
11027-29VEBA 02/06/25 S	2	203.060	0	348	290		59
11027-29VEBA 06/05/25 S	7	199.290	0	1,447	1,226		221
11027-29VEBA 06/10/25 S	1	200.550	0	275	231		43
11027-29VEBA 06/10/25 S	0	200.550	0	12	10		2
11027-29VEBA 06/13/25 S	7	201.720	0	1,329	1,113		216
11027-29VEBA 06/26/25 S	813	203.320	0	165,269	137,290		27,979
11027-29VEBA 07/03/25 S	6	208.030	0	1,320	1,071		248
11027-29VEBA 07/28/25 S	0	212.760	0	69	55		14
11027-29VEBA 07/28/25 S	1,182	212.760	0	251,473	199,788		51,685
11027-29VEBA 08/05/25 S	330	210.750	0	69,584	55,810		13,774
11027-29VEBA 08/15/25 S	11	215.200	0	2,291	1,799		491
11027-29VEBA 08/21/25 S	20	212.910	0	4,167	3,308		859
11027-29VEBA 08/29/25 S	0	216.870	0	77	60		17
11027-29VEBA 08/29/25 S	1,325	216.870	0	287,262	223,896		63,366
11027-29VEBA 08/29/25 S	16	216.870	0	3,368	2,625		743
11027-29VEBA 09/10/25 S	5	217.480	0	1,086	844		242

ACCOUNT NUMBER
11027VEBA-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS REP EE VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
11027-29VEBA 09/24/25 S	1,224	222.110	0	271,953	206,964	64,989	
11027-29VEBA 10/09/25 S	6	224.490	0	1,307	985	322	
11027-29VEBA 10/16/25 S	20	221.900	0	4,399	3,354	1,045	
11027-29VEBA 10/23/25 S	1,064	222.590	0	236,738	179,946	56,792	
11027-29VEBA 10/23/25 S	68	222.590	0	15,126	11,497	3,629	
11027-29VEBA 10/24/25 S	0	224.030	0	6	5	1	
11027-29VEBA 10/29/25 S	146	228.720	0	33,495	24,777	8,718	
11027-29VEBA 11/07/25 S	9	222.920	0	2,113	1,603	509	
11027-29VEBA 11/07/25 S	291	222.920	0	64,947	49,294	15,653	
11027-29VEBA 11/26/25 S	2	224.770	0	339	255	84	
11027-29VEBA 11/26/25 S	0	224.770	0	77	58	19	
11027-29VEBA 11/26/25 S	1,309	224.770	0	294,163	221,427	72,736	
11027-29VEBA 12/09/25 S	73	227.590	0	16,671	12,394	4,278	
11027-29VEBA 12/10/25 S	6	227.370	0	1,385	1,031	354	
11027-29VEBA 12/18/25 S	828	223.650	0	185,080	140,014	45,066	
SUB-TOTAL OF SALES # 33			0	2,068,479	1,608,679	459,799	
SUB-TOTAL			0	6,212,395	5,752,595	459,799	
GRAND TOTAL			0	6,212,395	5,752,595	459,799	

ACCOUNT NUMBER
11027VEBA-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS REP EE VEBA - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER
110274HGB-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS 401(H) - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

BEGINNING MARKET VALUE 19,704,270.94
COMPARATIVE VALUE (5%) 985,213.55

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER
110274HGB-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS 401(H) - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER
110274HGB-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS 401(H) - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS	
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
ISSUE: 783980857 - SEI LARGE CAP INDEX FUND (LCIAX)							
11027-294HGB 04/07/25 R	111	168.710	0	18,730-	18,730		
11027-294HGB 07/09/25 R	106	207.310	0	21,922-	21,922		
11027-294HGB 10/07/25 R	90	224.100	0	20,099-	20,099		
11027-294HGB 12/19/25 R	4,139	197.180	0	816,186-	816,186		
11027-294HGB 12/31/25 R	99	200.010	0	19,825-	19,825		
SUB-TOTAL OF REINVS # 5			0	896,762	896,762		
11027-294HGB 04/09/25 B	85	165.520	0	14,038-	14,038		
11027-294HGB 05/30/25 B	0	197.180	0	3-	3		
11027-294HGB 12/22/25 B	41	198.920	0	8,133-	8,133		
SUB-TOTAL OF BUYS # 3			0	22,174	22,174		
11027-294HGB 02/05/25 S	70	202.210	0	14,081	11,430	2,651	
11027-294HGB 03/13/25 S	23	186.720	0	4,287	3,769	518	
11027-294HGB 05/06/25 S	29	188.290	0	5,554	4,842	712	
11027-294HGB 06/05/25 S	30	199.290	0	5,882	4,845	1,037	
11027-294HGB 06/13/25 S	29	201.720	0	5,798	4,719	1,080	
11027-294HGB 08/05/25 S	65	210.750	0	13,609	10,610	2,999	
11027-294HGB 10/23/25 S	15	222.590	0	3,340	2,468	872	
11027-294HGB 10/29/25 S	26	228.720	0	5,932	4,266	1,666	
11027-294HGB 11/07/25 S	56	222.920	0	12,594	9,293	3,301	
11027-294HGB 12/09/25 S	15	227.590	0	3,520	2,544	976	
11027-294HGB 12/16/25 S	1,673	226.730	0	379,308	275,178	104,130	
SUB-TOTAL OF SALES # 11			0	453,905	333,964	119,941	
SUB-TOTAL			0	1,372,841	1,252,900	119,941	
GRAND TOTAL			0	1,372,841	1,252,900	119,941	

ACCOUNT NUMBER
110274HGB-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
NJ NATURAL GAS 401(H) - CONS

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

New Jersey Resources Corporation **Plan Number 501**

Group Life and Health Plan **Tax ID Number 22-2376465**

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

December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	**Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value**	**Cost**	**Current Value**
*	SEI Large Cap Index Fund (LCIAX)	Equity Mutual Funds	$ 25,856,929	$ 29,526,249
*	SEI Extended Market Index Fund (SMXAX)	Equity Mutual Funds	5,380,248	6,244,471
	State Street Global All Cap Equity ex-US Index Fund (SSGLX)	Equity Mutual Funds	14,288,130	18,254,221
*	SEI Core Fixed Income Fund (SCOAX)	Fixed Income Mutual Funds	24,527,100	22,759,225
*	SEI Emerging Markets Debt Fund (SEDAX)	Fixed Income Mutual Funds	4,485,548	4,256,839
*	SEI High Yield Bond Fund (SGYAX)	Fixed Income Mutual Funds	8,521,998	7,271,319
*	SEI Core Property Fund LP	Limited Partnership	1,914,000	2,729,729
*	SEI Global Private Assets IV, LP	Limited Partnership	1,205,337	3,392,035
*	SEI Global Private Assets V, LP	Limited Partnership	2,846,569	3,947,409
*	SEI Vista Fund, LTD	Private Equity Fund	4,625,000	6,159,032
			$ 93,650,859	$104,540,529

* A party in interest as defined by ERISA