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. . . . . ▶ [X]

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
ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

1b Three-digit plan number (PN) ▶ 511

1c Effective date of plan 01/01/1990

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)
ENTERGY CORPORATION

639 LOYOLA AVE.
L-ENT-15N EB AND C
NEW ORLEANS, LA 70113

2b Employer Identification Number (EIN) 72-1229752

2c Plan Sponsor's telephone number 504-576-4000

2d Business code (see instructions) 221100

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	PATRICK STACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	STEVEN BRADY
	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

EMPLOYEE BENEFITS COMMITTEE OF ENTERGY CORPORATION

639 LOYOLA AVE.
L-ENT-15N EB AND C
NEW ORLEANS, LA 70113

3b Administrator's EIN: 72-1269450

3c Administrator's telephone number: 504-576-4000

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**	24171
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)**	12264
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	12232
b	Retired or separated participants receiving benefits	**6b**	11652
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	23884
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	23884
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:

4B 4G 4L 4U

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 3
- (4) [ ] **C** (Service Provider Information)
- (5) [X] **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
ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

B Three-digit plan number (PN) ▶ 511

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

D Employer Identification Number (EIN)
72-1229752

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
METROPOLITAN 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
13-5581829	65978	1121854	23899	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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	(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	

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	26622070		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**	87796		
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	26709866
b Benefit charges (1) Claims paid	**9b(1)**	21050680		
(2) Increase (decrease) in claim reserves	**9b(2)**	-348188		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	20702492
(4) Claims charged			**9b(4)**	20822139
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	0		
(B) Administrative service or other fees	**9c(1)(B)**	0		
(C) Other specific acquisition costs	**9c(1)(C)**	0		
(D) Other expenses	**9c(1)(D)**	630528		
(E) Taxes	**9c(1)(E)**	735777		
(F) Charges for risks or other contingencies	**9c(1)(F)**	530685		
(G) Other retention charges	**9c(1)(G)**	3990737		
(H) Total retention			**9c(1)(H)**	5887727
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	0
(2) Claim reserves			**9d(2)**	12106824
(3) Other reserves			**9d(3)**	30659998
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	0
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
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
ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

B Three-digit plan number (PN) ▶ 511

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

D Employer Identification Number (EIN)
72-1229752

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
METROPOLITAN 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
13-5581829	65978	0100087	14207	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [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**	448706
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
ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

B Three-digit plan number (PN) ▶ 511

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

D Employer Identification Number (EIN)
72-1229752

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
AIG PROPERTY CASUALTY, U.S./NATIONAL UNION FIRE INS. CO. OF PITTSBURGH

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0687550	19445	GTP 0009161116	11363	04/01/2024	03/31/2025

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	122

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

AON RISK SERVICES NORTHEAST INC
ONE LIBERTY PLAZA
165 BROADWAY
NEW YORK, NY 10006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	122		

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

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

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

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	(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	

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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**	812
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
ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

B Three-digit plan number (PN) ▶ 511

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ENTERGY CORPORATION

D Employer Identification Number (EIN)
72-1229752

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: ENT CORP COS NB EMP WEL BEN TST-L

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

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)
22-3404057-501	M	49100704

a Name of MTIA, CCT, PSA, or 103-12 IE: ENT CORP COS BARG EMP WEL BEN TST

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

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)
13-3817903-501	M	40021862

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

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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
ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

B Three-digit plan number (PN) ▶ 511

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

D Employer Identification Number (EIN)
72-1229752

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)		
(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)	87824805	89122566
(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	87824805	89122566
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	87824805	89122566

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)	14672971	
(B) Participants	2a(1)(B)	6280622	
(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)		20953593
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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		10736954
(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		31690547
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	0	
(2) To insurance carriers for the provision of benefits	2e(2)	27071589	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		27071589
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)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		27071589
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4618958
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		3321197

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: DELOITTE & TOUCHE, LLP **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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		11000000
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			
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)
DELTA GAS COMPANY, LLC FLEXIBLE BENEFITS PLAN	93-4338388	501

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 _____.

ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

Modified Cash Basis Financial Statements and Independent Auditor's Report

As of and for the Years Ended December 31, 2025 and 2024

EIN 72-1229752 / PN 511

EIN 72-1229752 / PN 511
ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

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Deloitte.

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of Entergy Corporation Companies' Benefits Plus Life Insurance Plan

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

We have performed audits of the financial statements of Entergy Corporation Companies' Benefits Plus Life Insurance 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 (modified cash basis) as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements (modified cash basis) ("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 years then ended, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Emphasis of Matter—Plan Transfer

As discussed in Note 1 to the financial statements, effective July 1, 2025, certain participants in the Plan, together with their accrued benefits, were spun-off to the Delta Gas Company, LLC Flexible Benefits Plan. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

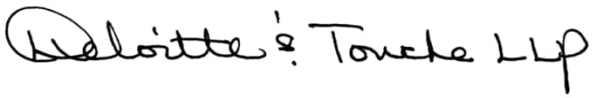
- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining,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

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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.



October 8, 2026

EIN 72-1229752 / PN 511

ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN

Statements of Net Assets Available for Benefits-Modified Cash Basis

As of December 31, 2025 and 2024

	2025	2024
Assets:		
Plan Interest in Master Trusts (Note 3):		
Non-Bargaining Trust - Life	$49,100,704	$49,523,786
Bargaining Trust	40,021,862	38,301,019
Total Plan Interest in Master Trusts	89,122,566	87,824,805
Net assets available for benefits	$89,122,566	$87,824,805

See Notes to Modified Cash Basis Financial Statements.

EIN 72-1229752 / PN 511
ENTERGY CORPORATION COMPANIES' BENEFITS PLUS LIFE INSURANCE PLAN
Statements of Changes in Net Assets Available for Benefits-Modified Cash Basis
For the Years Ended December 31, 2025 and 2024

	2025	2024
Net assets available for benefits - beginning of year	$87,824,805	$87,625,072
Plan interest in Master Trusts' investment income (Note 3):		
Non-Bargaining Trust - Life	6,770,416	4,177,121
Bargaining Trust	3,966,538	2,734,254
Total Plan interest in Master Trusts' investment income	10,736,954	6,911,375
Contributions:		
Employer contributions - net (Note 2)	14,672,971	11,629,850
Participant contributions	6,280,622	5,938,817
Total contributions	20,953,593	17,568,667
Premium payments	27,071,589	24,280,309
Net increase	4,618,958	199,733
Transfer of plan assets to Delta Utilities Plans (Note 1)	(3,321,197)	—
Net assets available for benefits - end of year	$89,122,566	$87,824,805

See Notes to Modified Cash Basis Financial Statements.

NOTE 1. DESCRIPTION OF THE PLAN

General The following description of the Entergy Corporation Companies' Benefits Plus Life Insurance Plan (the Plan) provides only general information. Participants should refer to the Plan document, as amended, and the Summary Plan Description, as amended by applicable Summaries of Material Modifications, for a more complete description of the Plan's provisions. The Plan document, as amended, governs the operation of the Plan and payment of all benefits. Therefore, any conflict between this description of the Plan and the terms of the Plan shall be resolved by reference to the full Plan document, as amended. The Entergy Employee Benefits Committee controls and manages the operation and administration of the Plan.

Effective July 1, 2025, certain participants in the Plan, together with their accrued benefits, were spun-off to the Delta Gas Company, LLC Employee Benefit Plan, as a result of the sale of the assets comprising the regulated natural gas distribution businesses by Entergy Louisiana, LLC to Delta Capital Gas Company, LLC or its affiliate and by Entergy New Orleans, LLC to Delta New Orleans Gas Company, LLC or its affiliate. Total assets transferred from the Entergy Corporation Companies' Non-Bargaining Employees' Welfare Benefit Trust and the Entergy Corporation Companies' Non-Bargaining Employees' Welfare Benefit Trust – Life to the Delta Gas Company, LLC Employee Benefit Plan Trust and the Delta Gas Company, LLC Employee Benefit Plan Trust – Life were approximately $23.1 million, of which $3.3 million were assets of the Plan. Also, approximately $9.4 million of the postretirement benefit obligation was settled, of which $3.6 million was settled at the Plan.

Benefits and Eligibility The Plan makes life insurance coverage available to eligible employees and disabled former employees, along with their eligible dependents, as well as certain retirees of the Employers. Plan participants who participate in an Entergy-sponsored defined benefit cash balance plan (including Appendix J of Retirement Plan I, Non-Bargaining, Appendix J in Retirement Plan I, Bargaining, and Appendix J in Retirement Plan VI, Non-Bargaining), Savings Plan of Entergy Corporation and Subsidiaries VIII, or Savings Plan of Entergy Corporation and Subsidiaries IX are not eligible to participate in the Plan as retirees. The Employers are subsidiaries of Entergy Corporation (Entergy) that have adopted the Plan as participating employers. Entergy is the Plan Sponsor. Coverage for eligible employees and disabled former employees is provided at various levels depending upon a participant's compensation level and coverage option chosen; coverage levels for retiree life insurance are based on prescribed formulas set forth in the Plan. The Employers and the Plan participants share in the cost of coverage, except that Employers generally pay the full cost of retiree life insurance coverage for most retirees. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended, (ERISA) and the regulations issued thereunder.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting The Plan's financial statements are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Contributions are recognized at the time they are received and premiums are recognized at the time they are paid.

Use of Estimates The preparation of the Plan's financial statements in accordance with the modified cash basis of accounting requires the Plan administrator to make significant estimates and assumptions. These estimates and assumptions affect the reported amounts of net assets available for benefits, the actuarial present value of accumulated plan benefits and changes therein, the changes in net assets available for benefits, and the disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties Contributions to the Plan are made, and the benefit obligations are reported, based on certain assumptions pertaining to interest rates, inflation rates, employee compensation, and demographics. Investment securities are exposed to various risks, such as interest rate, market, and credit risks, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the changing nature of these assumptions and the level of risk associated with investment securities, it is at least reasonably possible that changes in these assumptions and in the values of investment securities will occur in the near term. Additionally, such changes could materially affect the bank-administered trusts' (Master Trusts) investment account balances (see Note 3) and the amounts reported in the financial statements.

Payment of Benefits Payments of claims and insurance premiums are recorded when paid.

Valuation of Investments Investments are stated at fair value. Fair value of a financial instrument is the amount 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. See Note 4 for a discussion of fair value measurements.

Income Recognition The difference in fair value of the assets in the Master Trusts from one period to the next is recognized and included in the Plan Interest in Master Trusts' investment income in the accompanying Statements of Changes in Net Assets Available for Benefits-Modified Cash Basis. The Plan's interest in the Master Trusts' investment income includes its interest in realized and unrealized gains and losses, interest income, and dividend income. Sales and purchases of securities in the Master Trusts are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Contributions and Funding Policy The Plan is funded through contributions from the Employers and the participants. The Employers make contributions at such times and in such amounts as necessary for the payment of premiums to the third party insurance company and additional funding as described below. The cost of an active participant's contribution required under the Plan varies depending on the coverage elected by the participant. For most retired participants, the cost of their coverage is provided by the Employer. For certain retired participants, the cost of their coverage is provided in part by the Employer and in part by the retired participant. The cost to these retired participants depends on the coverage they have elected.

Additionally, pursuant to regulatory directives, certain of the Employers are allowed to recover retiree life insurance premium obligations in their revenues but must make deposits for such obligations in the Master Trusts, which are trusts established as Voluntary Employees' Beneficiary Associations (VEBAs) under Internal Revenue Code (IRC) Section 501(c)(9). The amounts funded are based on

actuarial projections and regulatory directives and are subject to the provisions of IRC Sections 419 and 419A. After the Employers pay the retiree life insurance premiums, they receive reimbursement from the Master Trusts.

The table below shows the components of Employer contributions - net as reported on the Statements of Changes in Net Assets Available for Benefits-Modified Cash Basis:

	2025	2024
Benefits and insurance premium payments by Employers	$20,790,967	$18,341,492
Non-Bargaining Trust - Life:		
Payments to Employers for benefits and premium payments	(3,872,301)	(4,297,706)
Bargaining Trust:		
Payments to Employers for benefits and premium payments	(2,245,695)	(2,413,936)
Employer contributions - net	$14,672,971	$11,629,850

Expenses Expenses incurred related to the administration of the Plan are paid out of the general assets of the Employers, unless such expenses are paid from the assets of the Master Trusts. Expenses paid out of the general assets of the Employers are considered Employer costs and are not included in the Plan's financial statements.

NOTE 3. MASTER TRUST INVESTMENTS

The Plan's assets are deposited in two Master Trusts, established by Entergy and maintained by the Trustee. The Plan holds an undivided beneficial interest in the Entergy Corporation Companies' Non-Bargaining Employees' Welfare Benefit Trust – Life (Non-Bargaining Trust - Life) and the Entergy Corporation Companies' Bargaining Employees' Welfare Benefit Trust (Bargaining Trust).

The Plan's assets to the total trust assets as of December 31, 2025 and 2024 is as follows:

Trust	Approximate Percentage of Plan Assets to Total Trust Assets	
	2025	2024
Non-Bargaining Trust - Life	100%	100%
Bargaining Trust	7.6%	7.9%

The Plan maintains an undivided beneficial interest in each of the investment accounts of the Master Trusts. Use of the Master Trusts permits the commingling of the trust assets for investment and administrative purposes. Although assets are commingled in the Master Trusts, the Trustee maintains supporting records for the purpose of allocating the interest in net earnings and the administrative

expenses of the investment accounts to the various participating plans. Interest in an investment account's net earnings is comprised of interest and dividends and realized and unrealized gains and losses. Interest from these investments is allocated monthly to the Plan based on the Plan's portion of net assets in the pooled accounts.

The following table presents the net assets of the Master Trusts and the Plan's interest in the net assets of the Master Trust investments as of December 31, 2025:

	Non-Bargaining Master Trust - Life	The Plan's Interest in Non-Bargaining Master Trust Balances	Bargaining Master Trust	The Plan's Interest in Bargaining Master Trust Balances
Net Assets				
Investments:				
U.S. Government securities	$17,181,042	$17,181,042	$233,275,067	$17,683,650
Corporate debt instruments:				
Preferred	4,736,277	4,736,277	74,486,186	5,646,499
All other	4,610,791	4,610,791	77,337,694	5,862,662
Common collective trust	21,595,408	21,595,408	127,513,120	9,665,718
Registered investment companies	98,658	98,658	2,037,699	154,470
Other - fixed income	717,052	717,052	11,758,836	891,390
Total investments	48,939,228	48,939,228	526,408,602	39,904,389
Receivables from the sale of investments and accrued income	206,280	206,280	2,923,650	221,630
Less: Liabilities from the purchase of investments	44,804	44,804	1,374,002	104,157
Net assets	$49,100,704	$49,100,704	$527,958,250	$40,021,862

The following table presents the net assets of the Master Trusts and the Plan's interest in the net assets of the Master Trust investments as of December 31, 2024:

	Non-Bargaining Master Trust - Life	The Plan's Interest in Non-Bargaining Master Trust Balances	Bargaining Master Trust	The Plan's Interest in Bargaining Master Trust Balances
Net Assets				
Investments:				
U.S. Government securities	$13,331,551	$13,331,551	$206,616,635	$16,307,505
Corporate debt instruments:				
Preferred	5,345,076	5,345,076	73,126,057	5,771,576
All other	4,994,993	4,994,993	82,252,519	6,491,894
Common collective trust	24,867,899	24,867,899	109,087,743	8,609,903
Registered investment companies	81,218	81,218	1,197,724	94,532
Other - fixed income	763,382	763,382	10,750,250	848,479
Total investments	49,384,119	49,384,119	483,030,928	38,123,889
Receivables from the sale of investments and accrued income	174,396	174,396	2,621,298	206,890
Less: Liabilities from the purchase of investments	34,729	34,729	377,057	29,760
Net assets	$49,523,786	$49,523,786	$485,275,169	$38,301,019

The following table presents the investment income of the Master Trusts for the years ended December 31, 2025 and 2024:

	December 31, 2025		December 31, 2024	
	Non-Bargaining Master Trust - Life	Bargaining Master Trust	Non-Bargaining Master Trust - Life	Bargaining Master Trust
Investment Income				
Interest	$990,181	$15,705,180	$877,170	$12,159,263
Dividends:				
Registered investment companies	8,809	83,050	11,343	144,188
Net appreciation (depreciation) in fair value of investments	740,215	11,771,342	(609,035)	(5,480,139)
Net investment gain from:				
Common collective trusts	5,248,115	24,283,393	4,172,424	27,278,328
Other income	15,494	53,713	14,792	18,030
Less: Administrative expenses	324,015	804,486	289,573	747,571
Total investment income	$6,678,799	$51,092,192	$4,177,121	$33,372,099

For the year ended December 31, 2025, the Non-Bargaining Trust - Life had transfers to the trust of $91,617 and transfers from the trust of $7,193,498. For the year ended December 31, 2024, the Non-Bargaining Trust - Life had no transfers to the trust and transfers from the trust of $4,297,706.

For the year ended December 31, 2025, the Bargaining Trust had no transfers to the trust and transfers from the trust of $8,409,111. For the year ended December 31, 2024, the Bargaining Trust had no transfers to the trust and transfers from the trust of $9,426,749.

NOTE 4. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The Master Trusts classify its investments as follows:

- Level 1 - Level 1 inputs are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement 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 - Level 2 inputs are inputs other than quoted prices included in Level 1 that are, either directly or indirectly, observable for the asset or liability at the measurement date. Assets are valued based on prices derived by an independent party that uses inputs such as benchmark yields, reported trades, broker/dealer quotes, and issuer spreads. Prices are reviewed and can be challenged with the independent parties and/or overridden by Entergy if it is believed such would be more reflective of fair value. Level 2 inputs include the following:

  - quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability; or
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

  If an asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 - Level 3 refers to securities valued based on significant unobservable inputs.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth by level within the fair value hierarchy a summary of the Master Trusts' investments measured at fair value on a recurring basis as of December 31, 2025 and 2024.

2025

Non-Bargaining Trust - Life

	Level 1	Level 2	Level 3	Total
Equity Securities:				
Common collective trust (a)				$21,595,408
Fixed income securities:				
U.S. Government securities	9,908,417 (b)	7,272,625 (d)	—	17,181,042
Corporate debt instruments	—	9,347,068 (d)	—	9,347,068
Registered investment companies	98,658 (c)	—	—	98,658
Other	—	717,052 (e)	—	717,052
Total	$10,007,075	$17,336,745	$—	$48,939,228

Bargaining Trust

	Level 1	Level 2	Level 3	Total
Equity Securities:				
Common collective trust (a)				$127,513,120
Fixed income securities:				
U.S. Government securities	131,950,153 (d)	101,324,914 (e)	—	233,275,067
Corporate debt instruments	—	151,823,880 (e)	—	151,823,880
Registered investment companies	2,037,699 (b)	—	—	2,037,699
Other	—	11,758,836 (c)	—	11,758,836
Total	$133,987,852	$264,907,630	$—	$526,408,602

2024

Non-Bargaining Trust - Life

	Level 1	Level 2	Level 3	Total
Equity Securities:				
Common collective trust (a)				$24,867,899
Fixed income securities:				
U.S. Government securities	6,153,088 (b)	7,178,463 (d)	—	13,331,551
Corporate debt instruments	—	10,340,069 (d)	—	10,340,069
Registered investment companies	81,218 (c)	—	—	81,218
Other	—	763,382 (e)	—	763,382
Total	$6,234,306	$18,281,914	$—	$49,384,119

Bargaining Trust

	Level 1	Level 2	Level 3	Total
Equity Securities:				
Common collective trust (a)				$109,087,743
Fixed income securities:				
U.S. Government securities	101,394,324 (d)	105,222,311 (e)	—	206,616,635
Corporate debt instruments	—	155,378,576 (e)	—	155,378,576
Registered investment companies	1,197,724 (b)	—	—	1,197,724
Other	—	10,750,250 (c)	—	10,750,250
Total	$102,592,048	$271,351,137	$—	$483,030,928

(a) The common collective trusts hold investments in accordance with stated objectives. The investment strategy of the trusts is to capture the growth potential of equity markets by replicating the performance of a specified index. The issuer of these funds allows daily trading at the net asset value and trades settle at a later date, with no other trading restrictions. Net asset value per share of common collective trusts estimate fair value. Common collective trusts are not publicly quoted, and are valued by the fund administrators using net asset value as a practical expedient. Accordingly, these funds are not assigned a level in the fair value table, but are included in the total.

(b) Certain fixed income debt securities (government) are stated at fair value determined by quoted market prices.

(c) Registered investment companies are money market mutual funds with a stable net asset value of one dollar per share. Registered investment companies may hold investments in domestic and international bond markets or domestic equities valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value and to transact at that price. The money market mutual funds held by the trusts are deemed to be actively traded.

(d) Certain fixed income debt securities (corporate, government, and securitized) are stated at fair value as determined by broker quotes.

(e) The other remaining assets are U.S. municipal and foreign government bonds stated at fair value as determined by broker quotes.

NOTE 5. POSTRETIREMENT BENEFIT OBLIGATION

The postretirement benefit obligation represents the actuarial present value of estimated future benefits that are attributable to employee service rendered prior to January 1, 2026. Postretirement benefits include future payments expected to be paid to or for (a) currently retired employees and their beneficiaries and dependents and (b) active employees and their beneficiaries and dependents after retirement from service with the Employers. Prior to an employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service rendered to the valuation date.

The actuarial present value of the Plan's postretirement benefit obligation is determined by an actuary and is that amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation below were as follows:

Postretirement Benefits

Significant Assumptions	December 31, 2025	December 31, 2024
Discount rate	5.50%	5.66%
Mortality	Pri.A-2012 Headcount Weighted Employee and Retiree Mortality Table, Generational Projection Using Scale MP-2021 with Aon's Endemic Adjustment	Pri.H-2012 Headcount Weighted Employee and Retiree Mortality Table, Generational Projection Using Scale MP-2021 with Aon's Endemic Adjustment
Expected return on assets	Non-taxable 6.03%	Non-taxable 6.28%
Average retirement age	63	63

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the Plan's benefit obligation.

The Plan's benefit obligation at December 31, 2025 and 2024, related to the following categories of participants is as follows:

	2025	2024
Postretirement benefit obligation		
Retired participants	$304,193,000	$294,538,000
All other participants	31,703,000	28,209,000
Total	$335,896,000	$322,747,000

The changes in the Plan's benefit obligation from the year ended December 31, 2024 to December 31, 2025 are as follows:

	2025	2024
Postretirement benefit obligation		
Balance at beginning of year	$322,747,000	$332,892,000
Benefits earned	2,497,916	2,738,596
Benefits paid (before participant contributions)	(16,931,000)	(15,192,000)
Interest	14,330,000	13,552,000
Changes in actuarial assumptions and other actuarial gains and losses	16,894,084	(11,243,596)
Transfer out	(3,642,000)	—
Balance at end of year	$335,896,000	$322,747,000

We identified a misstatement in our previously issued financial statements that pertain to prior periods, which understated the postretirement benefit obligation at the beginning of the year, previously reported as of and for the year ended December 31, 2024. The graded amount, as defined in the plan

provisions, was incorrectly applied in the annual valuation of the postretirement benefit obligation. We assessed the impact of the misstatement and determined that the related impact was not material, either individually or in the aggregate, to our previously issued financial statements. Notwithstanding the results of the assessment, the amounts presented herein have been revised to correct this misstatement. The following table details the impact of the misstatement and provides revisions to the impacted financial statement disclosure line items in the previously issued financial statements:

	Year ended December 31, 2024		
	As reported	**Adjustment**	**As revised**
Retired participants	$246,838,000	$47,700,000	$294,538,000
Balance at beginning of year	$285,192,000	$47,700,000	$332,892,000
Balance at end of year	$275,047,000	$47,700,000	$322,747,000

The Plan's deficiency of net assets as compared to benefit obligations as of December 31, 2025 and 2024, relates primarily to postretirement obligations. As explained in Note 2, pursuant to regulatory directives, certain of the Employers are allowed to recover retiree benefit costs in their revenues, but must make deposits for such obligations in external Master Trusts established for the IRC Section 501(c)(9) VEBAs. The amounts funded are based on actuarial projections and are subject to the provisions of IRC Sections 419 and 419A. It is expected that any deficiency will be funded by future participant and employer contributions.

NOTE 6. PREMIUM STABILIZATION RESERVES

The Plan may have premium stabilization reserves with one of its insurers, Metropolitan Life Insurance Company. Premium stabilization reserves exist when premiums paid to an insurance company exceed the total of claims paid and other charges. Entergy believes that these reserves held by the insurance company will be used to reduce future premium payments of the Plan. At December 31, 2025 and 2024, the premium stabilization reserve was $30,659,998 and $25,680,126, respectively.

NOTE 7. PLAN TERMINATION

Although it has not expressed any intention to terminate the Plan, the Sponsor has the right at any time to terminate, suspend, withdraw, amend, or modify the Plan or any of its provisions. Any such amendment or termination may affect employees who have not yet retired as well as former employees who have already retired and/or their dependents. In the event of termination of the Plan, the net assets of the trusts will be used to satisfy remaining eligible participants' benefits until funds are exhausted.

NOTE 8. TAX STATUS

On May 31, 1996, the Sponsor received exempt status letters, retroactive to October 13, 1994, from the IRS with respect to the Bargaining Master Trust, stating that the Trust is exempt from federal

income tax under IRC Section 501(a), as an organization described in IRC Section 501(c)(9). No provision for income taxes has been included in the Plan's financial statements. However, the Bargaining Master Trust may be subject to unrelated business income tax under IRC Section 511(b).

On June 11, 1997, the Sponsor received an exempt status letter, retroactive to January 1, 1996, from the IRS with respect to the Non-Bargaining - Life Trust, stating that the Master Trust is exempt from federal income tax under IRC Section 501(a), as an organization described in IRC Section 501(c)(9). No provision for income taxes has been included in the Plan's financial statements. However, the Non-Bargaining - Life Trust may be subject to unrelated business income tax under IRC Section 511(b).

The Master Trusts agreements have since been amended. The Sponsor is not aware of any course of action or series of events that have occurred that would adversely affect the tax status of the Master Trusts and believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related Master Trusts continue to be tax-exempt.

NOTE 9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Master Trusts utilize various investment managers to manage their net assets. These net assets may be invested in funds managed by the investment managers. Therefore, these transactions qualify as exempt party-in-interest transactions. In Plan management's opinion, fees paid during the years ended December 31, 2025 and 2024 for services rendered by parties-in-interest were based upon customary and reasonable rates for such services.

NOTE 10. CERTIFIED INVESTMENT INFORMATION

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under this election, the following investment information has been certified by the Trustee, The Bank of New York Mellon, as complete and accurate, and is not subject to auditing procedures performed by independent auditors:

- Plan interest in Master Trusts of $89,122,566 and $87,824,805 as presented in the Statements of Net Assets Available for Benefits-Modified Cash Basis as of December 31, 2025 and 2024, respectively;
- Plan interest in Master Trusts' investment income of $10,736,954 and $6,911,375 as presented in the Statements of Changes in Net Assets Available for Benefits-Modified Cash Basis for the years ended December 31, 2025 and 2024, respectively;
- The net assets of the Master Trusts as of December 31, 2025 and 2024 and investment income of the Master Trusts for the years ended December 31, 2025 and 2024 disclosed in Note 3; and
- The investment balances of the Master Trusts as of December 31, 2025 and 2024 in Note 4.

NOTE 11. SUBSEQUENT EVENTS

Subsequent events were evaluated through October 8, 2026, the date the financial statements were available to be issued. There are no subsequent events that require adjustment to or disclosure in the financial statements.