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
EVERSOURCE GROUP HEALTH AND WELFARE RETIREE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 510

1c Effective date of plan 12/01/1993

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)
EVERSOURCE ENERGY SERVICE COMPANY

PO BOX 270
HARTFORD, CT 06141-0270

2b Employer Identification Number (EIN) 06-0810627

2c Plan Sponsor's telephone number 800-841-8684

2d Business code (see instructions) 221500

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	DANA LITWINKA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

EXECUTIVE VICE PRESIDENT, HUMAN RESOURCES & INFORMATION TECHNOLOGY
EVERSOURCE ENERGY SERVICE COMPANY
P.O. BOX 270
HARTFORD, CT 06141-0270

3b Administrator's EIN
06-0989432

3c Administrator's telephone number
800-841-8684

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

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	8152
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)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	8131
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8131
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

9a Plan funding arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☒	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	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)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☒ **A** (Insurance Information) – Number Attached 2
- **(4)** ☐ **C** (Service Provider Information)
- **(5)** ☒ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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
EVERSOURCE GROUP HEALTH AND WELFARE RETIREE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 510

C Plan sponsor's name as shown on line 2a of Form 5500
EVERSOURCE ENERGY SERVICE COMPANY

D Employer Identification Number (EIN)
06-0810627

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
MINNESOTA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0417830	66168	33835	6896	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
85798	188684

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

STRATEGIC BENEFIT ADVISORS INC
144 TURNPIKE ROAD
SOUTHBOROUGH, MA 01772

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
85798	188684	SUPPLEMENTAL COMMISSIONS	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. Specify nature of costs ▶	6d	

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	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** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	8379180
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
EVERSOURCE GROUP HEALTH AND WELFARE RETIREE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 510

C Plan sponsor's name as shown on line 2a of Form 5500
EVERSOURCE ENERGY SERVICE COMPANY

D Employer Identification Number (EIN)
06-0810627

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
MINNESOTA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0417830	66168	33835	310	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
5340	11743

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

STRATEGIC BENEFIT ADVISORS INC
144 TURNPIKE ROAD
SOUTHBOROUGH, MA 01772

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5340	11743	SUPPLEMENTAL COMMISSIONS	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. Specify nature of costs ▶	6d	

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	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** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	521498
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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
EVERSOURCE GROUP HEALTH AND WELFARE RETIREE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 510

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EVERSOURCE ENERGY SERVICE COMPANY

D Employer Identification Number (EIN)
06-0810627

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: EVERSOURCE RETIREES BENEFIT TRUST

b Name of sponsor of entity listed in (a): EVERSOURCE ENERGY SERVICE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3220614-526	M	882823312

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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
EVERSOURCE GROUP HEALTH AND WELFARE RETIREE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 510

C Plan sponsor's name as shown on line 2a of Form 5500
EVERSOURCE ENERGY SERVICE COMPANY

D Employer Identification Number (EIN)
06-0810627

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)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4562172	4562172
(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)		
(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)	802774667	882823312
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	807336839	887385484
Liabilities			
1g Benefit claims payable	1g	1285607	589417
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1285607	589417
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	806051232	886796067

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)		
(B) Participants	2a(1)(B)	523448	
(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)		523448
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)		
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(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)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		106008965
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		106532413
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25787578	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		25787578
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(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)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		25787578
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		80744835
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: FIONDELLA, MILONE & LASARACINA **(2)** EIN: 06-1648707

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		2000000
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 _____.

Financial Statements

Eversource Group Health and Welfare
Retiree Benefit Plan

Year Ended December 31, 2025
with Independent Auditor's Report

Eversource Group Health and Welfare Retiree Benefit Plan

Financial Statements

Year Ended December 31, 2025

Table of Contents

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Independent Auditor's Report

To the Participants and Plan Administrator of
the Eversource Group Health and Welfare
Retiree Benefit Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Notes 5 and 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

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

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

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

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

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

Fiondella, Milone & LaSaracina LLP

October 1, 2026
Glastonbury, Connecticut

Eversource Group Health and Welfare Retiree Benefit Plan

Statements of Net Assets Available for Benefits

(Thousands of Dollars)

	December 31, 2025	December 31, 2024
Assets		
Cash	$ 4,562	$ 4,562
Investments at Fair Value:		
Interest in Master Trust	882,823	802,775
Total Investments at Fair Value	882,823	802,775
Net Assets Held in the Eversource Pension Plan:		
Restricted to 401(h) Account	231,841	231,792
Total Assets	1,119,226	1,039,129
Net Assets Available For Benefits	$ 1,119,226	$ 1,039,129

See accompanying notes to financial statements.

Eversource Group Health and Welfare Retiree Benefit Plan

Statement of Changes in Net Assets Available for Benefits
(Thousands of Dollars)

	Year Ended December 31, 2025
Additions	
Investment Income	
Net Appreciation in the Fair Value of Interest in the Master Trust	$ 106,408
Net Appreciation in 401(h) Account	22,897
Total Investment Income	129,305
Participant Contributions	523
Total Additions	129,828
Deductions	
Benefits Paid	49,332
Income Tax Expense	131
Administrative Expenses	268
Total Deductions	49,731
Net Increase	80,097
Net Assets Available for Benefits, Beginning of Year	1,039,129
Net Assets Available for Benefits, End of Year	$ 1,119,226

See accompanying notes to financial statements.

1. Plan Description

The following is a brief description of the Eversource Group Health and Welfare Retiree Benefit Plan (the "Plan"), which is provided for general information purposes only. Participants should refer to the Plan document for a more complete description.

General

The Plan is a Group Health and Welfare Plan for Retirees of Eversource and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan is open and offers benefits to eligible retirees (including certain dependents and beneficiaries) of Eversource Energy ("Eversource") and certain other participating companies under the Plan. Eversource Energy Service Company (the "Plan Sponsor," "Eversource Service" or the "Company"), a wholly-owned subsidiary of Eversource, sponsors the Plan, and participating companies in the Plan are, among others, The Connecticut Light and Power Company, NSTAR Electric Company, Public Service Company of New Hampshire, NSTAR Gas Company, Eversource Gas Company of Massachusetts and Yankee Gas Services Company, all of which are subsidiaries of Eversource (collectively, "the Employer").

The Plan provides a health reimbursement arrangement ("HRA") in which each participant is provided with a pre-established annual HRA credit at the start of each Plan year, in accordance with enrollment, age and eligibility requirements. The HRA contribution amount is notional and is intended to reimburse retirees and dependents for their health insurance premiums and certain medical expenses. The benefits provided under the Plan are not vested, and the Plan Sponsor has the right to modify any benefit provision subject to applicable laws at that time.

The Plan is administered by the Executive Vice President – Human Resources and Information Technology of Eversource (the "Administrator"), who has sole responsibility for all aspects of the administration of the Plan, except for matters relating to benefit denials and investment of Plan assets. Benefit denials are decided by the Plan insurance carriers. The investment of Plan assets and the establishment and implementation of Plan investment policies are the responsibility of the Eversource Retirement Plan and Investment Committee. The Plan's trustee, The Bank of New York Mellon, is responsible for the management and control of the Plan's assets and, subject to various investment management agreements, has certain discretionary authority and control over such assets. The Eversource Retirees Benefit Trust and the Eversource Non-Union Medical Trust ("Master Trust") hold assets of the Plan and allows most of the Plan's assets to be administered as a single asset pool.

Participation

Retirees and certain eligible dependents are eligible for Employer-made HRA contributions if they (i) purchase medical coverage through Via Benefits, a private medical exchange or, if under the age of 65, purchase individual medical coverage through a public marketplace exchange, (ii) meet the specified age and/or years of service eligibility requirements, and (iii) opt to participate in the HRA.

The Plan Sponsor provides certain life insurance benefits to eligible retirees that meet specified age and/or years of service eligibility requirements.

Benefits and Funding

Health benefits under the Plan include an HRA, created for the purpose of reimbursing eligible retirees for certain medical expenses and health insurance premiums, which are not otherwise reimbursed. The Plan Administrator credits HRA contributions to participants at the start of each Plan year in accordance with enrollment and eligibility requirements. The HRA third party administrator (Via Benefits) maintains an HRA account that tracks any HRA contributions accrued by a participant and any eligible medical expenses paid to the participant. Participants do not make contributions to their HRA accounts. The HRA account is notional and does not bear interest or accrue earnings of any kind. The Plan also provides access to a health care exchange administered by Via Benefits; however, any medical coverage that a participant purchases through a health care exchange is an individual policy of the participant and is governed by the terms of the applicable policy and administered by the issuing insurance provider.

For life insurance benefits, death benefits are provided through group term life insurance contracts. Premiums on those contracts are paid by the trust on behalf of the participants. Life insurance death benefits vary depending on the participant's age and/or years of service eligibility requirements. Certain employees who have active optional employee life insurance coverage are eligible to purchase supplemental coverage, in retirement under the Plan. The Plan allows certain eligible participants to replace Company-paid coverage in order to provide additional annuity income in their retirement. Certain eligible participants are not required to contribute toward the cost of life insurance coverage, however participants who purchase supplemental term life insurance are required to contribute to the Plan for such coverage.

Separate voluntary employees' beneficiary association ("VEBA") subtrusts ("Subtrusts") are maintained within the Master Trust for health benefits and life insurance benefits. Contributions are deposited to the Subtrusts held by the trustee in amounts necessary to fund the benefits provided under the HRA or to provide retiree life insurance to certain retirees. Participant benefits are paid directly from the Subtrusts, the medical benefit component included in the Eversource Pension Plan ("Pension Plan") under Section 401(h) of the Internal Revenue Code ("IRC")("401(h) account") or general assets of the Company. Pursuant to IRC Section 419A(e), there are limitations on the contributions that may be made for postretirement life insurance benefits. The calculation of the Plan's obligation is based on all benefits that are payable under the Plan, as well as the annual cost as actuarially determined.

Cash

Cash represents amounts on deposit with the private medical exchange, which have not yet been used to pay medical claims of Plan participants.

401(h) Account

The Pension Plan includes a medical-benefit component, in addition to normal retirement benefits, to fund a portion of the Plan's obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. A separate 401(h) account is maintained in the Pension Plan for the net assets related to the medical-benefit component. In accordance with IRC Section 401(h), the Pension Plan's 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. Any assets transferred to the 401(h) account from the Pension Plan in a qualified transfer of excess Pension Plan assets (and any income allocable thereto) that are not used during the Plan year must be transferred out of the account back to the Pension Plan. The related obligations for health benefits are included in the Plan's benefit obligations (see Note 4, "*Participant Benefit Obligations*"). There were no contributions to the 401(h) account in 2025.

2. Summary of Significant Accounting Policies

Method of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

The fair value of the interest in the Master Trust is based on the fair value of the underlying assets held by the Master Trust. The investments held by the Master Trust are reported at fair value (see Note 7, "*Fair Value Measurements*"). The Plan applies ASC 820, *Fair Value Measurement and Disclosures* (ASC 820), which defines fair value, establishes a fair value hierarchy, and includes disclosures about fair value measurements. The fair value of a financial instrument is the amount that would be received upon the sale of an asset (or paid upon the transfer of a liability) in an orderly transaction between market participants at the measurement date (the exit price) and in the principal or most advantageous market for that asset or liability. The fair values of the assets in the Master Trust are accounted for as described below:

Corporate stocks are traded in active markets on national and international securities exchanges and are valued at closing prices on the primary exchange on the last business day of each period presented.

Corporate debt instruments and U.S. government securities are generally valued using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. The pricing models utilize observable inputs such as recent trades for the same or similar instruments, yield curves, discount margins and bond structures. Securities that trade infrequently and therefore, have little or no price transparency, are valued using the investment manager's best estimates.

Common collective trusts, 103-12 investment entities and registered investment companies represent investments with various investment managers. The respective fair values of these investments are determined by reference to the funds' underlying assets, which are primarily marketable equity securities. Units held in common collective trusts and 103-12 investment entities, and shares held in registered investment companies are valued using the net asset value ("NAV") or unit value as reported by the investment managers.

Partnership investments represent ownership interests in alternative investments. The fair value of these investments is determined by reference to various underlying assets, which include, among other things, real estate properties, private companies, fixed income securities and marketable equity securities. The value of interests is determined by the general partner, based upon third-party appraisals of underlying real estate assets and various methods for other assets, such as discounted cash flows and independent valuations.

Cash includes interest bearing and non-interest bearing cash and are valued at cost, which approximates fair value. Cash also includes collateral held by the broker.

The Plan's investment policy allows for the use of derivatives by investment managers of the Master Trust to hedge interest rate or currency risk, reduce transaction costs, enhance returns, and facilitate shifts in asset allocation.

Purchases and sales of securities are recorded on the trade date, and dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation or depreciation in the fair value of investments consists of the realized and unrealized gains or losses on those investments.

In the Statement of Changes in Net Assets Available for Benefits, the Plan presents the net appreciation or depreciation in the fair value of its interest in the Master Trust, which consists of realized gains and losses and the unrealized appreciation and depreciation on those investments.

The 401(h) account held in the Pension Plan is stated at fair value, however, these investments are not included in the Plan's Master Trust.

Administrative Expenses

Administrative expenses primarily represent trustee fees, claims processing fees, and amounts paid to insurance companies for administering benefits. Investment management fees are netted against investment gains or losses. Expenses incurred in the administration of the Plan are paid by the Plan unless the Administrator elects to have such expenses paid by the Plan Sponsor, for which the Plan Sponsor may be reimbursed to the extent permitted by law. The Plan did not have any amounts payable to the Plan Sponsor relating to the payment of administrative expenses as of December 31, 2025 and 2024.

Termination of the Plan

The Plan Sponsor has the right to modify, amend or terminate the Plan at any time. In the event of termination, all assets of the Trust (see Note 5, "*Master Trust Account – Summarized Financial Information*"), after payment of expenses, will be used to provide benefits under the Plan, as permitted under Section 501(c)(9) of the IRC of 1986, as amended, to participants and their beneficiaries, and no amounts would be returned to the Plan Sponsor.

3. Tax Status

Three Subtrusts within the Master Trust were established to fund the Plan, one for the medical benefit portion of the Plan benefiting retirees who were non-bargaining employees at retirement, one for the medical benefit portion of the Plan benefiting retirees who were bargaining employees at retirement, and one for life insurance benefits. Each of the Subtrusts within the Plan is intended to qualify as a VEBA exempt from tax under Section 501(c)(9) of the IRC. The Internal Revenue Service ("IRS") has determined and informed the Plan Sponsor by letters dated July 17, 1995 (for the life insurance benefits trust), June 20, 1995 (for the bargaining employee trust), and July 20, 1995 (for the non-bargaining employee trust) that the Plan and the related Subtrusts are designed in accordance with Section 501(c)(9) of the IRC. The Plan has been amended since receiving the determination letters. The Plan Sponsor and the Plan's tax counsel believe that the Plan and related Subtrusts are currently being operated in compliance with the applicable requirements of the IRC. However, pursuant to IRS regulations, certain amounts earned by the trust assets (dividends and capital gain distributions) were subject to unrelated business income tax. These earnings resulted in $0.1 million of income tax expense for the Plan for the year ended December 31, 2025.

The trustee for each of the Subtrusts (The Bank of New York Mellon) files Form 990, *Return of Organization Exempt from Income Tax,* and Form 990-T, *Exempt Organization Business Income Tax Return,* and the Administrator files the Form 5500, *Annual Return/Report of Employee Benefit Plan.*

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

4. Participant Benefit Obligations

Postretirement health and life insurance benefit obligations represent the actuarial present value of those future periodic payments that are attributable under the Plan's provisions for the service that employees have rendered.

Postretirement health and life insurance benefit obligations include future benefits expected to be paid for eligible (1) retired employees and dependents, (2) surviving spouses upon the death of the retiree, and (3) active employees after retirement from service and their dependents. Prior to an active employee's retirement date, the postretirement life insurance benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of benefit obligations as of December 31, 2025 and 2024 was as follows:

(Thousands of Dollars)	2025	2024
Amounts Currently Payable		
Claims Payable	$ 589	$ 1,286
Postretirement Benefit Obligations		
Current Retirees or Beneficiaries	437,173	438,323
Participants Fully Eligible for Benefits	85,826	88,883
Participants Not Yet Fully Eligible for Benefits	62,183	59,810
Total Postretirement Benefit Obligations	585,182	587,016
Total Benefit Obligations	$ 585,771	$ 588,302

The changes in the actuarial present value of the Plan's benefit obligations for the year ended December 31, 2025 were as follows:

(Thousands of Dollars)	2025
Amounts Currently Payable	
Balance, Beginning of Year	$ 1,286
Decrease During the Plan Year Attributable to Changes in:	
Claims Payable	(697)
Balance, End of Year	589
Postretirement Benefit Obligations	
Balance, Beginning of Year	587,016
Increase/(Decrease) During the Plan Year Attributable to:	
Interest	30,241
Service (Additional Benefits Accumulated)	6,320
Actuarial (Gain)/Loss	334
Change in Actuarial Assumptions	10,080
Benefits Paid, Net of Participant Contributions	(48,809)
Balance, End of Year	585,182
Total Benefit Obligations	$ 585,771

Postretirement benefit obligations are actuarially determined as the amount that results from applying actuarial assumptions to adjust the postretirement benefit obligations to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected payment date, excluding amounts to be funded by retiree contributions. Plan costs are actuarially determined using the actuarial cost method.

The significant actuarial assumptions used to calculate the postretirement benefit obligations as of December 31, 2025 and 2024 are as follows:

Life expectancy:	Based on the Pri-2012 base table reflecting a 94.3% multiplier, with MP-2021 Generational Projection
Retirement:	Employees will retire at varying rates based on age and service as specified in the annual valuation.

	2025	2024
Discount Rate	5.48%	5.67%

The foregoing 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 the postretirement benefit obligations.

Actuarial gains and losses represent the differences between actuarial assumptions and actual plan experience. The actuarial loss of $0.3 million for the year ended December 31, 2025 related to items of plan experience, primarily reflecting updated census data relative to the actuarial assumption and the impact of the granular method on determining service cost and interest cost. The change in actuarial assumptions of $10.1 million for the year ended December 31, 2025 related primarily to the change in the discount rate used to calculate the postretirement benefit obligations.

The benefits paid in 2025 were $49.3 million, excluding $0.5 million in participant contributions.

5. Master Trust Account – Summarized Financial Information

The Plan's interest in the Master Trust is based upon the value as certified by the trustee. As of both December 31, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was 100 percent, amounting to $882.8 million and $802.8 million in 2025 and 2024, respectively.

Contributions to the Plan, if any, are used to purchase units of participation in the Master Trust. The Plan's interest income and realized and unrealized appreciation or depreciation in the fair value of the invested assets of the Master Trust, net of investment management fees, are based on the allocation to the Plan by the trustee based on the Plan's units of participation.

As of December 31, 2025 and 2024, the Master Trust's net assets and the amount of the Plan's interest in each asset consisted of the following at fair value:

	Master Trust Balances	
(Thousands of Dollars)	**2025**	**2024**
Corporate Stocks	$ 63,073	$ 115,621
Corporate Debt Instruments	5,197	29,708
United States Government Securities	65,028	96,820
Interest in Common Collective Trusts	215,674	68,503
Interest in Registered Investment Companies and 103-12 Investment Entities	164,762	163,285
Master Trust Investment Account	21,304	-
Interest in Partnerships/Joint Ventures	340,060	299,916
Cash	20,642	62,532
Other Investments [(1)]	5,618	(31,750)
Accounts Receivable [(2)]	72,518	26,219
Accounts Payable [(3)]	(91,053)	(28,079)
Total [(4)]	$ 882,823	$ 802,775

[(1)] Other Investments include a net obligation to return securities received as collateral. The obligation to return collateral is generally offset by physical securities received as collateral within the Master Trust.

[(2)] Accounts receivable includes receivables for investments sold (unsettled sales), dividends, interest, and receivables related to foreign currency contracts.

[(3)] Accounts payable includes payables for investments purchased (unsettled purchases), interest, payable on short sales, and payables related to foreign currency contracts.

[(4)] Total does not include the assets of the 401(h) account, which are held in the Master Trust of the Pension Plan.

As of December 31, 2025 and 2024, the Master Trust had accrued interest receivable of $0.6 million and $0.4 million, respectively. As of December 31, 2025, the Master Trust had unsettled purchases of $80.1 million and unsettled sales of $60.9 million. As of December 31, 2024, the Master Trust had unsettled purchases of $17.7 million and unsettled sales of $15.9 million.

The following is a summary of the changes in the Master Trust's net assets for the year ended December 31, 2025:

(Thousands of Dollars)	2025
Additions:	
Participant Contributions	$ 523
Net Appreciation in the Fair Value of Investments	106,408
Total Additions	106,931
Deductions:	
Benefit Payments [(1)]	26,484
Income Tax Expense	131
Administrative Expenses	268
Total Deductions	26,883
Increase in Net Assets	80,048
Net Assets - Beginning of Year	802,775
Net Assets - End of Year	$ 882,823

[(1)] Benefit Payments of the Master Trust exclude $22.8 million of benefit payments made from the 401(h) account.

6. Information Certified by Plan Trustee (Unaudited)

The Administrator has obtained certification from The Bank of New York Mellon, the Plan's trustee, that the Master Trust information as of December 31, 2025 and 2024 and for the year ended December 31, 2025 (see Note 5, "*Master Trust Account – Summarized Financial Information*") is complete and accurate. The Administrator has also obtained certification from The Bank of New York Mellon that the Plan's investments in the interest in Master Trust as of December 31, 2025 and 2024 of $882.8 million and $802.8 million, respectively, and the Plan's investment gain related to the net appreciation in fair value of the interest in Master Trust for the year ended December 31, 2025 of $106.4 million, are complete and accurate.

The Administrator has obtained certification from The Bank of New York Mellon, the trustee of the Pension Plan, that the investments in the interest in the 401(h) assets as of both December 31, 2025 and 2024 of $231.8 million, and the investment earnings related to the net appreciation in fair value of the interest in the 401(h) account for the year ended December 31, 2025 of $22.9 million is complete and accurate.

7. Fair Value Measurements

The Master Trust of the Plan discloses fair value measurements pursuant to a framework for measuring fair value in accordance with GAAP. The Plan follows a fair value hierarchy that prioritizes the inputs used to determine fair value and requires the Plan to classify assets and liabilities carried at fair value based on the observability of these inputs. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurements

Level 1	Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities as of the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.
Level 2	Inputs are quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-derived valuations in which all significant inputs are observable.
Level 3	Quoted market prices are not available. Fair value is derived from valuation techniques in which one or more significant inputs or assumptions are unobservable. As of both December 31, 2025 and 2024, the Plan's interest in the Master Trust did not include any assets categorized as Level 3.
Uncategorized	Investments measured at NAV use the practical expedient and are not categorized within the fair value hierarchy.

The following tables set forth, by level within the fair value hierarchy, the Master Trust's investment assets at fair value by major category as of December 31, 2025 and 2024. The Plan is entitled to 100 percent of each category in the Master Trust as of both December 31, 2025 and 2024. As required, the Master Trust investment assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	Fair Value Measurements [1] as of December 31, 2025			
(Thousands of Dollars)	Level 1	Level 2	Uncategorized	Total
Equity Securities	$ 132,133	$ 49,533	$ 193,957	$ 375,623
Fixed Income	15,324	39,375	219,203	273,902
Private Equity	-	-	120,025	120,025
Real Assets	83,892	6,307	41,609	131,808
Total	$ 231,349	$ 95,215	$ 574,794	$ 901,358

(Thousands of Dollars)	Fair Value Measurements [1] as of December 31, 2024			
	Level 1	**Level 2**	**Uncategorized**	**Total**
Equity Securities	$ 184,591	$ -	$ 164,032	$ 348,623
Fixed Income	60,505	44,004	128,130	232,639
Private Equity	-	-	100,820	100,820
Real Assets	85,196	-	37,357	122,553
Total	$ 330,292	$ 44,004	$ 430,339	$ 804,635

(1) The fair value measurement assessment does not apply to the additional accounts receivable and accounts payable included in the Interest in Master Trust as reported on the Statements of Net Assets Available for Benefits (see Note 5, "*Master Trust Account – Summarized Financial Information*").

Assets are valued based on observable inputs when available. Certain interest-bearing cash funds, equity securities such as exchange traded funds, and accounts holding listed futures contracts classified in Level 1 in the fair value hierarchy are priced based on the closing price on the primary exchange as of the balance sheet date.

Fixed income securities, such as government issued securities, corporate bonds and high yield bond funds and equity investments, such as commingled funds and swaps are included in Level 2 and are valued using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Pricing models utilize observable inputs such as recent trades for the same or similar instruments, yield curves, discount margins and bond structures. Swaps are valued using pricing models that incorporate interest rates and equity and fixed income index closing prices to determine a net present value of cash flows.

Certain investments, such as equity securities and fixed income investments in commingled funds, private equity and private debt investments, real asset funds and hedge funds are valued using the NAV as a practical expedient. These investments are structured as investment companies offering shares or units to multiple investors for the purpose of providing a return. Commingled funds are recorded at NAV provided by the asset manager, which is based on the market prices of the underlying equity securities. Hedge Funds are recorded at NAV based on the values of the underlying assets held in hedge funds. Private Equity investments, Fixed Income partnership funds and Real Assets are valued using the NAV provided by the partnerships, which are based on discounted cash flows of the underlying investments, real estate appraisals or public market comparables of the underlying investments. These assets are classified as Uncategorized within the fair value hierarchy in the tables above, as assets valued using the NAV practical expedient are not required to be classified within the fair value hierarchy.

The Plan invests in certain equity securities, private equity, fixed income, real assets and hedge funds, for terms of five to ten years on average, which are generally illiquid and have related unfunded commitments.

The following tables are a summary of the Plan's uncategorized investments and related restrictions as of December 31, 2025 and 2024.

	December 31, 2025			
(Thousands of Dollars)	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Equity Securities [1]	$ 193,957	N/A	Daily to Annual	0-60 Days
Fixed Income [2]	219,203	$ 31,144	Daily to Quarterly	0-90 Days
Private Equity [3]	120,025	45,767	N/A	N/A
Real Assets [4]	41,609	31,097	Daily	0-5 Days

	December 31, 2024			
(Thousands of Dollars)	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Equity Securities [1]	$ 164,032	N/A	Daily to Annual	0-60 Days
Fixed Income [2]	128,130	$ 46,352	Daily to Quarterly	0-90 Days
Private Equity [3]	100,820	56,860	N/A	N/A
Real Assets [4]	37,357	24,583	Daily	0-5 Days

[1] This category invests in equity security investments including commingled funds and hedge funds that are overlayed with equity index swaps, futures contracts, and funds invested in equities that have redemption restrictions and are valued using NAV.

[2] This category consists of funds valued at NAV that invest opportunistically in fixed income securities where pricing dislocations exist as the result of illiquidity in the markets or due to distressed sellers. These partnerships invest for terms of five to seven years on average and are generally illiquid. The fair value of these funds is determined using public market comparables or the use of pricing models where public comparables are not available. This category also includes hedge funds that are overlayed with interest rate swaps and fixed income index swaps.

[3] This category includes several private equity partnerships that have equity ownership in underlying portfolio companies. These partnerships invest for terms of 10 years on average and are generally illiquid. The fair value of these funds has been determined using the NAV of the ownership interest in the funds, whose underlying investments are based on discounted cash flow methodologies and using comparable public market multiples.

[4] This category consists of real asset partnerships that invest primarily in U.S. residential and commercial properties. These partnerships invest for terms of 10 years on average and are generally illiquid. The fair value of these funds has been determined using the NAV of the ownership of the partnerships, whose underlying investments are based on discounted cash flows and appraisals of underlying assets.

8. Risks and Uncertainties

The Plan's assets can be invested in various securities, including fixed income investments, United States government securities, corporate debt instruments, corporate stocks, mutual funds, unit investment trust securities, and partnership/joint ventures. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. The Plan invests in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations and commercial mortgage-backed securities. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rate. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest 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.

9. Reconciliation of Financial Statements to Form 5500

The following table is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2025 and 2024 to the Form 5500:

	As of December 31,	
(Thousands of Dollars)	**2025**	**2024**
Net Assets Available for Benefits per Financial Statements	$ 1,119,226	$ 1,039,129
Benefit Obligations Payable	(589)	(1,286)
Net Assets Held in Pension Plan - 401(h) Account	(231,841)	(231,792)
Net Assets Available for Benefits per Form 5500	$ 886,796	$ 806,051

The following table is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2025:

(Thousands of Dollars)		**2025**
Net Increase In Net Assets Available for Benefits per Financial Statements	$	80,097
Less: Net Increase in 401(h) Account		(49)
Less: Decrease in Benefit Obligations Payable		697
Net Increase per Form 5500	$	80,745

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 and ending

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

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

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

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EVERSOURCE GROUP HEALTH AND WELFARE RETIREE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 510

1c Effective date of plan 12/01/1993

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)
EVERSOURCE ENERGY SERVICE COMPANY

PO BOX 270

HARTFORD CT 06141-0270

2b Employer Identification Number (EIN) 06-0810627

2c Plan Sponsor's telephone number 800-841-8684

2d Business code (see instructions) 221500

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	Kara O'Connor	10/08/2026	KARA A. O'CONNOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

EXECUTIVE VICE PRESIDENT, HUMAN
RESOURCES & INFORMATION TECHNOLOGY
EVERSOURCE ENERGY SERVICE COMPANY
P.O. BOX 270

HARTFORD CT 06141-0270

3b Administrator's EIN: 06-0989432

3c Administrator's telephone number: 800-841-8684

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

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	8152
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)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	8131
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c.**	**6d**	8131
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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ 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) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 2
- (4) ☐ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

EVERSOURCE GROUP HEALTH AND WELFARE RETIREE
Plan: 510

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
		SCHEDULE ATTACHED	$	$