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
AVANGRID SERVICE COMPANY, INC. RETIREE HEALTH PLAN

1b Three-digit plan number (PN) ▶ 506

1c Effective date of plan 07/01/2002

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)
AVANGRID SERVICE COMPANY

180 MARSH HILL ROAD
ORANGE, CT 06477

2b Employer Identification Number (EIN)
02-0706408

2c Plan Sponsor's telephone number
203-499-3179

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.	10/14/2026	BRIAN WILLIAMSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	BRIAN WILLIAMSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3382
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)**	
b	Retired or separated participants receiving benefits	**6b**	4601
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4601
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 4D 4E 4Q

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
AVANGRID SERVICE COMPANY, INC. RETIREE HEALTH PLAN

B Three-digit plan number (PN) ▶ 506

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

D Employer Identification Number (EIN)
02-0706408

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
METLIFE

(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	258673	1720	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [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**	1036605
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
AVANGRID SERVICE COMPANY, INC. RETIREE HEALTH PLAN

B Three-digit plan number (PN) ▶ 506

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

D Employer Identification Number (EIN)
02-0706408

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

1 Coverage Information:

(a) Name of insurance carrier
ANTHEM HEALTH PLANS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1475928	60217	270076	17660	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2122364
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
AVANGRID SERVICE COMPANY, INC. RETIREE HEALTH PLAN

B Three-digit plan number (PN) ▶ 506

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

D Employer Identification Number (EIN)
02-0706408

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

ANTHEM HEALTH PLANS, INC.

06-1475928

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	4114780	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
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
AVANGRID SERVICE COMPANY, INC. RETIREE HEALTH PLAN

B Three-digit plan number (PN) ▶ 506

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

D Employer Identification Number (EIN)
02-0706408

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)	2506435	165768
(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)		
(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)	14056808	5824439
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		305656

		(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	16563243	6295863
Liabilities			
1g Benefit claims payable	1g	1097646	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	508162	204349
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1605808	204349
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	14957435	6091514

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)	20716215	
(B) Participants	2a(1)(B)	5793701	
(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)		26509916
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)	352678	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		352678
(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)		
(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)		1637583
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		28500177
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25412270	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	11151300	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		36563570
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)	9442	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	30170	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	10000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2401	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	750515	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		802528
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		37366098
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-8865921
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: BONADIO & CO., LLP **(2)** EIN: 16-1131146

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		15000000
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)

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 _____.

AVANGRID SERVICE COMPANY, INC.
RETIREE HEALTH PLAN

Financial Statements as of
December 31, 2025 and 2024
and Supplemental Schedules
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Accounting, Consulting & More

Bonadio & Co., LLP
Accounting, Consulting & More

INDEPENDENT AUDITOR'S REPORT

October 14, 2026

To the Participants and Plan Administrator of the
Avangrid Service Company, Inc. Retiree Health Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the accompanying financial statements of Avangrid Service Company, Inc. Retiree Health Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and plan benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Avangrid Service Company, Inc. Retiree Health 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 and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

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

- the amounts and disclosures in the 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).

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(Continued)

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Avangrid Service Company, Inc. Retiree Health 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 Avangrid Service Company, Inc. Retiree Health 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.

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 Avangrid Service Company, Inc. Retiree Health 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 Avangrid Service Company, Inc. Retiree Health Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

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

INDEPENDENT AUDITOR'S REPORT
(Continued)

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

In our opinion:

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

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

Bonadio & Co. LLP

AVANGRID SERVICE COMPANY, INC. RETIREE HEALTH PLAN

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

	2025	2024
INVESTMENTS, at fair value:		
Exchange traded funds	$ 5,824,439	$ 14,056,808
Money market fund	165,768	2,506,435
Investments held in 401(h) accounts - Plan interest in the Avangrid, Inc. Defined Benefit Master Trust	-	2,640,876
Total investments	5,990,207	19,204,119
PREPAID INCOME TAXES	305,656	-
Total assets	6,295,863	19,204,119
LIABILITIES:		
Claims payable	-	(1,097,646)
Accrued income taxes	(204,349)	(508,162)
Total liabilities	(204,349)	(1,605,808)
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,091,514	$ 17,598,311

The accompanying notes are an integral part of these statements.

AVANGRID SERVICE COMPANY, INC. RETIREE HEALTH PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
Investment income -		
Net appreciation in fair value of investments	$ 1,637,583	$ 3,370,657
Interest and dividends	352,678	644,875
Net increase (decrease) in 401(h) accounts - change in plan interest in the Avangrid, Inc. Defined Benefit Master Trust	(2,640,876)	(3,048,499)
Net investment income	(650,615)	967,033
Contributions -		
Employer	20,716,215	21,080,364
Participant	5,793,701	5,497,758
Total contributions	26,509,916	26,578,122
Total additions	25,859,301	27,545,155
DEDUCTIONS:		
Benefit payments	25,412,270	27,675,768
Reimbursement of benefit payments paid by Plan sponsor	11,151,300	14,976,900
Administrative expenses	69,517	45,246
Taxes	733,011	1,079,863
Total deductions	37,366,098	43,777,777
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(11,506,797)	(16,232,622)
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	17,598,311	33,830,933
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 6,091,514	$ 17,598,311

The accompanying notes are an integral part of these statements.

AVANGRID SERVICE COMPANY, INC. RETIREE HEALTH PLAN

STATEMENTS OF PLAN BENEFIT OBLIGATIONS
DECEMBER 31, 2025 AND 2024

	2025	2024
PLAN BENEFIT OBLIGATIONS		
Participants currently receiving benefits	$ 99,379,824	$ 144,345,648
Other fully eligible participants	16,579,372	20,090,533
Other participants	10,346,713	11,563,429
TOTAL PLAN BENEFIT OBLIGATIONS	$ 126,305,909	$ 175,999,610

The accompanying notes are an integral part of these statements.

AVANGRID SERVICE COMPANY, INC. RETIREE HEALTH PLAN

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
TOTAL PLAN BENEFIT OBLIGATIONS - beginning of year	$ 175,999,610	$ 207,983,968
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits earned	478,318	652,047
Benefits paid	(19,618,569)	(22,178,009)
Interest	8,766,885	9,165,619
Plan amendments	(42,701,459)	(14,592,843)
Actuarial gains	(1,708,473)	(2,283,282)
Changes in actuarial assumptions	5,089,597	(2,747,890)
	(49,693,701)	(31,984,358)
TOTAL PLAN BENEFIT OBLIGATIONS - end of year	$ 126,305,909	$ 175,999,610

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following description of the Avangrid Service Company, Inc. (the Company) Retiree Health Plan (the Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established on July 1, 2002, as a retiree health plan and provides group health coverage benefits to all retirees and their dependents of participating Company affiliates (Participating Employers) listed below. The Plan includes union and non-union retirees and provides medical, life, Medicare Part B and prescription drug benefits. The retiree health provisions of the following plans merged into the Plan as of July 1, 2002: the Central Maine Power Company (CMP) Group Medical Benefit Plan, the Central Maine Power Company Employee Assistance Program, and the New York State Electric & Gas Corporation (NYSEG) Employee Health Plan. On July 1, 2005, the retiree health plan provisions of Rochester Gas and Electric Health Benefit Plan merged into the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan assets include Voluntary Employees' Beneficiary Associations (VEBAs) and 401(h) accounts.

The Plan was amended effective January 1, 2017 to change its name from the Iberdrola USA Management Corporation Retiree Health Plan to the Avangrid Service Company, Inc. Retiree Health Plan.

Eligibility

An employee is eligible to participate in the Plan upon retirement upon meeting the following requirements:

- Was employed by the employer prior to retirement
- Retires on or after attaining age 55 and completing at least 10 years of service
- Is eligible to be covered by a group medical plan of the Company immediately prior to retirement
- Is eligible for postretirement coverage under the terms of the Company's group policies in effect at time of retirement

Administration

The Company is the sponsor of the Plan. Effective July 1, 2024, Empyrean Benefit Solutions, Inc. (Empyrean) became the Plan's third-party administrator, providing record-keeping services for the Plan. Prior to July 1, 2024, Alight Solutions, LLC (Alight) was the Plan's third-party administrator. The Northern Trust Company is the trustee and custodian of the Plan.

Reimbursement of Benefit Payments Paid by Plan Sponsor

The Company paid benefit payments on behalf of the Plan that the Plan reimbursed the Company for during 2025 and 2024.

1. DESCRIPTION OF PLAN (Continued)

Benefits

Each participant is entitled to the health benefits that he or she has selected, as set forth in the summary plan descriptions of the retiree health plan applicable to such participant. Group health coverage benefits are provided by the participating employers' self-funded group health benefit plans or insurance companies. The Plan has purchased contracts with various health care providers that transfer some risk of health benefit payments to those providers. The maximum amount of benefits payable to or on behalf of any participant or dependent under this Plan during that individual's entire lifetime is as set forth in the summary plan description of the group health coverage selected.

Eligible retirees have been provided with a Health Reimbursement Account (HRA) in lieu of the Company sponsored group coverage. The HRA provides a set dollar amount which participants can use to purchase health insurance benefits. The annual HRA cap depends on retirement date and union status. The HRA benefit is intended to provide comparable coverage to the benefit provisions previously in effect.

The Plan's excess of benefit obligations over net assets at December 31, 2025 and 2024 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current funding vehicle. It is expected that the deficiency will be funded through future contributions from the Company.

Administrative Agreements with Insurance Carriers

Retiree health claims are processed through group health benefit contracts and administrative service only (ASO) agreements with various insurance companies or a provider through the exchange. The agreements provide that the insurance companies evaluate and examine retiree claims to determine whether claims should be paid or denied, investigate continuing participant eligibility for benefits and perform other necessary administrative services as required. The Company, however, has the sole responsibility of deciding whether or not to pay a claim.

Stop Loss Coverage

The Plan has entered into stop loss insurance arrangements in an effort to limit its exposure for self-insured benefits (individual claims over a specified dollar amount, as well as its aggregate exposure, for all claims).

Contributions

The amount of participant contributions, if any, depends on the group health coverage plan selected by the participant for themselves and their dependents. Each participating employer makes contributions to the Plan as determined by the cost of the coverage minus participant contributions, if any. The general assets of the Participating Employers will fund the excess of plan benefit obligations over net assets available for benefits.

Administrative Expenses

Substantially all administrative expenses are paid by the Plan. Certain administrative expenses of the Plan are paid for by the Company and reimbursed by the Plan.

Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided to retirees, except for any limitations set forth in the applicable collective bargaining agreements, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The Plan's financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Fair value is the price that would be received to sell assets or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See additional valuation details in Note 5.

The Plan also had investments in the Avangrid, Inc. Defined Benefit Master Trust (the Master Trust), see Note 4. The Plan's investment in the Master Trust consisted of assets held in a 401(h) account (See Note 9). These investments are valued at fair value as reported by the trustee. During 2025, the 401(h) assets held through the Master Trust were exhausted and the Plan had no investments held in the Master Trust at December 31, 2025.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Master Trust investment income is reported on the accrual basis and includes interest and dividends and the net appreciation (depreciation) in the fair value of the Master Trust's investments. In addition, included in the net appreciation (depreciation) in the fair value of the Master Trust's investments are the realized and unrealized gains or losses on transactions in, and translation of, foreign currency investments.

Benefit Payments
Benefit payments to participants are recorded upon distribution.

Fair Value Measurements - Definition and Hierarchy
Generally accepted accounting principles provide a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair market value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements - Definition and Hierarchy (Continued)
The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. 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.

A description of where the Plan's investments fall within the fair value hierarchy is provided in Note 5.

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

The actuarial present value of accumulated plan benefits is prepared based on certain assumptions pertaining to interest rates, inflation rates, and retirees 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.

Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to use estimates and assumptions that affect the reported amounts reported in the financial statements and accompanying notes.

Reclassifications
Certain amounts in the prior year financial statements have been reclassified to conform to the current year presentation. These reclassifications had no effect on net assets available for benefits or changes in net assets available for benefits.

3. CERTIFIED INVESTMENT INFORMATION

In accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the following information was certified as complete and accurate by The Northern Trust Company, the trustee, and is included in the financial statements and accompanying supplemental schedules:

	2025	2024
Investments, at fair value	$ 5,990,207	$ 19,204,119
Net appreciation in fair value of investments	$ 1,637,583	$ 3,370,657
Interest and dividends	$ 352,678	$ 644,875
Net increase (decrease) in 401(h) account - plan interest in the Avangrid, Inc. Defined Benefit Master Trust	$ (2,640,876)	$ (3,048,499)

3. CERTIFIED INVESTMENT INFORMATION (Continued)

Schedule of Assets (Held at End of Year)	Schedule I
Schedule of Reportable Transactions	Schedule II

4. INVESTMENT IN MASTER TRUST

The Master Trust is maintained by The Northern Trust Company and was established for a portion of the investments of the Plan and several other Avangrid, Inc. sponsored benefit plans. The Plan's investments held in 401(h) accounts were maintained within the Master Trust. During 2025, the 401(h) assets held through the Master Trust were exhausted and the Plan had no investments held in the Master Trust at December 31, 2025. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based on average monthly balances invested by each plan.

The following table presents the net assets of the Master Trust at December 31, 2024:

	Master Trust	Plan's Interest
Assets:		
Investment, at fair value:		
Cash and cash equivalents	$ 2,478,851	$ -
U.S. government securities	271,922,035	10,967
Partnerships/joint ventures	87,059,500	242,276
Registered investment companies	92,889,293	210,371
Insurance company general accounts	23,786,208	-
Insurance company separate account	2,197,362	-
Corporate bonds	587,497,211	630,440
Common stocks	53,406,536	117,456
Common/collective trusts	829,045,978	1,337,084
Other investments	60,708,782	92,282
Total investments	2,010,991,756	2,640,876
Other liabilities	(1,281,677)	-
Total Master Trust net assets	$2,009,710,079	$ 2,640,876

The following table presents the investment income of the Avangrid, Inc. Defined Benefit Plan Master Trust for the year ended December 31:

	2025 Master Trust	2024 Master Trust
Net appreciation (depreciation) in fair value of investments	$ 159,146,027	$ (13,829,127)
Dividend and interest income	60,019,463	62,976,220
	$ 219,165,490	$ 49,147,093

5. FAIR VALUE MEASUREMENTS

The following tables set forth by level, within the fair value hierarchy, the Master Trust assets at fair value as of December 31, 2024:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	$ 2,277,205	$ 83,147,585	$ -	$ 85,424,790
U.S. government and short-term investments	291,555,370	-	-	291,555,370
Corporate bonds	-	625,015,700	-	625,015,700
Common stocks	53,426,146	-	-	53,426,146
Registered investment companies	93,630,525	-	-	93,630,525
Common collective trusts	-	554,535,149	-	554,535,149
Other, primarily fixed income	-	28,055,609	-	28,055,609
	$ 440,889,246	$1,290,754,043	$ -	$ 1,731,643,289
Assets valued at NAV:				
Common collective trusts				87,059,500
Partnerships/joint ventures				192,288,967
				$ 2,010,991,756

The Plan's assets at fair value, within the fair value hierarchy, were as follows at December 31, 2025:

	Level 1	Level 2	Level 3	Total
Money market fund	$ 165,768	$ -	$ -	$ 165,768
Exchange traded funds	5,824,439	-	-	5,824,439
	$ 5,990,207	$ -	$ -	$ 5,990,207

The Plan's assets at fair value, within the fair value hierarchy, were as follows at December 31, 2024:

	Level 1	Level 2	Level 3	Total
Money market fund	$ 2,506,435	$ -	$ -	$ 2,506,435
Exchange traded funds	14,056,808	-	-	14,056,808
	$ 16,563,243	$ -	$ -	$ 16,563,243

Following is a description of the valuation methodologies used for Master Trust and Plan assets measured at fair value.

Cash and cash equivalents: Valued at cost, plus accrued interest, which approximates fair value. Level 2 investments are valued based on yields currently available on similar investments.

5. FAIR VALUE MEASUREMENTS (Continued)

Money Market Fund: Valued at fair value based on quoted prices in active markets.

U.S. government securities and short term investments: Valued at the closing price reported in the active market in which the security is traded.

Corporate bonds and other fixed income securities: Valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Common stocks: Valued at the closing price reported in the active market in which the individual investment is traded.

Common collective trusts/Registered investment companies: Level 1 investments are valued at the closing price reported in the active market in which the security is traded. Value of Level 2 investments is primarily derived from the quoted prices in active markets of the underlying securities. Because the fund shares are offered to a limited group of investors, they are not considered to be traded in an active market.

Exchange traded funds: Valued at the latest quoted sales prices or official closing prices of the underlying securities, where readily available. Securities for which market quotations are not readily available are valued at their fair values calculated according to procedures including obtaining quotations from an independent pricing service.

Other investments, primarily fixed income: Investments are primarily invested in U.S. bonds and may also include some non-U.S. bonds. Other asset classes, including alternative investments, are used to enhance long-term returns while improving portfolio diversification. Valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Other investments measured at net asset value (NAV): Fund shares offered to a limited group of investors and alternative investments, such as private equity, equity, fixed income, and real estate oriented common collective trusts and partnership/joint ventures are valued using the NAV as a practical expedient to estimate the fair value of the underlying investments. Since these assets are valued at NAV, they are not included in the fair value hierarchy table. There are generally no significant unfunded commitments, redemption restrictions or other restrictions on the investments.

For the assets held under the Master Trust, the primary investment objective of the Plan's administrative committee is to ensure that current and future benefit obligations are adequately funded and with volatility commensurate with their investment policy risk tolerance. Preservation of capital and achievement of sufficient total return to fund accrued and future benefit obligations are of highest concern. Their primary means for achieving capital preservation is through diversification of the trusts' investments while avoiding significant concentrations of risk in any one area of the securities markets. Further diversification is achieved by utilizing multiple asset managers with a systematic allocation to various asset classes and providing broad exposure to different segments of the equity, fixed income and alternative investment markets, including a strategic balance between actively and passively managed investments. The asset allocation policy is the most important consideration in achieving their objective of superior investment returns while minimizing risk.

5. FAIR VALUE MEASUREMENTS (Continued)

The administrative committee has established target asset allocation policies within allowable ranges for their pension benefits plan assets within broad categories of asset classes made up of return-seeking investments and liability-hedging investments, with target allocations ranging from 15%-70% for return-seeking assets and 30%-85% for liability-hedging assets. Return-seeking assets also include investments in domestic, international, and emerging equity, real estate, global asset allocation strategies and hedge funds. Liability-hedging investments generally consist of long- term corporate bonds, annuity contracts, long-term treasury STRIPS and opportunistic fixed income investments. Systematic rebalancing within the target ranges increases the probability that the annualized return on the investments will be enhanced, while realizing lower overall risk, should any asset categories drift outside their specified ranges.

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

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFIT OBLIGATION

The group health benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to those retirees eligible for health benefits as of December 31, 2025 and 2024, under the respective self-insured plans. The actuarial present value is determined by applying actuarial assumptions for current and future retirees and their beneficiaries eligible for health benefits as of the valuation date adjusted for the time value of money and the probability of payment between the valuation date and the date of payment.

The postretirement benefit obligation, and changes therein, do not reflect Medicare prescription drug subsidies that the Company might receive under the *Medicare Prescription Drug Improvement and Modernization Act of 2003* as the Plan is not directly entitled to the Medicare subsidy. The benefit obligation reported in the statements of plan benefit obligations differs from the accumulated plan benefit obligation reported by the Company in its annual financial statements because the Company has included the effects of the Medicare subsidy in measuring the benefit obligation and changes in the benefit obligation.

The most significant assumptions underlying the actuarial computation are:

Valuation date	December 31, 2025	December 31, 2024
Discount rate	4.65%(NYSEG) 4.65% (RGE) 4.78% (CMP)	5.26%(NYSEG) 5.19% (RGE) 5.33% (CMP)
Plan provisions, demographic data, claims data and all assumptions (except discount rate) as of	December 31, 2025	December 31, 2024
Medical trend:		
Initial (pre-65 / post 65)	8.40% / 10.10%	8.90% / 10.60%
Ultimate (pre-65 / post 65)	4.50% / 4.50%	4.50% / 4.50%
Ultimate year (pre-65 / post 65)	2039 / 2039	2039 / 2039
Mortality table	Pri 2012 with fully Generational Projection (MP 2021)	Pri 2012 with fully Generational Projection (MP 2021)

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFIT OBLIGATION (Continued)

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the group health benefit obligation. A one percentage point increase in the assumed health care cost trend rates for future years would result in an increase to the actuarial present value of benefit obligations of approximately $50,178; a one percentage point decrease in the assumed health care cost trend rates would result in a decrease to the actuarial present value of benefit obligations by approximately $44,816. The effect of the changes in actuarial assumptions for 2025 of $5,089,597 was the result of a decrease in the discount rate for the year ended December 31, 2025 and an increase in expected medical costs.

During 2025, the Plan was amended to modify certain retiree medical benefits effective January 1, 2026, including transitioning certain Medicare-eligible retirees to a Health Reimbursement Arrangement (HRA) structure, removal of Medicare Part B reimbursement, and updating certain retiree contribution provisions. The amendments resulted in a reduction of the actuarial present value of plan benefit obligations of $42,701,459, which is reflected as plan amendments in the statements of changes in plan benefit obligations.

7. PARTY-IN-INTEREST TRANSACTIONS

The Northern Trust Company is the trustee of the Plan and custodian of the Plan's investments. As such, transactions between The Northern Trust and the Plan qualify as party-in-interest transactions.

8. TAX STATUS

Certain trusts established by CMP to hold some of the net assets of this Plan are qualified pursuant to Section 501(c)(9) of the Internal Revenue Code (the Code), and, accordingly, the net investment income from these trusts is exempt from income taxes. CMP has obtained favorable tax determination letters from the Internal Revenue Service and the Plan believes that these trusts, as amended, continue to qualify and to operate as designed.

The establishment of the NYSEG VEBA Trust was not bargained with the NYSEG Union. Therefore, the trust assets do not qualify for the unrelated business income tax (UBIT) exemption available for collectively bargained VEBAs. Accordingly, the trust owed $733,011 and $1,079,863 in taxes for the years ended December 31, 2025 and 2024, respectively.

The income taxes presented in the statements of net assets available for benefits represent amounts either prepaid to or accrued with taxing authorities. Prepaid income taxes relate to payments made in excess of amounts owed and are either applied as a credit to the subsequent plan year or refunded to the Plan. Accrued income taxes represent amounts owed to taxing authorities that remain unpaid as of year-end.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by a 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 taxing authorities. Management evaluated the Plan's tax positions and concluded that as of December 31, 2025, the Plan had taken no uncertain tax positions that require recognition of a liability (or asset) in the financial statements.

8. TAX STATUS (Continued)

At December 31, 2025, the Plan is subject to a late filing penalty assessed by the New York State taxing authority related to the 2020 plan year. The Plan has filed for an abatement of the penalty based on reasonable cause. While management believes the abatement request is valid and probable of success, there remains a reasonably possible but not probable loss of approximately $300,000. Accordingly, no liability has been recorded in the accompanying statement of net assets available for benefits.

9. 401(H) ACCOUNTS

CMP's defined benefit pension plan includes a medical-benefit component in addition to normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Code.

Separate accounts have been established and maintained in these defined benefit pension plans for such contributions.

In accordance with Code Section 401(h), the investments in the 401(h) accounts may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are included in the defined benefit pension plans' obligations in the statements of plan benefit obligations. The net assets held in the 401(h) accounts are maintained in the Avangrid, Inc. Defined Benefit Master Trust. During 2025, the assets previously held in the 401(h) accounts were fully exhausted and no assets remained in the 401(h) accounts as of December 31, 2025.

The following table presents the components of the net assets available for such obligations at December 31:

	Net Assets Available for Postretirement Health and Welfare Benefits in 401(h) Account	
	2025	2024
Investments, at fair value	$ -	$ 2,640,876
Net assets available for benefits	$ -	$ 2,640,876

9. 401(H) ACCOUNTS (Continued)

The statement of changes in net assets available for Plan benefits for the Plan's 401(h) account within the Avangrid, Inc. Defined Benefit Master Trust at December 31 is as follows:

	2025	2024
Additions:		
Net appreciation in fair value of investments	$ 88,199	$ 161,187
Total additions	88,199	161,187
Deductions:		
Administrative fees	702	9,686
Reimbursement of benefit payments paid by Plan sponsor	2,728,373	3,200,000
Total deductions	2,729,075	3,209,686
Changes in net assets	(2,640,876)	(3,048,499)
Net assets available for benefits beginning of year	2,640,876	5,689,375
Net assets available for benefits end of year	$ -	$ 2,640,876

10. RECONCILIATION TO FORM 5500

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

	2025	2024
Net assets available for benefits per the financial statements	$ -	$ 17,598,311
Net assets held in defined benefit plan – 401(h) accounts	-	(2,640,876)
Net assets available for benefits per Form 5500	$ -	$ 14,957,435

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

	2025	2024
Change in net assets available for benefits, per the financial statements	$ (11,506,797)	$ (16,232,622)
Net change in 401(h) assets	2,640,876	3,048,499
Change in net assets available for benefits per Form 5500	$ (8,865,921)	$ (13,184,123)

10. RECONCILIATION TO FORM 5500 (Continued)

The classification of amounts in Schedule H of Form 5500 differ from the financial statements due to allocation of 401(h) balances.

11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 14, 2026, which is the date the financial statements were available to be issued.

AVANGRID SERVICE COMPANY, INC. RETIREE HEALTH PLAN

EMPLOYER IDENTIFICATION NUMBER 02-0706408
PLAN #506
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	Shares/ Units	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
		EXCHANGE TRADED FUNDS (ETF):			
	4,344	Vanguard S&P 500 Index Fund	ETF	$ 1,678,372	$ 2,724,254
	13,623	iShares Core US Aggregated Bond Fund	ETF	1,507,933	1,360,665
	2,504	Vanguard Small Cap Fund	ETF	475,075	645,907
	8,124	iShares Core S&P MidCap Fund	ETF	341,593	536,184
	5,854	Vanguard Developed Markets Fund	ETF	229,360	365,699
	1,927	Vanguard International Equity Index Emerging Markets Fund	ETF	82,748	103,595
	1,824	Vanguard Charlotte Funds	ETF	101,192	88,135
				4,416,273	5,824,439
		MONEY MARKET FUND:			
*		Northern Trust Institutional Government Fund	Money Market Fund	165,768	165,768
				$ 4,582,041	$ 5,990,207

* Represents party-in-interest to the Plan

This schedule was prepared solely from information certified by The Northern Trust Company .
The accompanying notes are an integral part of this schedule.

AVANGRID SERVICE COMPANY, INC. RETIREE HEALTH PLAN

EMPLOYER IDENTIFICATION NUMBER 02-0706408
PLAN #506
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset/Broker	Number of Transactions	Sale/Purchase	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
I. Individual 5% Transactions								
iShares Core	S&P MidCap Fund	1	Sale	$ -	$ 427,579	$ 224,890	$ 427,579	$ 202,689
iShares Core US	Aggregated Bond Fund	1	Sale	-	1,080,284	1,230,634	1,080,284	(150,350)
Vanguard	S&P 500 Index Fund	1	Sale	-	2,182,304	1,086,629	2,182,304	1,095,675
Vanguard	Vanguard Small Cap Fund	1	Sale	-	515,509	337,716	515,509	177,793
II. Series of Transactions, Not Involving Securities, With the Same Person								
None.								
III. Series of Transactions Involving Securities of the Same Issue								
* Northern Trust	Institutional Government Fund	91	Purchase	$ 11,783,013	$ -	$ 11,783,013	$ 11,783,013	$ -
* Northern Trust	Institutional Government Fund	41	Sale	-	14,122,269	14,122,269	14,122,269	-
iShares Core	S&P MidCap Fund	2	Purchase	145,509	-	145,509	145,509	-
iShares Core	S&P MidCap Fund	3	Sale	-	633,236	327,179	633,236	306,057
iShares Core US	Aggregated Bond Fund	2	Purchase	369,862	-	369,862	369,862	-
iShares Core US	Aggregated Bond Fund	3	Sale	-	1,599,235	1,831,236	1,599,235	(232,001)
Vanguard	S&P 500 Index Fund	2	Purchase	711,169	-	711,169	711,169	-
Vanguard	S&P 500 Index Fund	3	Sale	-	3,206,314	1,586,987	3,206,314	1,619,327
Vanguard	Vanguard Small Cap Fund	2	Purchase	174,155	-	174,155	174,155	-
Vanguard	Vanguard Small Cap Fund	3	Sale	-	763,945	491,466	763,945	272,479
IV. Series of Transactions Involving Securities, With a Single Person								
None.								

* Represents party-in-interest to the Plan

This schedule was prepared solely from information certified by The Northern Trust Company .
The accompanying notes are an integral part of this schedule.