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
DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

1b Three-digit plan number (PN) ▶ 507

1c Effective date of plan 10/01/1983

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)
DOMINION ENERGY, INC.

C/O DOMINION ENERGY SERVICES, INC.

120 TREDEGAR ST, CLEARINGHOUSE 3FL
ATTENTION BENEFITS REPORTING
RICHMOND, VA 23219-4306

2b Employer Identification Number (EIN)
54-1229715

2c Plan Sponsor's telephone number
877-947-4636

2d Business code (see instructions)
221500

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	MICHAEL GLAHN-DIRECTOR ACCOUNTING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

DOMINION ENERGY SERVICES, INC.

120 TREDEGAR ST, CLEARINGHOUSE 3FL
ATTENTION BENEFITS REPORTING
RICHMOND, VA 23219-4306

3b Administrator's EIN: 54-1962730

3c Administrator's telephone number: 877-947-4636

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**	13311
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**	13087
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	13087
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 6
- (4) [X] **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
DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
DOMINION ENERGY, INC.

D Employer Identification Number (EIN)
54-1229715

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 BLUE CROSS AND BLUE SHIELD MEDICARE RISK

(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
31-1440175	10345	OHEGR024	54	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	

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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	

(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** [X] 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	408730
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
DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
DOMINION ENERGY, INC.

D Employer Identification Number (EIN)
54-1229715

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	E00067105993	78	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	

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

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

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

(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** [X] 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**	731011
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
DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
DOMINION ENERGY, INC.

D Employer Identification Number (EIN)
54-1229715

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 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	0122482	11718	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	58246

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

MARSH USA, LLC
P O BOX 412703
BOSTON, MA 02241-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	58225	SUPPLEMENTAL COMPENSATION	3

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

MARSH USA, LLC
P O BOX 412703
BOSTON, MA 02241-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	21	NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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) ▶ ADD

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	6282940
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
DOMINION ENERGY, INC.

D Employer Identification Number (EIN)
54-1229715

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 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	0141828	654	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	10230

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

MARSH USAY LLC,
PO BOX 412703
BOSTON, MA 02241-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	10204	SUPPLEMENTAL COMPENSATION	3

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

MARSH USA, LLC
PO BOX 412703
BOSTON, MA 02241-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	26	NON MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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**	1836351
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
DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
DOMINION ENERGY, INC.

D Employer Identification Number (EIN)
54-1229715

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
HIGHMARK 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
23-1294723	54771	034745	197	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)**	
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** [X] 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	1463063
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
DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
DOMINION ENERGY, INC.

D Employer Identification Number (EIN)
54-1229715

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
SUMMACARE, 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
34-1726655	95202	G01332	8	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)**	
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** [X] 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	68697
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
DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
DOMINION ENERGY, INC.

D Employer Identification Number (EIN)
54-1229715

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).. . . . . [X] 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

1607 CAPITAL PARTNERS

26-0529973

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

PRUDENTIAL TRUST CO

81-6705696

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

THE NORTHERN TRUST COMPANY

36-1561860

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

JPMORGAN CHASE BANK

13-4994650

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

JAIN GLOBAL LLC

98-1769494

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

NUT TREE CAPITAL MANAGEMENT, LP

61-1764038

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

WINDACRE PARTNERSHIP LLC (EUROPAC)

46-3441307

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

NIATROSS INVESTMENTS LIMITED

98-1744748

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

3D PARTNERS FUND

98-1897209

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

PARVUS ASSET MANAGEMENT

1. UGLAND HOUSE SOUTH CHURCH STREET
GRAND CAYMAN, CAYMAN ISLANDS KY11104 CI

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

XN PRIVATE FUND LP

87-2564981

(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)

J.P. MORGAN INVESTMENT

13-2624428

(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?
28 51	INV-MGMT	2471771	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANTHEM

54-0357120

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	INS-SVCS	1456073	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

1607 CAPITAL PARTNERS, LLC

26-0529973

(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?
28 51	INV-MGMT	1186896	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EXPRESS SCRIPTS

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	INS-SVCS	846850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOMINION ENERGY SERVICES, INC.

54-1229715

(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?
14 50	PLN-ADMR	597448	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NB BELLE ISLE FUND LP

02-0654486

(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?
28 51	INV-MGMT	496210	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HIGHMARK

23-1294723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	INS-SVCS	486296	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MFB NT COLLECTIVE MSCI ACWI

45-6138589

(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?
99 50	OTHER	440558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIA BENEFITS (HRA)

26-0775680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	INS-SVCS	371088	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DELOITTE & TOUCHE, LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCNTG	227736	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALPINE INVESTORS IX LP

46-2333989

(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?
28 51	INV-MGMT	219187	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REED SMITH LLP

25-0749630

(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?
29 50	LEGAL	197359	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ERNST & YOUNG US LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCNTG	196390	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

32-0455106

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTURAL	182715	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON

13-2614959

(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?
21 50	TRTE_DIR	167225	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PWP GROWTH EQUITY FUND I LP

37-1731370

(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?
28 51	INV_MGMT	161296	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PWP GROWTH EQUITY FUND II LP

27-3051243

(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?
28 51	INV-MGMT	116367	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A & M CAPITAL PARTNERS LP

46-2333989

(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?
28 51	INV-MGMT	101001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NB RE SECONDARY OPP OFFSHORE

06-1834242

(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?
28 51	INV-MGMT	82312	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

A&M CAPITAL PARTNERS II

46-2333989

(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?
99 50	OTHER	77435	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KKR AMERICAS FUND XII LP

98-1279368

(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?
28 51	INV-MGMT	75091	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MSCI, INC.

13-4038723

(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?
27 51	INADV-PL	67852	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NB PE CREDIT OPP FUND (TE) LP

35-2574859

(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?
28 51	INV-MGMT	43826	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREENOAKS 6 LP

98-1859591

(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?
28 51	INV-MGMT	32932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST COMPANY

36-1561860

(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?
21 50 51	TRTE-DIR	31363	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT HOLDING COMPANY LLC

82-1061233

(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?
14 50	PLN-ADMR	27761	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KEYBANK

34-0797057

(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?
21 50 51	TRTE-DIR	27132	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ALLSPRING GLOBAL INVESTMENTS, INC

95-3692822

(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?
28 51	INV-MGMT	22412	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRILANTIC CAP PARTNERS IV LP

46-4688952

(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?
28 51	INV-MGMT	20090	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

1607 CAPITAL BOND FUND

26-0529973

(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?
28 51	INV-MGMT	13895	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SILVERPEAK LEGACY PENSION PTNRS III

26-1756892

(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?
28 51	INV-MGMT	9809	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NB REAL ESTATE SEC OPP I

06-1834242

(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?
28 51	INV-MGMT	9584	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALBOURNE AMERICA, LLC

91-2164625

(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?
16 50	CONSULT	8000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PRUDENTIAL TRUST CO INSTITUTIO

81-6705696

(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?
28 51	INV-MGMT	7980	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RVK, INC

93-0910652

(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?
16 50	CONSULT	7500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CERBERUS INSTITUTIONAL PARTNERS (SE

13-4201318

(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?
28 51	INV-MGMT	6753	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CASTLE HALL

84 CHAIN LAKE DRIVE SUITE 501
MONTREAL, QUEBEC B3S1A2 CA

(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?
16 50	CONSULT	5400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLEAR STREET LLC, NEW YORK

81-4999091

(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?
33 55	BROKG	0	Yes [X] No [ ]	Yes [ ] No [X]	27896	Yes [ ] No [ ]

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

MISCHLER FINANCIAL GROUP INC, NEW Y

33-0652019

(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?
33 55	BROKG	0	Yes [X] No [ ]	Yes [ ] No [X]	13393	Yes [ ] No [ ]

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

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

PERSHING LLC, JERSEY CITY

13-2741729

(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?
33 55	BROKG	0	Yes [X] No [ ]	Yes [ ] No [X]	11208	Yes [ ] No [ ]

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

UBS SECURITIES LLC, STAMFORD

61-5958480

(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?
33 55	BROKG	0	Yes [X] No [ ]	Yes [ ] No [X]	9221	Yes [ ] No [ ]

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

BANK OF AMERICA CORP, CHARLOTTE

04-2812529

(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?
33 55	BROKG	0	Yes [X] No [ ]	Yes [ ] No [X]	9111	Yes [ ] No [ ]

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

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

CITIGROUP GLOBAL MARKETS, INC., NEW

11-2418191

(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?
33 55	BROKG	0	Yes [X] No [ ]	Yes [ ] No [X]	8490	Yes [ ] No [ ]

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

MORGAN STANLEY AND CO., LLC, NEW YO

36-3145972

(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?
33 55	BROKG	0	Yes [X] No [ ]	Yes [ ] No [X]	7770	Yes [ ] No [ ]

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

VIRTU AMERICAS LLC, NEW YORK

36-3145972

(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?
33 55	BROKG	0	Yes [X] No [ ]	Yes [ ] No [X]	7519	Yes [ ] No [ ]

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

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

CAP INSTL SVCS INC - EQUITIES, NEW

22-3096888

(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?
33 55	BROKG	0	Yes [X] No [ ]	Yes [ ] No [X]	6723	Yes [ ] No [ ]

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

JEFFERIES & CO INC, NEW YORK

95-2622900

(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?
33 55	BROKG	0	Yes [X] No [ ]	Yes [ ] No [X]	6247	Yes [ ] No [ ]

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

BARCLAYS CAPITAL LE, NEW YORK

06-1031656

(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?
33 55	BROKG	0	Yes [X] No [ ]	Yes [ ] No [X]	5744	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
CLEAR STREET LLC, NEW YORK	33 55	27886

(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.
CLEAR STREET LLC, NEW YORK 81-4999091	FEE CHARGED AS REDUCTION OF RETURN EARNED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MISCHLER FINANCIAL GROUP INC, NEW Y	33 55	13393

(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.
MISCHLER FINANCIAL GROUP INC, NEW Y 33-0652019	FEE CHARGED AS REDUCTION OF RETURN EARNED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PERSHING LLC, JERSEY CITY	33 55	11208

(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.
PERSHING LLC, JERSEY CITY 13-2741729	FEE CHARGED AS REDUCTION OF RETURN EARNED

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
UBS SECURITIES LLC, STAMFORD	33 55	9221

(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.
UBS SECURITIES LLC, STAMFORD 61-5958480	FEE CHARGED AS REDUCTION OF RETURN EARNED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BANK OF AMERICA CORP, CHARLOTTE	33 55	9111

(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.
BANK OF AMERICA CORP, CHARLOTTE 04-2812529	FEE CHARGED AS REDUCTION OF RETURN EARNED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CITIGROUP GLOBAL MARKETS, INC., NEW	33 55	8490

(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.
CITIGROUP GLOBAL MARKETS, INC., NEW 36-3145972	FEE CHARGED AS REDUCTION OF RETURN EARNED

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
MORGAN STANLEY AND CO., LLC, NEW YO	33 55	7770

(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.
MORGAN STANLEY AND CO., LLC, NEW YO 36-3145972	FEE CHARGED AS REDUCTION OF RETURN EARNED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VIRTU AMERICAS LLC, NEW YORK	33 55	7519

(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.
VIRTU AMERICAS LLC, NEW YORK 26-4219373	FEE CHARGED AS REDUCTION OF RETURN EARNED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CAP INSTL SVCS INC - EQUITIES, NEW	33 55	6723

(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.
CAP INSTL SVCS INC - EQUITIES, NEW 22-3096888	FEE CHARGED AS REDUCTION OF RETURN EARNED

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
JEFFERIES & CO INC, NEW YORK	33 55	6247

(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.
JEFFERIES & CO INC, NEW YORK 95-2622900	FEE CHARGED AS REDUCTION OF RETURN EARNED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BARCLAYS CAPITAL LE, NEW YORK	33 55	5744

(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.
BARCLAYS CAPITAL LE, NEW YORK 06-1031656	FEE CHARGED AS REDUCTION OF RETURN EARNED

(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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 507

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DOMINION ENERGY, INC.

D Employer Identification Number (EIN)
54-1229715

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: MFB NT COLLECTIVE MSCI ACWI

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
45-6138589-001	C	215456494

a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST SHORT TERM FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
45-6138589-001	C	83

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

B Three-digit plan number (PN) ▶ 507

C Plan sponsor's name as shown on line 2a of Form 5500
DOMINION ENERGY, INC.

D Employer Identification Number (EIN)
54-1229715

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)	2500000	
(2) Participant contributions	1b(2)	593954	576465
(3) Other	1b(3)	7752671	17173039
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20606116	25996452
(2) U.S. Government securities	1c(2)		276511491
(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)	692624043	486368215
(5) Partnership/joint venture interests	1c(5)	73521401	309778384
(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)	390526395	215456577
(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)	568880309	595214910
(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	1757004889	1927075533
Liabilities			
1g Benefit claims payable	1g	3362175	3680746
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	646786	909664
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4008961	4590410
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1752995928	1922485123

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)	4461163	
(B) Participants	2a(1)(B)	17355826	
(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)		21816989
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	99531	
(B) U.S. Government securities	2b(1)(B)	4753634	
(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)	71572	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4924737
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	7056645	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	19312671	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		26369316
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	576814706	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	515379648	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		61435058
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	10737452	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		10737452

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		44332856
(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)		54976188
c Other income	2c		7473668
d Total income. Add all **income** amounts in column (b) and enter total	2d		232066264
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	42414861	
(2) To insurance carriers for the provision of benefits	2e(2)	10790792	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		53205653
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)	597448	
(2) Contract administrator fees	2i(2)	27761	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	227736	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	194357	
(7) Actuarial fees	2i(7)	182715	
(8) Legal fees	2i(8)	198469	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	7937189	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		9365675
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		62571328
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		169494936
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		5741

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		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
ENBRIDGE EMPLOYEE SERVICES INC.	76-0697621	520

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 _____.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

Employer ID No: 54-1229715
Plan Number: 507

Financial Statements as of December 31, 2025 and 2024
and for the Year Ended December 31, 2025,
Supplemental Schedules as of and for the Year Ended
December 31, 2025,
and Independent Auditor's Report

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

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

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of Dominion Energy Retiree Health & Welfare Plan

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

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

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

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

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 and supplemental schedule of reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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

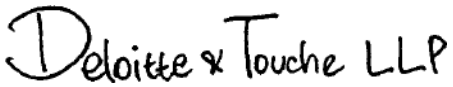
records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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).



October 12, 2026

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

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

	2025	2024
ASSETS:		
Investments at fair value (Note 4)	**$ 1,909,326,029**	$ 1,746,158,264
Pending sales, interest and dividends receivables	**15,457,470**	1,946,183
Employer contribution receivable (Note 1)	**—**	2,500,000
Rebates receivable (Note 2)	**1,520,769**	5,611,688
Advance deposit	**194,800**	194,800
Participant contribution receivable	**576,465**	593,954
Net assets in Dominion Energy Pension Plan 401(h) Accounts held within the Master Trust (Note 3)	**518,648,494**	494,644,685
Total Assets	**2,445,724,027**	2,251,649,574
LIABILITIES:		
Payables for securities purchased	**909,664**	646,786
NET ASSETS AVAILABLE FOR BENEFITS	**$ 2,444,814,363**	$ 2,251,002,788

See notes to financial statements.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

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

ADDITIONS		
Contributions:		
Employer contributions	**$**	**4,461,163**
Participant contributions		**17,355,826**
Total contributions		**21,816,989**
Investment income:		
Interest and dividends		**31,294,053**
Net appreciation in fair value of investments		**178,955,222**
Net investment income		**210,249,275**
Net increase in 401(h) Accounts (Note 2)		**24,003,809**
Total additions		**256,070,073**
DEDUCTIONS		
Payments for benefits:		
Life and survivor life insurance premiums paid to insurance companies		**8,119,292**
Medicare HMO premiums paid to insurance companies		**2,671,500**
Participant claims		**12,835,946**
HRA health reimbursements		**29,260,344**
Total benefit payments		**52,887,082**
Administrative expenses		**9,365,675**
Total deductions		**62,252,757**
NET INCREASE IN NET ASSETS BEFORE TRANSFERS AND PLAN MERGERS		**193,817,316**
TRANSFER AS PART OF SALE (Note 1)		**(5,741)**
NET INCREASE IN NET ASSETS		**193,811,575**
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		**2,251,002,788**
End of year	**$**	**2,444,814,363**

See notes to financial statements.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

STATEMENTS OF BENEFIT OBLIGATIONS
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
AMOUNTS CURRENTLY PAYABLE:		
Claims incurred but not reported	**$ 3,680,746**	$ 3,362,175
POSTRETIREMENT BENEFIT OBLIGATIONS:		
Current retirees and beneficiaries	**708,398,803**	736,712,299
Other participants fully eligible for benefits	**66,691,574**	73,796,572
Other participants not yet fully eligible for benefits	**46,826,829**	53,045,219
Total postretirement benefit obligations	**821,917,206**	863,554,090
TOTAL BENEFIT OBLIGATIONS	**$ 825,597,952**	$ 866,916,265

See notes to financial statements.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

AMOUNTS CURRENTLY PAYABLE:		
Balance at beginning of year	**$**	**3,362,175**
Benefits reported and approved for payment - including benefits reclassified from postretirement benefit obligations and net change in claims incurred but not reported		**84,406,588**
Payments for benefits (includes participant claims paid out of the 401(h) Accounts - see Note 2)		**(84,088,017)**
Balance at end of year		**3,680,746**
POSTRETIREMENT BENEFIT OBLIGATIONS:		
Balance at beginning of year		**863,554,090**
Increase (decrease) in postretirement benefits attributable to:		
Benefits earned		**9,832,039**
Interest		**47,147,768**
Payment for benefits and administrative expenses - net of retiree contributions		**(76,097,866)**
Actuarial gain		**(22,223,173)**
Transfer as part of sale (Note 1)		**(295,652)**
Balance at end of year		**821,917,206**
TOTAL BENEFIT OBLIGATION AT END OF YEAR	**$**	**825,597,952**

See notes to financial statements.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2025 AND 2024 AND FOR THE YEAR ENDED DECEMBER 31, 2025

1. DESCRIPTION OF THE PLAN

The following description of the Dominion Energy Retiree Health & Welfare Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

a. **General**—The Plan is a defined benefit health and welfare plan that provides medical and life insurance benefits. Certain former employees of Dominion Energy, Inc. (Dominion Energy) and its subsidiaries (the Company) who are not represented by a recognized union (Salaried), certain former union (Hourly) employees represented by the International Brotherhood of Electrical Workers (IBEW), and certain former union-eligible employees of acquired, merged or divested businesses whose retiree benefit obligations were retained by the Company, and their dependents, as defined in the Plan, are eligible for coverage under the Plan upon satisfying the Plan's eligibility requirements.

Dominion Energy is the designated plan sponsor. The plan administrator is Dominion Energy Services, Inc. (DES), a subsidiary of Dominion Energy. Bank of New York Mellon Trust Company, N.A. (Bank of New York Mellon) and KeyBank, N.A. (KeyBank) served as trustees of the Plan. Effective April 2025, KeyBank ceased serving as a trustee of the Plan and all Plan assets were transferred to Bank of New York Mellon. The Plan is subject to the provisions set forth in the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

During 2024, Dominion Energy completed the sale of certain natural gas distribution utilities to Enbridge, Inc. Upon closing, the natural gas companies ceased to be participating employers in the Plan, which continues to be sponsored by Dominion Energy. All affected participants have been fully vested in their accrued benefits under the Plan upon the closing of the sale. Enbridge assumed the health and welfare obligations for affected active employees and a pro rata share of the Plan assets. At the closing of the sale, Dominion Energy and Enbridge entered into a transition services agreement pursuant to which Dominion Energy will continue to provide certain services to support the ongoing operations for up to approximately two years with additional employees transferring to Enbridge at various times. In 2025, additional employees transferred to Enbridge, which reduced the Plan assets by $295,652, including transfers paid out of the 401(h) accounts, and reduced the accumulated benefit obligation by $295,652.

As a result of a 2021 collective bargaining agreement between Dominion Energy and IBEW, retiree medical benefits for certain IBEW retirees and covered spouses and future IBEW retirees, were amended. As a result of this agreement, the Company was required to make a $2,500,000 VEBA contribution which is showing as an employer contribution receivable as of December 31, 2024. No such contribution was required as of December 31, 2025.

b. **Benefits -** Generally, the Plan provides medical and life insurance benefits to pre-65 eligible retirees. Post-64 participants may elect medical coverage through a healthcare exchange. Dominion Energy provides these retirees and covered spouses with an annual Health Reimbursement Account (HRA) stipend that varies based on age, service, date of hire and date of retirement. Any unused

HRA balances are carried over to subsequent years, but are not funded until claims are incurred and presented to the HRA administrator for payment. The estimated obligation for the HRA feature is included in the postretirement benefit obligations. As of December 31, 2025 and 2024 interest-bearing cash of $25,996,452 and $20,142,347, respectively, were held in HRA cash accounts (HRA cash accounts). Refer to the Plan document and collective bargaining agreements for additional information.

c. **Contributions**—The costs of the postretirement benefit obligation are shared by the Company, retiree participants and active Hourly employees. In general, eligible retirees share in the cost of elected medical coverage. The amount to be contributed by participants is determined annually and is based on several factors including age, years of service and retirement date.

The Company makes all contributions for Salaried and Hourly retiree life and survivor life insurance coverage. Certain retired employees of gas subsidiaries covered by life insurance benefits prior to January 1, 2002 pay a premium of 45 cents per month, per $1,000 of coverage. Refer to the Plan document and collective bargaining agreements for additional information.

d. **Funding Policy**—The Plan is funded through insurance, participant contributions, Company contributions and VEBA trusts. Additionally, one of the VEBA trusts was established to defray required contributions by retired Hourly employees for medical coverage. Contributions to this VEBA trust represent the contributions of active Hourly employees and contributions by the Company in accordance with the collective bargaining agreements.

The Company is also funding future retiree medical benefits through the Dominion Energy Pension Plan, a defined benefit pension plan, pursuant to Section 401(h) of the Internal Revenue Code (IRC). See Notes 2.g and 3 for additional information on the 401(h) Accounts feature.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a. **Basis of Accounting**—The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

b. **Use of Estimates**—The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and if any, claims payable and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

c. **Risks and Uncertainties**—The Plan utilizes various investment instruments as more fully described in Notes 3 and 4. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Market volatility includes global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Investments as of December 31, 2025, included $320,197,921 of the Dreyfus Government Cash Management – Institutional Shares Fund representing 17% of total investments and $215,456,494 of the Northern Trust Collective MSCI ACWI Fund representing 11% of total investments. A large decline in the market value of this investment could significantly affect the net assets available for benefits.

d. **Claims Incurred But Not Reported**—The Plan's liability for incurred but not reported claims is estimated using actuarial methods that utilize historical trend information. The actuarial methodology projects historical monthly incurred claims to the most recent period using an appropriate trend, adjustments for changes in participant count and any benefit design changes that occur during each successive year. Claims incurred but not reported are presented in the Statements of Benefit Obligations.

e. **Payments for Benefits**—Life and survivor life insurance premiums, Medicare HMO premiums, participant claims and HRA health reimbursements paid by either retirees, the Company or the VEBA trusts are recorded in the accompanying Statement of Changes in Net Assets Available for Benefits upon distribution. Claims and premium amounts billed by third party administrators which have not been paid, if any, by either the Company or the VEBA trusts are recorded as claims and premiums payables in the accompanying Statements of Benefit Obligations.

f. **Rebates**—Rebates due from the third-party administrators are recorded when earned. Any rebates due as of the financial statement date are reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling $12,426,044 have been netted with claims paid in the accompanying Statement of Changes in Net Assets Available for Benefits.

g. **401(h) Accounts**—The Dominion Energy Pension Plan includes a medical benefit component, in addition to normal retirement benefits. The Dominion Energy, Inc. Defined Benefit Master Trust (the Master Trust) funds a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. Separate accounts have been established and maintained in the Dominion Energy Pension Plan for this purpose. In accordance with IRC Section 401(h), the Dominion Energy Pension Plan's 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 not included in the Dominion Energy Pension Plan's accumulated benefit obligations but are reported as obligations in the financial statements of the Plan.

h. **Valuation of Investments**—All investments, other than the immediate participation guarantee contracts in the 401(h) Accounts held in the Master Trust, are at fair value. Immediate participation guarantee contracts with Equitable and Prudential were entered into prior to 1992 and therefore grandfathered under applicable accounting guidance and are not subject to fair value measurement. These investments are valued at contract value, which represents aggregate amounts of contributions, interest and/or dividends earned thereon, less benefits paid and expenses. See Note 4 for further information on fair value measurements.

i. **Income Recognition—**Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

In the Statement of Changes in Net Assets Available for Benefits, the Plan presents the net appreciation in the fair value of its investments, which consists of the realized gains or losses on investments sold during the year and the unrealized appreciation of investments held at the reporting date.

j. **Administrative Expenses**— Expenses incurred directly in the administration of the Plan are paid by the Plan. Investment-related expenses are included in net appreciation in fair value of investments. Administrative expenses also include $3,887,323 of unrelated business income tax (UBIT), net of refunds.

k. **Postretirement Benefits**—The postretirement benefit obligation as of December 31, 2025 and 2024, represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered through December 31, 2025 and 2024, respectively, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents; and (2) active employees and their beneficiaries and dependents after retirement from service with the Company. Prior to an active employee's full eligibility date, the 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 postretirement benefit obligation represents the amount that is to be funded by plan sponsor contributions and existing Plan assets.

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

The following were significant assumptions used in determining postretirement benefit obligations as of December 31, 2025 and 2024:

	2025	2024
Discount rate	**5.60%**	5.83%
Healthcare initial cost trend rate	**7.00%**[(1)]	7.00%[(2)]
Retirement age	Sliding scale from ages 55-70 and over for non-union, Local 50 and gas union participants	
Retirement age - Questar Plans	Sliding scale from ages 55-65	
Mortality	(3)	(4)
Assumed rate of eligible employees electing retiree medical coverage at retirement	80% immediate and 17% deferred of all pre-Medicare non-union active participants; 90% immediate and 9.5% deferred of all pre-Medicare Local 50 active participants; 85% immediate of all post-Medicare non-union active participants; 95% immediate for all post-Medicare Local 50 active participants; 85% for pre-Medicare deferred non-union vested participants; 95% for pre-Medicare deferred Local 50 vested participants; 0% for post-Medicare deferred non-union and Local 50 vested participants	90% of all non-union active participants; 100% of all Local 50 and Local 69 active participants

(1) The medical cost trend rate is assumed to gradually decrease to 5.00% by 2033 and years thereafter.

(2) The medical cost trend rate is assumed to gradually decrease to 5.00% by 2032 and years thereafter.

(3) Healthy mortality is a blend of 70% of the white collar and 30% of the blue collar adjusted PRI-2012 non-disabled annuitant mortality tables projected with Scale MP-2021. Disabled mortality adjusted PRI-2012 tables projected with Scale MP-2021.

(4) Healthy mortality is a blend of 70% of the white collar and 30% of the blue collar adjusted PRI-2012 non-disabled annuitant mortality tables projected with Scale MP-2020. Disabled mortality adjusted PRI-2012 tables projected with Scale MP-2020.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of postretirement benefit obligations. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rate increased by one percentage point in each year, it would increase the obligation as of December 31, 2025 and 2024 by $59,310,000 and $60,449,000, respectively.

3. 401(h) ACCOUNTS

As noted in Note 2.g., a portion of the Plan's obligation is funded through contributions to the Dominion Energy Pension Plan in accordance with Section 401(h) of the Code. The Plan's assets include an interest in the Master Trust administered by the trustee.

As of December 31, 2025 and 2024, the Plan's 401(h) Accounts interest in the net assets of the Master Trust was approximately 5.48% and 5.94%, respectively, with varying interests in each of the Master Trust investment accounts.

The Plan's interest in 401(h) Accounts held in the Master Trust as of December 31, 2025 and 2024 are summarized below. Investment disclosures for the Master Trust are provided in the financial statements of the Dominion Energy Pension Plan.

	2025	2024
	Plan's Interest in Master Trust	Plan's Interest in Master Trust
Investments at fair value:		
Cash and cash equivalents	**$ 162,637**	$ 4,418,115
Government securities	**117,361,959**	80,966,436
Corporate debt instruments	**50,513,460**	31,374,522
Common and preferred stocks	**67,603,421**	106,410,702
Registered investment companies	**10,593,055**	9,293,163
Common/collective trust funds	**117,478,696**	111,776,416
Alternative investments	**135,721,622**	118,269,714
Investment contract	**7,825,254**	8,794,455
	507,260,104	471,303,523
Investments at contract value:		
Immediate participation guarantee contracts	**4,232,759**	4,629,674
Non interest-bearing cash	**2,291,756**	—
Receivables	**2,927,329**	1,916,106
Subscriptions in advance	**2,742,184**	17,810,607
Payables	**(805,638)**	(1,015,225)
Total Master Trust net assets	**$ 518,648,494**	$ 494,644,685

The change in the Plan's interest in net assets of the 401(h) Accounts is as follows:

		Year Ended December 31, 2025
Increase in 401(h) Accounts attributable to:		
Net investment income of the Master Trust allocated to the 401 (h) Accounts	$	55,494,655
Participant claims		(31,200,935)
Transfer out as part of sale		(289,911)
Net increase in 401(h) Accounts	$	24,003,809

4. FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (exit price) in an orderly transaction between market participants at the measurement date. Fair values are based on assumptions that market participants would use when pricing an asset or liability, including assumptions about risk and the risks inherent in valuation techniques and the inputs to valuations. Fair value measurements assume that the transaction occurs in the principal market for the asset or liability (the market with the most volume and activity for the asset or liability from the perspective of the reporting entity), or in the absence of a principal market, the most advantageous market for the asset or liability (the market in which the reporting entity would be able to maximize the amount received or minimize the amount paid). The Plan applies fair value measurements to the Plan's investments in accordance with the requirements described below.

Inputs and Assumptions

The Plan maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring the fair value of its investments. Fair value is based on quoted market prices, if available. In the absence of quoted market prices, the Plan seeks price information from external sources, including broker quotes. When evaluating pricing information provided by brokers, the Plan considers whether the broker is willing and able to trade at the quoted price, if the broker quotes are based on an active market or an inactive market and the extent to which brokers are utilizing a particular model if pricing is not readily available. If pricing information from external sources is not available, or if the Plan believes that observable pricing is not indicative of fair value, judgment is required to develop the estimates of fair value. In those cases, the Plan must estimate prices based on available historical and near-term future price information and certain statistical methods that reflect market assumptions.

The inputs and assumptions used in measuring fair value for investments include the following:

- Quoted securities prices and indices
- Securities trading information including volume and restrictions
- Maturity
- Interest rates
- Credit quality

The Plan regularly evaluates and validates the inputs used to estimate fair value by a number of methods, including review and verification of models, as well as various market price verification procedures such as the use of multiple broker quotes to support the market price of the various investments in which the Plan transacts.

The fair values of the Plan's investments are determined as follows:

- *Cash and Cash Equivalents*—Interest bearing cash is valued at cost plus accrued interest. Cash and cash equivalents held in a variation margin account are less liquid and therefore have been classified as Level 2. Interest bearing cash is classified as Level 1.

- *Common Stocks*—Investments in common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

- *Registered Investment Companies*—Investments are valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and transact at that price. The funds held by the Plan are deemed to be actively traded.

- *Government Securities* - Investments are valued using pricing models maximizing the use of observable inputs for similar securities.

- *Common/Collective Trust Funds*—Investments in common/collective trust funds are stated at the NAV as determined by the issuer of the common/collective trust funds and are based on the fair value of the underlying investments held by the fund less its liabilities. The NAV is used as a practical expedient to estimate fair value. The common/collective trust funds do not have any unfunded commitments, and do not have any applicable liquidation periods or defined terms/periods to be held. The majority of the common/collective trust funds have limited withdrawal or redemption restrictions during the term of the investment.

- *Alternative Investments*—Investments in real estate funds, private equity funds, debt funds, including public and private debt, and hedge funds are stated at fair value based on the NAV of the Plan's proportionate share of the funds' fair value as determined by reference to audited financial statements or NAV statements provided by the investment manager. The NAV is used as a practical expedient to estimate fair value.

In connection with alternative investments held by the Plan, the Plan (as a limited partner) makes capital commitments that are called over time as the general partner makes investments. Investment strategies of the alternative investments are real estate, private equity and debt-based and also include hedge funds related to the debt investments. The typical term of these investments is 10-12 years. The Plan has limited withdrawal or redemption rights during the term of the investment. As a general rule, a limited partner's interest can be sold in secondary markets subject to the approval of the general partner. Secondary markets tend to be illiquid especially during periods of market stress. Funds returned to the Plan as income, profits and capital are distributed over the term of the investment.

Presented below are the fair values, unfunded commitments and estimated liquidation periods for alternative investments held by the Plan:

	2025			2024		
	Fair Value of Investments	**Unfunded Commitments**	**Estimated Period of Liquidation (average years)**	Fair Value of Investments	Unfunded Commitments	Estimated Period of Liquidation (average years)
Alternative investments:						
Real estate funds	**$ 5,677,165**	**$ 7,831,636**	**3**	$ 6,231,393	$ 9,448,673	4
Private equity funds	**94,606,468**	**316,012,859**	**11**	67,290,008	28,202,270	7
Debt funds	**4,701,541**	**16,000,000**	**11**	—	—	—
Hedge funds	**104,949,473**	**—**	**N/A** [1]	—	—	—
Total	**$ 209,934,647**	**$ 339,844,495**	**9**	$ 73,521,401	$ 37,650,943	7

(1) Investments in this class are generally comprised of funds with monthly or quarterly redemptions with varying notice periods ranging from 30-90 days. Certain funds have additional lock up provisions based on factors such as minimum time in the fund and maximum redemption amounts per transaction.

Levels

The Plan utilizes the following fair value hierarchy, which prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- *Level 1*—Quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access at the measurement date. This primarily includes exchange-listed securities.

- *Level 2*—Inputs other than quoted prices included within Level 1 that are either directly or indirectly observable for the asset, including quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived from observable market data by correlation or other means. This primarily includes certain Treasury securities, certain common and preferred stock and corporate, state and municipal debt instruments.

- *Level 3*—Unobservable inputs for the asset, including situations where there is little, if any, market activity for the asset.

The fair value hierarchy gives the highest priority to quoted prices in active markets (Level 1) and the lowest priority to unobservable data (Level 3). In some cases, the inputs used to measure fair value might fall in different levels of the fair value hierarchy. In these cases, the lowest level input that is significant to a fair value measurement in its entirety determines the applicable level in the fair value hierarchy. Assessing the significance of a particular input to the fair value measurement in its entirety requires judgment, considering factors specific to the asset.

Recurring Fair Value Measurements

Fair value measurements are separately disclosed below by level within the fair value hierarchy.

Plan Investments

The following table presents the investments held by the Plan that are measured at fair value for each hierarchy level as of December 31, 2025 and 2024:

As of December 31,	2025				2024			
	Level 1	**Level 2**	**Level 3**	**Total**	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	**$ 25,996,452**	**$ —**	**$ —**	**$ 25,996,452**	$ 20,142,347	$ 463,769	$ —	$ 20,606,116
Common stocks	**486,368,215**	**—**	**—**	**486,368,215**	692,624,043	—	—	692,624,043
Registered investment companies	**595,214,910**	**—**	**—**	**595,214,910**	568,880,309	—	—	568,880,309
Government securities	**—**	**276,511,491**	**—**	**276,511,491**	—	—	—	—
Total recorded at fair value	**$1,107,579,577**	**$276,511,491**	**$ —**	**$ 1,384,091,068**	$1,281,646,699	$ 463,769	$ —	$1,282,110,468
Assets recorded at NAV[1]:								
Common/collective trust funds[2]				**315,300,314**				390,526,395
Alternative investments:								
Real estate funds				**5,677,165**				6,231,393
Private equity funds				**94,606,468**				67,290,008
Debt funds				**4,701,541**				
Hedge funds				**104,949,473**				—
Total alternative investments				**209,934,647**				73,521,401
Total recorded at NAV				**525,234,961**				464,047,796
Total investments				**$ 1,909,326,029**				$1,746,158,264

(1) These investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient which are not required to be leveled in the fair value hierarchy.

(2) Includes certain investments reported as partnership/joint venture interests in the Form 5500. These investments include the 3D Partners Fund, Niatross Investments Asia Opportunities Fund, Parvus European Opportunity Fund 3A1, 3A2, 3A3, 3A4 and 3A5, The Windacre Domestic Fund and the XN Vector Offshore Fund. Each of the funds seek to generate long-term risk-adjusted returns through capital appreciation and investment income. Investments consist primarily of publicly traded equity securities and corporate stock of domestic and foreign issuers, with portfolio allocations determined through active investment management and ongoing evaluation of market opportunities and associated risks. These funds do not file as direct filing entities with the Department of Labor.

5. INFORMATION CERTIFIED BY THE TRUSTEES

The following summarizes the Plan's certified investment information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, prepared by Bank of New York Mellon and KeyBank, the trustees of the Plan, and furnished to the plan administrator, included in the accompanying financial statements and supplemental schedules. The plan administrator has obtained certifications from Bank of New York Mellon and KeyBank that such information is complete and accurate.

	December 31, 2025	December 31, 2024
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS:		
Investments at fair value[1]	**$ 1,358,094,698**	$ 1,290,972,683
Pending sales, interest and dividends receivables[2]	**5,457,470**	1,946,183
Net assets in Dominion Energy Pension Plan 401(h) Accounts held within the Master Trust[3]	**268,247,861**	274,379,668
Payables for securities purchased	**909,664**	646,786

(1) Common/collective trust funds of $315,300,232 and $361,521,833 are not certified by the trustee as of December 31, 2025 and 2024, respectively. Alternative investments of $209,934,647 and $73,521,401 are not certified by the trustees as of December 31, 2025 and 2024, respectively. Additionally, the HRA cash accounts of $25,996,452 and $20,142,347 as of December 31, 2025 and 2024, respectively, are not certified.

(2) Pending sales of $10,000,000 are not certified by the trustee as of December 31, 2025.

(3) The Plan's interest in common/collective trust funds $106,853,757 and $93,200,848, respectively, are not certified by the trustee as of December 31, 2025 and 2024. The Plan's interest in an investment contract held within the Master Trust of

$7,825,254 and $8,794,455 respectively, are not certified by the trustee as of December 31, 2025 and 2024. Alternative investments held in the Master Trust of $135,721,622 and $118,269,714 are not certified by the trustees as of December 31, 2025 and 2024, respectively.

		Year Ended December 31, 2025
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS:		
Investment income:		
Interest and dividends[1]	**$**	**17,065,826**
Net appreciation in fair value of investments[2]		**95,858,072**
Net investment income from the Master Trust allocated to the 401(h) Accounts[3]		**28,628,629**

(1) Interest income related to the investments not certified, including HRA cash accounts, amounting to $14,228,227 for the year ended December 31, 2025 is not certified.

(2) Net appreciation in common/collective trust funds and alternative investments held by the Plan amounting to $83,097,150 for the year ended December 31, 2025 are not certified.

(3) Net investment income derived from uncertified common/collective trust funds, alternative investments and investment contract held within the Master Trust is not certified. As a result, the Plan's 401(h) Accounts interest in the Master Trust amounting to $26,866,026 for the year ended December 31,2025 is not certified.

All investment balances and investment information in Notes 3 and 4, the Supplemental Schedule of Assets (Held at End of Year) and the Supplemental Schedule of Reportable Transactions are certified by the trustees, except for:

- investment balances from uncertified common/collective trust funds, receivables and alternative investments held by the Plan, their unfunded commitments and estimated period of liquidation years.
- investment balances from uncertified common/collective trust funds, alternative investments and investment contract held within the Master Trust, their unfunded commitments and estimated period of liquidation years.
- the HRA cash accounts of $25,996,452 and $20,142,347 as of December 31, 2025 and 2024, respectively, in Note 4 and in the Supplemental Schedule of Assets (Held at End of Year).
- the investment balances related to investments not under the custody of the trustee in the Supplemental Schedule of Assets (Held at End of Year).
- the fair value hierarchy categorization and leveling in Note 4 has been determined by the plan sponsor and is not certified by the trustees.

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

As of December 31, 2025 and 2024, the Plan invested in shares of common/collective trust funds administered by the trustees, as defined by the Plan and therefore, related transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services are included as a reduction of the return earned on each common/collective trust fund in the net appreciation in fair value of investments.

The plan sponsor pays benefit payments and administrative expenses incurred on behalf of the Plan, the Plan in turn reimburses the plan sponsor for the benefit payments and administrative expenses made for the Plan. The VEBA trusts generally reimburse the Company in the subsequent month for benefit

payments and administrative expenses paid by Company on behalf of the Plan. The Statement of Changes in Net Assets Available for Benefits, includes $28,730,164 of benefit payments and administrative expenses reimbursed by the VEBA trusts. During 2025, the Plan paid $597,448 to DES, the plan administrator, for costs associated with administration of the Plan.

7. FEDERAL INCOME TAX STATUS

The VEBA trusts have obtained determination letters from the Internal Revenue Service (IRS) dated February 8, 2005, December 24, 2003, June 9, 1999, February 16, 1999, July 29, 1997, February 25, 1997, September 27, 1994 and June 7, 1994, in which the IRS determined that the VEBA trusts, at the time of the determination letters application, were designed in accordance with Section 501(c)(9) of the IRC and therefore are exempt from federal income taxes under IRC Section 501(a). While some of the income from the VEBA trusts and the Master Trust is considered exempt function income and therefore is exempt from income taxes, certain investments of the VEBA trusts and the Master Trust do generate income, as defined in IRC Section 512, that is subject to UBIT at a maximum rate of 37%.

The Plan has been amended since the VEBA trusts received the determination letters, however, the Company believes that the Plan and related trusts, as amended, are currently designed and operated in compliance with the applicable requirements of the IRC and continue to be tax-exempt.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	December 31, 2025	December 31, 2024
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS:		
Net assets available for benefits per the financial statements	**$ 2,444,814,363**	**$ 2,251,002,788**
Claims incurred but not reported	**(3,680,746)**	**(3,362,175)**
Net assets in Dominion Energy Pension Plan 401(h) Accounts held within the Master Trust	**(518,648,494)**	**(494,644,685)**
Net assets per the Form 5500	**$ 1,922,485,123**	**$ 1,752,995,928**

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

	Year Ended December 31, 2025
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS:	
Total additions per the financial statements	**$ 256,070,073**
Net increase in 401(h) Accounts	**(24,003,809)**
Total gain per the Form 5500	**$ 232,066,264**

The following is a reconciliation of total benefit payments per the financial statements to the Form 5500:

	Year Ended December 31, 2025
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS:	

Total benefit payments per the financial statements	**$**	**52,887,082**
Claims incurred but not reported - December 31, 2025		**3,680,746**
Claims incurred but not reported - December 31, 2024		**(3,362,175)**
Total benefit payments per the Form 5500	**$**	**53,205,653**

9. PLAN TERMINATION

Although it has not expressed any intention to do so, Dominion Energy has the right under the Plan to modify, amend, or terminate, in whole or in part, the Plan subject to the provisions set forth in ERISA and any applicable collective bargaining agreement. In the event of termination of the Plan, Dominion Energy will contribute the necessary amounts to fund the Plan prior to the date of termination.

10. SUBSEQUENT EVENTS

For the year ended December 31, 2025, subsequent events were evaluated through October 12, 2026, the date the financial statements are available to be issued. No events occurred that require additional disclosure or adjustments to the Plan's financial statements.

SUPPLEMENTAL SCHEDULES

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

Employer ID No: 54-1229715

Plan Number: 507

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2025

	(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		Cash and Cash Equivalents:			
		JP MORGAN CHASE - HRA CASH ACCOUNTS	Cash and cash equivalents	$ 25,996,452	$ 25,996,452
				25,996,452	25,996,452
		Registered Investment Companies:			
		ABRDN INCOME CREDIT STRAT	Registered Investment Company	1,416,090	1,324,644
		ALLSPRING MULTI-SECTOR INC	Registered Investment Company	2,333,113	2,363,865
		BLACKROCK 2030 MUNI TRGT TRM	Registered Investment Company	1,962,269	2,074,954
		BLACKROCK CORE BOND TRUST	Registered Investment Company	2,028,453	2,055,137
		BLACKROCK INCOME TRUST	Registered Investment Company	499,239	512,157
		BLACKROCK MULTI-SECTOR INC	Registered Investment Company	1,287,818	1,278,574
		BLACKROCK MUNI INC TR II	Registered Investment Company	1,033,575	1,025,135
		BLACKROCK MUNIVEST FUND	Registered Investment Company	1,173,889	1,082,119
	*	BNYM HIGH YIELD STRATEGIES	Registered Investment Company	1,207,181	1,167,810
		BROOKFIELD REAL ASSETS INCOM	Registered Investment Company	2,761,930	2,650,579
		DOUBLELINE INCOME SOLUTIONS	Registered Investment Company	2,878,691	2,864,544
		DOUBLELINE YIELD OPPORT	Registered Investment Company	1,119,790	1,136,301
	*	DREYFUS GOVERNMENT CASH MGMT – INSTITUTIONAL SHARES	Registered Investment Company	320,197,921	320,197,921
		DTF TAX-FREE INCOME 2028 TER	Registered Investment Company	522,204	528,004
		DWS MUNICIPAL INCOME TRUST	Registered Investment Company	5,210,843	4,743,562
		EATON VANCE FLTNG RT INC TR	Registered Investment Company	5,378,130	5,291,363
		EATON VANCE NATIONAL MUNICIP	Registered Investment Company	1,957,402	1,904,117
		EATON VANCE SENIOR INCOME TR	Registered Investment Company	2,874,432	2,788,979
		EATON VANCE SR FLTG RATE TR	Registered Investment Company	8,965,015	8,841,595
		FIRST TRUST HI YLD OPP 2027	Registered Investment Company	1,422,199	1,455,682
		FIRST TRUST MORTGAGE INCOME	Registered Investment Company	59,167	60,142
		FIRST TRUST SNR FL RT INC II	Registered Investment Company	388,240	414,783
		FLAHERTY & CRUMRIN PRE&INC F	Registered Investment Company	331,430	338,889
		FLAHERTY & CRUMRINE DYN PREF	Registered Investment Company	1,113,221	1,112,826
		FLAHERTY & CRUMRINE P&I OPP	Registered Investment Company	1,247,436	1,258,116
		FLAHERTY & CRUMRINE PREF INC	Registered Investment Company	3,233,565	3,323,215
		GUGGENHEIM ACTIVE ALLOCATION	Registered Investment Company	91,678	93,513
		INVESCO BOND FUND	Registered Investment Company	1,109,937	1,113,342
		INVESCO SENIOR INCOME TRUST	Registered Investment Company	725,148	724,632
		INVESCO SENIOR LOAN ETF	Registered Investment Company	36,181,096	36,134,280
		ISHARES BROAD USD HIGH YIELD	Registered Investment Company	34,560,043	34,609,073
		ISHARES CORE U.S. AGGREGATE	Registered Investment Company	29,008,598	28,949,519
		ISHARES IBOXX INVESTMENT GRA	Registered Investment Company	1,230,542	1,216,498
		ISHARES US TREASURY BOND ETF	Registered Investment Company	32,814,424	32,795,659
		JOHN HANCOCK INCOME SEC TR	Registered Investment Company	5,868,282	5,994,829
		JOHN HANCOCK INVESTORS TR	Registered Investment Company	2,909,966	2,902,469
		JOHN HANCOCK PREM DVD FND	Registered Investment Company	1,623,226	1,598,930
		MFS GOVT MARKETS INC TRUST	Registered Investment Company	619,704	611,292
		MFS INTERMEDIATE INC TRUST	Registered Investment Company	6,165,215	6,012,242
		MFS MULTIMARKET INC TRUST	Registered Investment Company	1,485,871	1,510,176

NEUBERGER MUNICIPAL FUND INC	Registered Investment Company	**2,611,192**	**2,457,976**
NUVEEN AMT-FREE MUNI VAL	Registered Investment Company	**4,789,205**	**4,797,499**
NUVEEN CREDIT STRATEGIES INC	Registered Investment Company	**533,830**	**539,148**
NUVEEN FLOATING RATE INCOME	Registered Investment Company	**2,185,139**	**2,204,928**
NUVEEN MULTI-MARKET INCOME	Registered Investment Company	**230,873**	**231,809**
NUVEEN MUNICIPAL VALUE	Registered Investment Company	**5,812,334**	**5,866,586**
NUVEEN NEW YORK MUNI VAL	Registered Investment Company	**1,133,285**	**1,166,091**
NUVEEN NY SEL TAX-FR INC	Registered Investment Company	**835,866**	**846,805**
NUVEEN SELECT MATURIT MUNI	Registered Investment Company	**1,775,193**	**1,796,150**
PGIM SHRT DURAT HI YLD	Registered Investment Company	**14,717,832**	**14,760,865**
PIMCO DYNAMIC INCOME STRAT	Registered Investment Company	**1,104,585**	**970,212**
PUTNAM MASTER INTRM INC TR	Registered Investment Company	**474,369**	**482,139**
PUTNAM MUNICIPAL OPPOR	Registered Investment Company	**1,273,394**	**1,267,929**
PUTNAM PREMIER INCOME TRUST	Registered Investment Company	**2,947,375**	**2,858,996**
RIVERNRTH/DOUBLELNE STR OPP	Registered Investment Company	**687,016**	**691,920**
TCW STRATEGIC INCOME FUND	Registered Investment Company	**3,607,839**	**3,655,511**
VANGUARD MORTGAGE-BACKED SEC	Registered Investment Company	**4,472,952**	**4,570,526**
VIRTUS GLOBAL MULTI-SECTOR	Registered Investment Company	**446,466**	**434,344**
WESTERN ASSET HIGH YIELD OPP	Registered Investment Company	**336,588**	**340,492**
WESTERN ASSET INTERMEDIATE	Registered Investment Company	**1,371,449**	**1,289,963**
WESTERN ASSET INVESTMENT GRA	Registered Investment Company	**3,374,848**	**3,348,721**
WESTERN ASSET MANAGED MUNICI	Registered Investment Company	**6,160,615**	**5,988,133**
WESTERN ASSET PREMIER BOND	Registered Investment Company	**264,510**	**280,239**
WESTERN ASST INFL-LNK OPP	Registered Investment Company	**4,987,523**	**4,981,951**
WESTERN ASST INV GR OPPOR TR	Registered Investment Company	**2,880,591**	**2,882,418**
WESTERN AST GLB CORP OPPRNTY	Registered Investment Company	**421,755**	**442,092**
		596,433,597	**595,214,910**
Common Stocks:			
3M CO	Common Stock	**4,685,289**	**5,069,727**
ABBVIE INC	Common Stock	**5,470,070**	**9,194,666**
ALPHABET INC	Common Stock	**7,830,365**	**20,232,569**
AMAZON.COM INC	Common Stock	**18,461,276**	**27,605,610**
AMERICAN EXPRESS CO	Common Stock	**3,307,163**	**4,587,010**
AMERICAN TOWER CORP	Common Stock	**4,066,063**	**3,609,368**
AMPHENOL CORP	Common Stock	**4,806,535**	**4,867,473**
ANALOG DEVICES INC	Common Stock	**3,244,315**	**3,987,996**
AON PLC	Common Stock	**3,024,499**	**3,275,785**
APOLLO GLOBAL MANAGEMENT INC	Common Stock	**3,499,282**	**3,650,992**
APPLE INC	Common Stock	**24,727,175**	**34,713,260**
ARTHUR J GALLAGHER & CO	Common Stock	**6,227,104**	**5,637,481**
AT&T INC	Common Stock	**3,551,578**	**3,804,345**
BAKER HUGHES CO	Common Stock	**3,040,911**	**4,213,953**
BANK OF AMERICA CORP	Common Stock	**4,974,936**	**7,100,005**
BRISTOL-MYERS SQUIBB CO	Common Stock	**3,879,009**	**3,509,714**
BROADCOM INC	Common Stock	**7,915,587**	**10,974,139**
BURLINGTON STORES INC	Common Stock	**4,001,144**	**5,229,629**
CHARLES SCHWAB CORP/THE	Common Stock	**4,015,461**	**5,792,582**
CHIPOTLE MEXICAN GRILL INC	Common Stock	**4,403,282**	**3,505,158**
COCA-COLA CO/THE	Common Stock	**1,917,226**	**1,913,289**
COGNIZANT TECHNOLOGY SOLUTIONS	Common Stock	**2,370,910**	**2,573,664**
CORPAY INC	Common Stock	**2,925,617**	**3,083,931**
CSX CORP	Common Stock	**5,002,821**	**5,505,068**
DIGITAL REALTY TRUST INC	Common Stock	**2,678,158**	**3,014,222**
EATON CORP PLC	Common Stock	**2,873,706**	**3,015,653**
ECOLAB INC	Common Stock	**3,840,414**	**3,746,948**
EDWARDS LIFESCIENCES CORP	Common Stock	**3,274,505**	**3,708,887**
ELI LILLY & CO	Common Stock	**1,781,200**	**4,916,661**
EMERSON ELECTRIC CO	Common Stock	**3,552,992**	**3,857,374**
ENTERGY CORP	Common Stock	**3,363,323**	**3,801,369**
EOG RESOURCES INC	Common Stock	**2,711,323**	**2,608,133**
EQT CORP	Common Stock	**2,560,741**	**2,544,070**
EQUINIX INC	Common Stock	**2,822,080**	**2,637,889**
EXXON MOBIL CORP	Common Stock	**6,214,949**	**6,950,838**
FIDELITY NATIONAL INFORMATION	Common Stock	**6,018,520**	**5,160,353**
FIFTH THIRD BANCORP	Common Stock	**2,590,135**	**3,375,095**

HILTON WORLDWIDE HOLDINGS INC	Common Stock	**2,160,014**	**3,533,750**
HOWMET AEROSPACE INC	Common Stock	**1,445,808**	**3,158,333**
INGERSOLL RAND INC	Common Stock	**2,673,823**	**3,299,355**
INTUIT INC	Common Stock	**5,975,561**	**5,902,825**
KEURIG DR PEPPER INC	Common Stock	**3,804,979**	**3,186,698**
LINDE PLC	Common Stock	**3,645,743**	**3,643,929**
LOWE'S COS INC	Common Stock	**5,838,428**	**6,430,290**
MARTIN MARIETTA MATERIALS INC	Common Stock	**3,539,869**	**4,003,704**
MASTERCARD INC	Common Stock	**8,760,397**	**12,467,448**
MCDONALD'S CORP	Common Stock	**7,159,465**	**7,424,364**
MEDTRONIC PLC	Common Stock	**3,208,750**	**3,359,026**
META PLATFORMS INC	Common Stock	**8,073,548**	**15,824,338**
MICROSOFT CORP	Common Stock	**21,263,981**	**36,462,046**
NEXTERA ENERGY INC	Common Stock	**5,388,113**	**6,377,042**
NVIDIA CORP	Common Stock	**17,371,607**	**44,140,074**
NXP SEMICONDUCTORS NV	Common Stock	**4,431,532**	**4,220,732**
ORACLE CORP	Common Stock	**3,871,590**	**4,004,036**
PEPSICO INC	Common Stock	**3,556,575**	**3,110,509**
PHILIP MORRIS INTERNATIONAL IN	Common Stock	**3,553,677**	**3,640,278**
REGENERON PHARMACEUTICALS INC	Common Stock	**3,718,416**	**3,596,142**
ROPER TECHNOLOGIES INC	Common Stock	**4,004,815**	**3,366,963**
RTX CORP	Common Stock	**3,462,741**	**4,550,704**
SERVICENOW INC	Common Stock	**4,614,332**	**4,009,748**
SOUTHERN CO/THE	Common Stock	**4,240,736**	**4,409,442**
STRYKER CORP	Common Stock	**4,428,086**	**4,682,635**
TAIWAN SEMICONDUCTOR MANUFACTU	Common Stock	**2,717,242**	**5,079,521**
TESLA INC	Common Stock	**3,903,299**	**7,524,265**
TEXAS INSTRUMENTS INC	Common Stock	**5,011,964**	**4,761,086**
TRANE TECHNOLOGIES PLC	Common Stock	**3,191,153**	**5,080,228**
TRANSDIGM GROUP INC	Common Stock	**3,326,146**	**3,401,756**
UNITEDHEALTH GROUP INC	Common Stock	**7,081,363**	**4,932,834**
VENTAS INC	Common Stock	**2,000,485**	**2,762,698**
VERTEX PHARMACEUTICALS INC	Common Stock	**2,337,698**	**3,222,483**
WALT DISNEY CO/THE	Common Stock	**4,802,306**	**5,448,445**
WARNER MUSIC GROUP CORP	Common Stock	**1,927,671**	**1,951,961**
WASTE CONNECTIONS INC	Common Stock	**2,567,863**	**2,576,740**
WELLS FARGO & CO	Common Stock	**4,279,074**	**7,846,881**
		364,968,514	**486,368,215**
Government Securities			
U S TREASURY BOND 1.125% 05/15/2040 DD 05/15/20	Government Securities	**2,532,391**	**2,611,495**
U S TREASURY BOND 1.125% 08/15/2040 DD 08/15/20	Government Securities	**3,075,064**	**3,168,313**
U S TREASURY BOND 1.250% 05/15/2050 DD 05/15/20	Government Securities	**2,903,872**	**2,947,411**
U S TREASURY BOND 1.375% 08/15/2050 DD 08/15/20	Government Securities	**2,978,042**	**3,027,343**
U S TREASURY BOND 1.375% 11/15/2040 DD 11/15/20	Government Securities	**3,549,000**	**3,648,960**
U S TREASURY BOND 1.625% 11/15/2050 DD 11/15/20	Government Securities	**3,531,750**	**3,588,088**
U S TREASURY BOND 1.750% 08/15/2041 DD 08/15/21	Government Securities	**4,745,531**	**4,877,136**
U S TREASURY BOND 1.875% 02/15/2041 DD 02/15/21	Government Securities	**4,631,612**	**4,750,969**
U S TREASURY BOND 1.875% 02/15/2051 DD 02/15/21	Government Securities	**4,208,500**	**4,268,160**
U S TREASURY BOND 1.875% 11/15/2051 DD 11/15/21	Government Securities	**3,411,349**	**3,458,050**
U S TREASURY BOND 2.000% 02/15/2050 DD 02/15/20	Government Securities	**2,724,164**	**2,768,206**
U S TREASURY BOND 2.000% 08/15/2051 DD 08/15/21	Government Securities	**3,749,625**	**3,799,620**
U S TREASURY BOND 2.000% 11/15/2041 DD 11/15/21	Government Securities	**4,385,063**	**4,501,741**
U S TREASURY BOND 2.250% 02/15/2052 DD 02/15/22	Government Securities	**3,430,688**	**3,475,233**
U S TREASURY BOND 2.250% 05/15/2041 DD 05/15/21	Government Securities	**3,711,018**	**3,802,142**
U S TREASURY BOND 2.250% 08/15/2046 DD 08/15/16	Government Securities	**1,813,000**	**1,850,632**
U S TREASURY BOND 2.250% 08/15/2049 DD 08/15/19	Government Securities	**2,769,431**	**2,819,429**
U S TREASURY BOND 2.375% 02/15/2042 DD 02/15/22	Government Securities	**3,691,201**	**3,787,119**
U S TREASURY BOND 2.375% 05/15/2051 DD 05/15/21	Government Securities	**4,372,813**	**4,432,400**
U S TREASURY BOND 2.375% 11/15/2049 DD 11/15/19	Government Securities	**2,539,531**	**2,581,080**
U S TREASURY BOND 2.500% 02/15/2045 DD 02/15/15	Government Securities	**2,331,521**	**2,382,286**
U S TREASURY BOND 2.500% 02/15/2046 DD 02/15/16	Government Securities	**1,644,281**	**1,678,320**
U S TREASURY BOND 2.500% 05/15/2046 DD 05/15/16	Government Securities	**1,689,768**	**1,723,887**
U S TREASURY BOND 2.750% 08/15/2042 DD 08/15/12	Government Securities	**1,173,156**	**1,201,064**
U S TREASURY BOND 2.750% 08/15/2047 DD 08/15/17	Government Securities	**2,341,268**	**2,385,555**
U S TREASURY BOND 2.750% 11/15/2042 DD 11/15/12	Government Securities	**1,713,715**	**1,754,958**

U S TREASURY BOND 2.750% 11/15/2047 DD 11/15/17	Government Securities	**2,352,982**	**2,396,691**
U S TREASURY BOND 2.875% 05/15/2043 DD 05/15/13	Government Securities	**2,363,266**	**2,415,830**
U S TREASURY BOND 2.875% 05/15/2049 DD 05/15/19	Government Securities	**3,329,105**	**3,386,397**
U S TREASURY BOND 2.875% 05/15/2052 DD 05/15/22	Government Securities	**4,230,684**	**4,282,139**
U S TREASURY BOND 2.875% 08/15/2045 DD 08/15/15	Government Securities	**1,495,969**	**1,525,088**
U S TREASURY BOND 2.875% 11/15/2046 DD 11/15/16	Government Securities	**946,156**	**963,924**
U S TREASURY BOND 3.000% 02/15/2047 DD 02/15/17	Government Securities	**1,484,219**	**1,511,880**
U S TREASURY BOND 3.000% 02/15/2048 DD 02/15/18	Government Securities	**2,422,922**	**2,465,991**
U S TREASURY BOND 3.000% 02/15/2049 DD 02/15/19	Government Securities	**3,146,944**	**3,199,678**
U S TREASURY BOND 3.000% 05/15/2042 DD 05/15/12	Government Securities	**1,066,342**	**1,090,436**
U S TREASURY BOND 3.000% 05/15/2045 DD 05/15/15	Government Securities	**1,154,234**	**1,178,368**
U S TREASURY BOND 3.000% 05/15/2047 DD 05/15/17	Government Securities	**1,480,469**	**1,508,120**
U S TREASURY BOND 3.000% 08/15/2048 DD 08/15/18	Government Securities	**3,288,164**	**3,346,155**
U S TREASURY BOND 3.000% 08/15/2052 DD 08/15/22	Government Securities	**4,141,211**	**4,191,262**
U S TREASURY BOND 3.000% 11/15/2044 DD 11/15/14	Government Securities	**1,883,707**	**1,921,714**
U S TREASURY BOND 3.000% 11/15/2045 DD 11/15/15	Government Securities	**790,453**	**805,550**
U S TREASURY BOND 3.125% 02/15/2042 DD 02/15/12	Government Securities	**1,171,668**	**1,197,555**
U S TREASURY BOND 3.125% 02/15/2043 DD 02/15/13	Government Securities	**1,570,202**	**1,603,463**
U S TREASURY BOND 3.125% 05/15/2048 DD 05/15/18	Government Securities	**2,623,359**	**2,669,450**
U S TREASURY BOND 3.125% 08/15/2044 DD 08/15/14	Government Securities	**2,240,928**	**2,284,504**
U S TREASURY BOND 3.125% 11/15/2041 DD 11/15/11	Government Securities	**1,018,703**	**1,037,500**
U S TREASURY BOND 3.250% 05/15/2042 DD 05/15/22	Government Securities	**3,723,357**	**3,808,668**
U S TREASURY BOND 3.375% 05/15/2044 DD 05/15/14	Government Securities	**1,829,531**	**1,864,080**
U S TREASURY BOND 3.375% 08/15/2042 DD 08/15/22	Government Securities	**3,072,301**	**3,138,081**
U S TREASURY BOND 3.375% 11/15/2048 DD 11/15/18	Government Securities	**3,202,004**	**3,257,573**
U S TREASURY BOND 3.500% 02/15/2039 DD 02/15/09	Government Securities	**715,750**	**731,184**
U S TREASURY BOND 3.625% 02/15/2044 DD 02/15/14	Government Securities	**2,030,344**	**2,068,128**
U S TREASURY BOND 3.625% 02/15/2053 DD 02/15/23	Government Securities	**4,666,961**	**4,716,792**
U S TREASURY BOND 3.625% 05/15/2053 DD 05/15/23	Government Securities	**4,682,071**	**4,733,278**
U S TREASURY BOND 3.625% 08/15/2043 DD 08/15/13	Government Securities	**1,892,032**	**1,927,851**
U S TREASURY BOND 3.750% 08/15/2041 DD 08/15/11	Government Securities	**1,153,395**	**1,175,733**
U S TREASURY BOND 3.750% 11/15/2043 DD 11/15/13	Government Securities	**1,964,320**	**2,001,204**
U S TREASURY BOND 3.875% 02/15/2043 DD 02/15/23	Government Securities	**3,275,367**	**3,340,693**
U S TREASURY BOND 3.875% 05/15/2043 DD 05/15/23	Government Securities	**3,509,801**	**3,579,050**
U S TREASURY BOND 3.875% 08/15/2040 DD 08/15/10	Government Securities	**1,207,458**	**1,231,216**
U S TREASURY BOND 4.000% 11/15/2042 DD 11/15/22	Government Securities	**3,339,539**	**3,403,556**
U S TREASURY BOND 4.000% 11/15/2052 DD 11/15/22	Government Securities	**5,041,969**	**5,094,999**
U S TREASURY BOND 4.125% 08/15/2044 DD 08/15/24	Government Securities	**3,893,012**	**3,961,031**
U S TREASURY BOND 4.125% 08/15/2053 DD 08/15/23	Government Securities	**5,677,764**	**5,734,695**
U S TREASURY BOND 4.250% 02/15/2054 DD 02/15/24	Government Securities	**5,910,565**	**5,970,429**
U S TREASURY BOND 4.250% 05/15/2039 DD 05/15/09	Government Securities	**1,012,676**	**1,031,709**
U S TREASURY BOND 4.250% 08/15/2054 DD 08/15/24	Government Securities	**6,362,249**	**6,425,020**
U S TREASURY BOND 4.250% 11/15/2040 DD 11/15/10	Government Securities	**1,258,129**	**1,282,666**
U S TREASURY BOND 4.375% 02/15/2038 DD 02/15/08	Government Securities	**692,180**	**708,148**
U S TREASURY BOND 4.375% 05/15/2040 DD 05/15/10	Government Securities	**1,113,703**	**1,134,095**
U S TREASURY BOND 4.375% 05/15/2041 DD 05/15/11	Government Securities	**1,151,531**	**1,173,192**
U S TREASURY BOND 4.375% 08/15/2043 DD 08/15/23	Government Securities	**3,770,156**	**3,834,520**
U S TREASURY BOND 4.375% 11/15/2039 DD 11/15/09	Government Securities	**1,238,244**	**1,261,753**
U S TREASURY BOND 4.500% 02/15/2036 DD 02/15/06	Government Securities	**1,073,520**	**1,086,172**
U S TREASURY BOND 4.500% 02/15/2044 DD 02/15/24	Government Securities	**3,820,938**	**3,883,760**
U S TREASURY BOND 4.500% 05/15/2038 DD 05/15/08	Government Securities	**777,028**	**791,802**
U S TREASURY BOND 4.500% 08/15/2039 DD 08/15/09	Government Securities	**1,258,066**	**1,281,082**
U S TREASURY BOND 4.500% 11/15/2054 DD 11/15/24	Government Securities	**6,636,682**	**6,702,430**
U S TREASURY BOND 4.625% 02/15/2040 DD 02/15/10	Government Securities	**1,170,777**	**1,191,473**
U S TREASURY BOND 4.625% 02/15/2055 DD 02/15/25	Government Securities	**6,777,353**	**6,844,779**
U S TREASURY BOND 4.625% 05/15/2044 DD 05/15/24	Government Securities	**4,169,152**	**4,237,005**
U S TREASURY BOND 4.625% 05/15/2054 DD 05/15/24	Government Securities	**6,770,443**	**6,843,435**
U S TREASURY BOND 4.625% 11/15/2044 DD 11/15/24	Government Securities	**4,159,242**	**4,229,136**
U S TREASURY BOND 4.625% 11/15/2055 DD 11/15/25	Government Securities	**2,484,473**	**2,419,150**
U S TREASURY BOND 4.750% 02/15/2037 DD 02/15/07	Government Securities	**515,469**	**525,020**
U S TREASURY BOND 4.750% 02/15/2041 DD 02/15/11	Government Securities	**1,204,266**	**1,225,308**
U S TREASURY BOND 4.750% 02/15/2045 DD 02/15/25	Government Securities	**4,225,926**	**4,293,808**
U S TREASURY BOND 4.750% 05/15/2055 DD 05/15/25	Government Securities	**6,428,860**	**6,489,722**
U S TREASURY BOND 4.750% 08/15/2055 DD 08/15/25	Government Securities	**3,277,771**	**3,308,125**
U S TREASURY BOND 4.750% 11/15/2043 DD 11/15/23	Government Securities	**3,949,375**	**4,014,840**
U S TREASURY BOND 4.750% 11/15/2053 DD 11/15/23	Government Securities	**6,613,564**	**6,679,201**

U S TREASURY BOND 4.875% 08/15/2045 DD 08/15/25	Government Securities	**103,203**	**101,344**
U S TREASURY BOND 5.000% 05/15/2037 DD 05/15/07	Government Securities	**1,052,812**	**1,072,930**
U S TREASURY BOND 5.000% 05/15/2045 DD 05/15/25	Government Securities	**4,362,736**	**4,430,333**
		272,067,106	**276,511,491**
Common/Collective Trust Funds:			
MFB NT COLLECTIVE MSCI ACWI	Common/Collective Trust Fund	**192,804,642**	**215,456,494**
NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	Common/Collective Trust Fund	**83**	**83**
		192,804,725	**215,456,577**
Alternative Investments:			
3D PARTNERS FUND	Alternative Investment	**15,000,000**	**13,205,372**
A&M CAPITAL PARTNERS II, LP	Alternative Investment	**10,940,471**	**11,495,969**
A&M CAPITAL PARTNERS LP	Alternative Investment	**1,295,789**	**2,047,946**
ALPINE INVESTORS IX, LP	Alternative Investment	**4,639,964**	**6,965,078**
BLACKROCK STRATEGIC EQUITY	Alternative Investment	**30,512,280**	**29,995,963**
CERBERUS INSTITUTIONAL PARTNERS (SERIES FOUR)	Alternative Investment	**—**	**22,657**
GREENOAKS 6 LP	Alternative Investment	**922,664**	**1,071,043**
JAIN GLOBAL OFFSHORE FUND	Alternative Investment	**43,000,000**	**43,469,069**
KKR AMERICAS FUND XII LP	Alternative Investment	**6,134,529**	**12,251,362**
NB BELLE ISLE FUND LP	Alternative Investment	**36,405,210**	**41,459,985**
NB PRIVATE EQUITY CREDIT OPPORTUNITIES FUND (TE) LP	Alternative Investment	**2,520,437**	**2,480,643**
NB REAL ESTATE SECONDARY OPPORTUNITIES OFFSHORE FUND LP	Alternative Investment	**3,443,304**	**5,468,340**
NIATROSS INVESTMENTS ASIA OPP	Alternative Investment	**10,000,000**	**10,284,873**
NUT TREE OFFSHORE FUND LTD	Alternative Investment	**30,000,000**	**31,484,442**
PARVUS EUROPEAN OPP FUND 3A 1	Alternative Investment	**2,000,000**	**2,071,180**
PARVUS EUROPEAN OPP FUND 3A 2	Alternative Investment	**2,000,000**	**2,071,176**
PARVUS EUROPEAN OPP FUND 3A 3	Alternative Investment	**2,000,000**	**2,071,176**
PARVUS EUROPEAN OPP FUND 3A 4	Alternative Investment	**2,000,000**	**2,071,176**
PARVUS EUROPEAN OPP FUND 3A 5	Alternative Investment	**2,000,000**	**2,071,180**
PWP GROWTH EQUITY FUND I LP	Alternative Investment	**2,728,609**	**6,729,436**
PWP GROWTH EQUITY FUND II LP	Alternative Investment	**759,001**	**4,997,024**
SILVERPEAK LEGACY PENSION PARTNERS II (FORMERLY LEHMAN BROS RE PENS PART II)	Alternative Investment	**—**	**58,323**
SILVERPEAK LEGACY PENSION PTNRS III LP	Alternative Investment	**3,440,756**	**150,502**
THE WINDACRE DOMESTIC	Alternative Investment	**25,000,000**	**32,450,056**
TPG AG CR SOLUTIONS FD III LP	Alternative Investment	**4,170,905**	**4,701,541**
TRILANTIC ENERGY PTNS PARALLEL	Alternative Investment	**5,683,844**	**5,085,324**
XN VECTOR ONSHORE FUND LP	Alternative Investment	**30,000,000**	**33,547,548**
		276,597,763	**309,778,384**
	Total investments	**$ 1,728,868,157**	**$ 1,909,326,029**

* A party-in-interest as defined by ERISA.

See accompanying Independent Auditor's Report.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

Employer ID No: 54-1229715

Plan Number: 507

FORM 5500, SCHEDULE H, PART IV, LINE 4j—
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

Single Transactions in Excess of 5% of Plan Assets:

Shares/Units	(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gain or (Loss)
222,444,186	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES*	Registered Investment Company	$ 222,444,186	$ —	$ 222,444,186	$ —
194,005,251	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES*	Registered Investment Company	194,005,251	—	194,005,251	—
199,762,268	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES*	Registered Investment Company	—	199,762,268	199,762,268	—
307,296,003	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES*	Registered Investment Company	—	307,296,003	307,296,003	—
2,013,030	EUPAC FUND-R-6	Common/Collective Trust Fund	—	122,211,079	96,688,740	25,522,339
13,032,673	MFB NT COLLECTIVE MSCI ACWI	Common/Collective Trust Fund	215,000,000	—	215,000,000	—
18,109,700	PGIM CORE PLUS BOND FUND	Common/Collective Trust Fund	—	223,787,336	221,752,581	2,034,755

* A party-in-interest as defined by ERISA.

Series of Transactions in Excess of 5% of Plan Assets:

Shares/Units	(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gain or (Loss)
1,149,423,754	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES*	Registered Investment Company	1,197	$1,149,423,754	$ —	$1,149,423,754	$ —
870,689,297	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES*	Registered Investment Company	1,050	—	870,689,297	870,689,297	—
3,061,381	EUPAC FUND-R-6	Registered Investment Company	7	—	189,050,118	149,312,945	39,737,173
13,128,378	MFB NT COLLECTIVE MSCI ACWI	Common/Collective Trust Fund	7	216,692,076	—	216,692,076	—
27,850,662	PGIM CORE PLUS BOND FUND	Common/Collective Trust Fund	53	—	348,369,148	341,290,998	7,078,150

* A party-in-interest as defined by ERISA.

See accompanying Independent Auditor's Report.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

Employer ID No: 54-1229715

Plan Number: 507

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents:			
	JP MORGAN CHASE - HRA CASH ACCOUNTS	Cash and cash equivalents	$ 25,996,452	$ 25,996,452
			25,996,452	25,996,452
	Registered Investment Companies:			
	ABRDN INCOME CREDIT STRAT	Registered Investment Company	1,416,090	1,324,644
	ALLSPRING MULTI-SECTOR INC	Registered Investment Company	2,333,113	2,363,865
	BLACKROCK 2030 MUNI TRGT TRM	Registered Investment Company	1,962,268	2,074,954
	BLACKROCK CORE BOND TRUST	Registered Investment Company	2,028,453	2,055,137
	BLACKROCK INCOME TRUST	Registered Investment Company	499,239	512,157
	BLACKROCK MULTI-SECTOR INC	Registered Investment Company	1,287,818	1,278,574
	BLACKROCK MUNI INC TR II	Registered Investment Company	1,033,575	1,025,135
	BLACKROCK MUNIVEST FUND	Registered Investment Company	1,173,889	1,082,119
*	BNYM HIGH YIELD STRATEGIES	Registered Investment Company	1,207,181	1,167,810
	BROOKFIELD REAL ASSETS INCOM	Registered Investment Company	2,761,930	2,650,579
	DOUBLELINE INCOME SOLUTIONS	Registered Investment Company	2,878,691	2,864,544
	DOUBLELINE YIELD OPPORT	Registered Investment Company	1,119,790	1,136,301
*	DREYFUS GOVERNMENT CASH MGMT – INSTITUTIONAL SHARES	Registered Investment Company	320,197,921	320,197,921
	DTF TAX-FREE INCOME 2028 TER	Registered Investment Company	522,204	528,004
	DWS MUNICIPAL INCOME TRUST	Registered Investment Company	5,210,843	4,743,562
	EATON VANCE FLTNG RT INC TR	Registered Investment Company	5,378,130	5,291,363
	EATON VANCE NATIONAL MUNICIP	Registered Investment Company	1,957,402	1,904,117
	EATON VANCE SENIOR INCOME TR	Registered Investment Company	2,874,432	2,788,979
	EATON VANCE SR FLTG RATE TR	Registered Investment Company	8,965,015	8,841,595
	FIRST TRUST HI YLD OPP 2027	Registered Investment Company	1,422,199	1,455,682
	FIRST TRUST MORTGAGE INCOME	Registered Investment Company	59,167	60,142
	FIRST TRUST SNR FL RT INC II	Registered Investment Company	388,240	414,783
	FLAHERTY & CRUMRIN PRE&INC F	Registered Investment Company	331,430	338,889
	FLAHERTY & CRUMRINE DYN PREF	Registered Investment Company	1,113,221	1,112,826
	FLAHERTY & CRUMRINE P&I OPP	Registered Investment Company	1,247,436	1,258,116
	FLAHERTY & CRUMRINE PREF INC	Registered Investment Company	3,233,565	3,323,215
	GUGGENHEIM ACTIVE ALLOCATION	Registered Investment Company	91,678	93,513
	INVESCO BOND FUND	Registered Investment Company	1,109,937	1,113,342
	INVESCO SENIOR INCOME TRUST	Registered Investment Company	725,148	724,632
	INVESCO SENIOR LOAN ETF	Registered Investment Company	36,181,096	36,134,280
	ISHARES BROAD USD HIGH YIELD	Registered Investment Company	34,560,043	34,609,073
	ISHARES CORE U.S. AGGREGATE	Registered Investment Company	29,008,598	28,949,519
	ISHARES IBOXX INVESTMENT GRA	Registered Investment Company	1,230,542	1,216,498
	ISHARES US TREASURY BOND ETF	Registered Investment Company	32,814,424	32,795,659
	JOHN HANCOCK INCOME SEC TR	Registered Investment Company	5,868,282	5,994,829
	JOHN HANCOCK INVESTORS TR	Registered Investment Company	2,909,966	2,902,469
	JOHN HANCOCK PREM DVD FND	Registered Investment Company	1,623,226	1,598,930
	MFS GOVT MARKETS INC TRUST	Registered Investment Company	619,704	611,292
	MFS INTERMEDIATE INC TRUST	Registered Investment Company	6,165,215	6,012,242
	MFS MULTIMARKET INC TRUST	Registered Investment Company	1,485,871	1,510,176
	NEUBERGER MUNICIPAL FUND INC	Registered Investment Company	2,611,192	2,457,976

NUVEEN AMT-FREE MUNI VAL	Registered Investment Company	**4,789,205**	**4,797,499**
NUVEEN CREDIT STRATEGIES INC	Registered Investment Company	**533,830**	**539,148**
NUVEEN FLOATING RATE INCOME	Registered Investment Company	**2,185,139**	**2,204,928**
NUVEEN MULTI-MARKET INCOME	Registered Investment Company	**230,873**	**231,809**
NUVEEN MUNICIPAL VALUE	Registered Investment Company	**5,812,334**	**5,866,586**
NUVEEN NEW YORK MUNI VAL	Registered Investment Company	**1,133,285**	**1,166,091**
NUVEEN NY SEL TAX-FR INC	Registered Investment Company	**835,866**	**846,805**
NUVEEN SELECT MATURIT MUNI	Registered Investment Company	**1,775,193**	**1,796,150**
PGIM SHRT DURAT HI YLD	Registered Investment Company	**14,717,832**	**14,760,865**
PIMCO DYNAMIC INCOME STRAT	Registered Investment Company	**1,104,585**	**970,212**
PUTNAM MASTER INTRM INC TR	Registered Investment Company	**474,369**	**482,139**
PUTNAM MUNICIPAL OPPOR	Registered Investment Company	**1,273,394**	**1,267,929**
PUTNAM PREMIER INCOME TRUST	Registered Investment Company	**2,947,375**	**2,858,996**
RIVERNRTH/DOUBLELNE STR OPP	Registered Investment Company	**687,016**	**691,920**
TCW STRATEGIC INCOME FUND	Registered Investment Company	**3,607,839**	**3,655,511**
VANGUARD MORTGAGE-BACKED SEC	Registered Investment Company	**4,472,952**	**4,570,526**
VIRTUS GLOBAL MULTI-SECTOR	Registered Investment Company	**446,466**	**434,344**
WESTERN ASSET HIGH YIELD OPP	Registered Investment Company	**336,588**	**340,492**
WESTERN ASSET INTERMEDIATE	Registered Investment Company	**1,371,449**	**1,289,963**
WESTERN ASSET INVESTMENT GRA	Registered Investment Company	**3,374,848**	**3,348,721**
WESTERN ASSET MANAGED MUNICI	Registered Investment Company	**6,160,615**	**5,988,133**
WESTERN ASSET PREMIER BOND	Registered Investment Company	**264,510**	**280,239**
WESTERN ASST INFL-LNK OPP	Registered Investment Company	**4,987,523**	**4,981,951**
WESTERN ASST INV GR OPPOR TR	Registered Investment Company	**2,880,591**	**2,882,418**
WESTERN AST GLB CORP OPPRNTY	Registered Investment Company	**421,755**	**442,092**
		596,433,597	**595,214,910**
Common Stocks:			
3M CO	Common Stock	**4,685,289**	**5,069,727**
ABBVIE INC	Common Stock	**5,470,070**	**9,194,666**
ALPHABET INC	Common Stock	**7,830,365**	**20,232,569**
AMAZON.COM INC	Common Stock	**18,461,276**	**27,605,610**
AMERICAN EXPRESS CO	Common Stock	**3,307,163**	**4,587,010**
AMERICAN TOWER CORP	Common Stock	**4,066,063**	**3,609,368**
AMPHENOL CORP	Common Stock	**4,806,535**	**4,867,473**
ANALOG DEVICES INC	Common Stock	**3,244,315**	**3,987,996**
AON PLC	Common Stock	**3,024,500**	**3,275,785**
APOLLO GLOBAL MANAGEMENT INC	Common Stock	**3,499,282**	**3,650,992**
APPLE INC	Common Stock	**24,727,176**	**34,713,260**
ARTHUR J GALLAGHER & CO	Common Stock	**6,227,104**	**5,637,481**
AT&T INC	Common Stock	**3,551,578**	**3,804,345**
BAKER HUGHES CO	Common Stock	**3,040,911**	**4,213,953**
BANK OF AMERICA CORP	Common Stock	**4,974,936**	**7,100,005**
BRISTOL-MYERS SQUIBB CO	Common Stock	**3,879,009**	**3,509,714**
BROADCOM INC	Common Stock	**7,915,587**	**10,974,139**
BURLINGTON STORES INC	Common Stock	**4,001,144**	**5,229,629**
CHARLES SCHWAB CORP/THE	Common Stock	**4,015,461**	**5,792,582**
CHIPOTLE MEXICAN GRILL INC	Common Stock	**4,403,282**	**3,505,158**
COCA-COLA CO/THE	Common Stock	**1,917,226**	**1,913,289**
COGNIZANT TECHNOLOGY SOLUTIONS	Common Stock	**2,370,910**	**2,573,664**
CORPAY INC	Common Stock	**2,925,617**	**3,083,931**
CSX CORP	Common Stock	**5,002,821**	**5,505,068**
DIGITAL REALTY TRUST INC	Common Stock	**2,678,158**	**3,014,222**
EATON CORP PLC	Common Stock	**2,873,706**	**3,015,653**
ECOLAB INC	Common Stock	**3,840,414**	**3,746,948**
EDWARDS LIFESCIENCES CORP	Common Stock	**3,274,505**	**3,708,887**
ELI LILLY & CO	Common Stock	**1,781,200**	**4,916,661**
EMERSON ELECTRIC CO	Common Stock	**3,552,992**	**3,857,374**
ENTERGY CORP	Common Stock	**3,363,324**	**3,801,369**
EOG RESOURCES INC	Common Stock	**2,711,323**	**2,608,133**
EQT CORP	Common Stock	**2,560,741**	**2,544,070**
EQUINIX INC	Common Stock	**2,822,080**	**2,637,889**
EXXON MOBIL CORP	Common Stock	**6,214,949**	**6,950,838**
FIDELITY NATIONAL INFORMATION	Common Stock	**6,018,520**	**5,160,353**
FIFTH THIRD BANCORP	Common Stock	**2,590,135**	**3,375,095**

HILTON WORLDWIDE HOLDINGS INC	Common Stock	**2,160,014**	**3,533,750**
HOWMET AEROSPACE INC	Common Stock	**1,445,808**	**3,158,333**
INGERSOLL RAND INC	Common Stock	**2,673,823**	**3,299,355**
INTUIT INC	Common Stock	**5,975,561**	**5,902,825**
KEURIG DR PEPPER INC	Common Stock	**3,804,979**	**3,186,698**
LINDE PLC	Common Stock	**3,645,743**	**3,643,929**
LOWE'S COS INC	Common Stock	**5,838,428**	**6,430,290**
MARTIN MARIETTA MATERIALS INC	Common Stock	**3,539,869**	**4,003,704**
MASTERCARD INC	Common Stock	**8,760,397**	**12,467,448**
MCDONALD'S CORP	Common Stock	**7,159,465**	**7,424,364**
MEDTRONIC PLC	Common Stock	**3,208,750**	**3,359,026**
META PLATFORMS INC	Common Stock	**8,073,548**	**15,824,338**
MICROSOFT CORP	Common Stock	**21,263,981**	**36,462,046**
NEXTERA ENERGY INC	Common Stock	**5,388,113**	**6,377,042**
NVIDIA CORP	Common Stock	**17,371,607**	**44,140,074**
NXP SEMICONDUCTORS NV	Common Stock	**4,431,532**	**4,220,732**
ORACLE CORP	Common Stock	**3,871,590**	**4,004,036**
PEPSICO INC	Common Stock	**3,556,575**	**3,110,509**
PHILIP MORRIS INTERNATIONAL IN	Common Stock	**3,553,677**	**3,640,278**
REGENERON PHARMACEUTICALS INC	Common Stock	**3,718,416**	**3,596,142**
ROPER TECHNOLOGIES INC	Common Stock	**4,004,815**	**3,366,963**
RTX CORP	Common Stock	**3,462,741**	**4,550,704**
SERVICENOW INC	Common Stock	**4,614,332**	**4,009,748**
SOUTHERN CO/THE	Common Stock	**4,240,736**	**4,409,442**
STRYKER CORP	Common Stock	**4,428,086**	**4,682,635**
TAIWAN SEMICONDUCTOR MANUFACTU	Common Stock	**2,717,242**	**5,079,521**
TESLA INC	Common Stock	**3,903,299**	**7,524,265**
TEXAS INSTRUMENTS INC	Common Stock	**5,011,964**	**4,761,086**
TRANE TECHNOLOGIES PLC	Common Stock	**3,191,153**	**5,080,228**
TRANSDIGM GROUP INC	Common Stock	**3,326,146**	**3,401,756**
UNITEDHEALTH GROUP INC	Common Stock	**7,081,363**	**4,932,834**
VENTAS INC	Common Stock	**2,000,485**	**2,762,698**
VERTEX PHARMACEUTICALS INC	Common Stock	**2,337,698**	**3,222,483**
WALT DISNEY CO/THE	Common Stock	**4,802,307**	**5,448,445**
WARNER MUSIC GROUP CORP	Common Stock	**1,927,671**	**1,951,961**
WASTE CONNECTIONS INC	Common Stock	**2,567,863**	**2,576,740**
WELLS FARGO & CO	Common Stock	**4,279,075**	**7,846,881**
		364,968,514	**486,368,215**

Government Securities			
U S TREASURY BOND 1.125% 05/15/2040 DD 05/15/20	Government Securities	**2,532,391**	**2,611,495**
U S TREASURY BOND 1.125% 08/15/2040 DD 08/15/20	Government Securities	**3,075,064**	**3,168,313**
U S TREASURY BOND 1.250% 05/15/2050 DD 05/15/20	Government Securities	**2,903,872**	**2,947,411**
U S TREASURY BOND 1.375% 08/15/2050 DD 08/15/20	Government Securities	**2,978,042**	**3,027,343**
U S TREASURY BOND 1.375% 11/15/2040 DD 11/15/20	Government Securities	**3,549,000**	**3,648,960**
U S TREASURY BOND 1.625% 11/15/2050 DD 11/15/20	Government Securities	**3,531,750**	**3,588,088**
U S TREASURY BOND 1.750% 08/15/2041 DD 08/15/21	Government Securities	**4,745,531**	**4,877,136**
U S TREASURY BOND 1.875% 02/15/2041 DD 02/15/21	Government Securities	**4,631,612**	**4,750,969**
U S TREASURY BOND 1.875% 02/15/2051 DD 02/15/21	Government Securities	**4,208,500**	**4,268,160**
U S TREASURY BOND 1.875% 11/15/2051 DD 11/15/21	Government Securities	**3,411,349**	**3,458,050**
U S TREASURY BOND 2.000% 02/15/2050 DD 02/15/20	Government Securities	**2,724,164**	**2,768,206**
U S TREASURY BOND 2.000% 08/15/2051 DD 08/15/21	Government Securities	**3,749,625**	**3,799,620**
U S TREASURY BOND 2.000% 11/15/2041 DD 11/15/21	Government Securities	**4,385,063**	**4,501,741**
U S TREASURY BOND 2.250% 02/15/2052 DD 02/15/22	Government Securities	**3,430,688**	**3,475,233**
U S TREASURY BOND 2.250% 05/15/2041 DD 05/15/21	Government Securities	**3,711,018**	**3,802,142**
U S TREASURY BOND 2.250% 08/15/2046 DD 08/15/16	Government Securities	**1,813,000**	**1,850,632**
U S TREASURY BOND 2.250% 08/15/2049 DD 08/15/19	Government Securities	**2,769,431**	**2,819,429**
U S TREASURY BOND 2.375% 02/15/2042 DD 02/15/22	Government Securities	**3,691,201**	**3,787,119**
U S TREASURY BOND 2.375% 05/15/2051 DD 05/15/21	Government Securities	**4,372,813**	**4,432,400**
U S TREASURY BOND 2.375% 11/15/2049 DD 11/15/19	Government Securities	**2,539,531**	**2,581,080**
U S TREASURY BOND 2.500% 02/15/2045 DD 02/15/15	Government Securities	**2,331,521**	**2,382,286**
U S TREASURY BOND 2.500% 02/15/2046 DD 02/15/16	Government Securities	**1,644,281**	**1,678,320**
U S TREASURY BOND 2.500% 05/15/2046 DD 05/15/16	Government Securities	**1,689,768**	**1,723,887**
U S TREASURY BOND 2.750% 08/15/2042 DD 08/15/12	Government Securities	**1,173,156**	**1,201,064**
U S TREASURY BOND 2.750% 08/15/2047 DD 08/15/17	Government Securities	**2,341,268**	**2,385,555**

U S TREASURY BOND 2.750% 11/15/2042 DD 11/15/12	Government Securities	**1,713,715**	**1,754,958**
U S TREASURY BOND 2.750% 11/15/2047 DD 11/15/17	Government Securities	**2,352,982**	**2,396,691**
U S TREASURY BOND 2.875% 05/15/2043 DD 05/15/13	Government Securities	**2,363,266**	**2,415,830**
U S TREASURY BOND 2.875% 05/15/2049 DD 05/15/19	Government Securities	**3,329,105**	**3,386,397**
U S TREASURY BOND 2.875% 05/15/2052 DD 05/15/22	Government Securities	**4,230,684**	**4,282,139**
U S TREASURY BOND 2.875% 08/15/2045 DD 08/15/15	Government Securities	**1,495,969**	**1,525,088**
U S TREASURY BOND 2.875% 11/15/2046 DD 11/15/16	Government Securities	**946,156**	**963,924**
U S TREASURY BOND 3.000% 02/15/2047 DD 02/15/17	Government Securities	**1,484,219**	**1,511,880**
U S TREASURY BOND 3.000% 02/15/2048 DD 02/15/18	Government Securities	**2,422,922**	**2,465,991**
U S TREASURY BOND 3.000% 02/15/2049 DD 02/15/19	Government Securities	**3,146,944**	**3,199,678**
U S TREASURY BOND 3.000% 05/15/2042 DD 05/15/12	Government Securities	**1,066,342**	**1,090,436**
U S TREASURY BOND 3.000% 05/15/2045 DD 05/15/15	Government Securities	**1,154,234**	**1,178,368**
U S TREASURY BOND 3.000% 05/15/2047 DD 05/15/17	Government Securities	**1,480,469**	**1,508,120**
U S TREASURY BOND 3.000% 08/15/2048 DD 08/15/18	Government Securities	**3,288,164**	**3,346,155**
U S TREASURY BOND 3.000% 08/15/2052 DD 08/15/22	Government Securities	**4,141,211**	**4,191,262**
U S TREASURY BOND 3.000% 11/15/2044 DD 11/15/14	Government Securities	**1,883,707**	**1,921,714**
U S TREASURY BOND 3.000% 11/15/2045 DD 11/15/15	Government Securities	**790,453**	**805,550**
U S TREASURY BOND 3.125% 02/15/2042 DD 02/15/12	Government Securities	**1,171,668**	**1,197,555**
U S TREASURY BOND 3.125% 02/15/2043 DD 02/15/13	Government Securities	**1,570,202**	**1,603,463**
U S TREASURY BOND 3.125% 05/15/2048 DD 05/15/18	Government Securities	**2,623,359**	**2,669,450**
U S TREASURY BOND 3.125% 08/15/2044 DD 08/15/14	Government Securities	**2,240,928**	**2,284,504**
U S TREASURY BOND 3.125% 11/15/2041 DD 11/15/11	Government Securities	**1,018,703**	**1,037,500**
U S TREASURY BOND 3.250% 05/15/2042 DD 05/15/22	Government Securities	**3,723,357**	**3,808,669**
U S TREASURY BOND 3.375% 05/15/2044 DD 05/15/14	Government Securities	**1,829,531**	**1,864,080**
U S TREASURY BOND 3.375% 08/15/2042 DD 08/15/22	Government Securities	**3,072,301**	**3,138,081**
U S TREASURY BOND 3.375% 11/15/2048 DD 11/15/18	Government Securities	**3,202,004**	**3,257,573**
U S TREASURY BOND 3.500% 02/15/2039 DD 02/15/09	Government Securities	**715,750**	**731,184**
U S TREASURY BOND 3.625% 02/15/2044 DD 02/15/14	Government Securities	**2,030,344**	**2,068,128**
U S TREASURY BOND 3.625% 02/15/2053 DD 02/15/23	Government Securities	**4,666,961**	**4,716,792**
U S TREASURY BOND 3.625% 05/15/2053 DD 05/15/23	Government Securities	**4,682,071**	**4,733,279**
U S TREASURY BOND 3.625% 08/15/2043 DD 08/15/13	Government Securities	**1,892,032**	**1,927,851**
U S TREASURY BOND 3.750% 08/15/2041 DD 08/15/11	Government Securities	**1,153,395**	**1,175,733**
U S TREASURY BOND 3.750% 11/15/2043 DD 11/15/13	Government Securities	**1,964,320**	**2,001,204**
U S TREASURY BOND 3.875% 02/15/2043 DD 02/15/23	Government Securities	**3,275,367**	**3,340,693**
U S TREASURY BOND 3.875% 05/15/2043 DD 05/15/23	Government Securities	**3,509,801**	**3,579,050**
U S TREASURY BOND 3.875% 08/15/2040 DD 08/15/10	Government Securities	**1,207,458**	**1,231,217**
U S TREASURY BOND 4.000% 11/15/2042 DD 11/15/22	Government Securities	**3,339,539**	**3,403,556**
U S TREASURY BOND 4.000% 11/15/2052 DD 11/15/22	Government Securities	**5,041,969**	**5,094,999**
U S TREASURY BOND 4.125% 08/15/2044 DD 08/15/24	Government Securities	**3,893,012**	**3,961,031**
U S TREASURY BOND 4.125% 08/15/2053 DD 08/15/23	Government Securities	**5,677,764**	**5,734,695**
U S TREASURY BOND 4.250% 02/15/2054 DD 02/15/24	Government Securities	**5,910,565**	**5,970,429**
U S TREASURY BOND 4.250% 05/15/2039 DD 05/15/09	Government Securities	**1,012,676**	**1,031,709**
U S TREASURY BOND 4.250% 08/15/2054 DD 08/15/24	Government Securities	**6,362,249**	**6,425,020**
U S TREASURY BOND 4.250% 11/15/2040 DD 11/15/10	Government Securities	**1,258,129**	**1,282,666**
U S TREASURY BOND 4.375% 02/15/2038 DD 02/15/08	Government Securities	**692,180**	**708,148**
U S TREASURY BOND 4.375% 05/15/2040 DD 05/15/10	Government Securities	**1,113,703**	**1,134,096**
U S TREASURY BOND 4.375% 05/15/2041 DD 05/15/11	Government Securities	**1,151,531**	**1,173,192**
U S TREASURY BOND 4.375% 08/15/2043 DD 08/15/23	Government Securities	**3,770,156**	**3,834,520**
U S TREASURY BOND 4.375% 11/15/2039 DD 11/15/09	Government Securities	**1,238,244**	**1,261,753**
U S TREASURY BOND 4.500% 02/15/2036 DD 02/15/06	Government Securities	**1,073,520**	**1,086,173**
U S TREASURY BOND 4.500% 02/15/2044 DD 02/15/24	Government Securities	**3,820,938**	**3,883,760**
U S TREASURY BOND 4.500% 05/15/2038 DD 05/15/08	Government Securities	**777,028**	**791,802**
U S TREASURY BOND 4.500% 08/15/2039 DD 08/15/09	Government Securities	**1,258,066**	**1,281,082**
U S TREASURY BOND 4.500% 11/15/2054 DD 11/15/24	Government Securities	**6,636,682**	**6,702,431**
U S TREASURY BOND 4.625% 02/15/2040 DD 02/15/10	Government Securities	**1,170,777**	**1,191,474**
U S TREASURY BOND 4.625% 02/15/2055 DD 02/15/25	Government Securities	**6,777,353**	**6,844,780**
U S TREASURY BOND 4.625% 05/15/2044 DD 05/15/24	Government Securities	**4,169,152**	**4,237,005**
U S TREASURY BOND 4.625% 05/15/2054 DD 05/15/24	Government Securities	**6,770,443**	**6,843,435**
U S TREASURY BOND 4.625% 11/15/2044 DD 11/15/24	Government Securities	**4,159,242**	**4,229,136**
U S TREASURY BOND 4.625% 11/15/2055 DD 11/15/25	Government Securities	**2,484,473**	**2,419,150**
U S TREASURY BOND 4.750% 02/15/2037 DD 02/15/07	Government Securities	**515,469**	**525,020**
U S TREASURY BOND 4.750% 02/15/2041 DD 02/15/11	Government Securities	**1,204,266**	**1,225,308**
U S TREASURY BOND 4.750% 02/15/2045 DD 02/15/25	Government Securities	**4,225,926**	**4,293,808**
U S TREASURY BOND 4.750% 05/15/2055 DD 05/15/25	Government Securities	**6,428,860**	**6,489,722**
U S TREASURY BOND 4.750% 08/15/2055 DD 08/15/25	Government Securities	**3,277,771**	**3,308,125**

U S TREASURY BOND 4.750% 11/15/2043 DD 11/15/23	Government Securities	**3,949,375**	**4,014,840**
U S TREASURY BOND 4.750% 11/15/2053 DD 11/15/23	Government Securities	**6,613,564**	**6,679,202**
U S TREASURY BOND 4.875% 08/15/2045 DD 08/15/25	Government Securities	**103,203**	**101,344**
U S TREASURY BOND 5.000% 05/15/2037 DD 05/15/07	Government Securities	**1,052,812**	**1,072,930**
U S TREASURY BOND 5.000% 05/15/2045 DD 05/15/25	Government Securities	**4,362,736**	**4,430,333**
		272,067,106	**276,511,491**
Common/Collective Trust Funds:			
MFB NT COLLECTIVE MSCI ACWI	Common/Collective Trust Fund	**192,804,642**	**215,456,494**
NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	Common/Collective Trust Fund	**83**	**83**
		192,804,725	**215,456,577**
Alternative Investments:			
3D PARTNERS FUND	Alternative Investment	**15,000,000**	**13,205,372**
A&M CAPITAL PARTNERS II, LP	Alternative Investment	**10,940,471**	**11,495,969**
A&M CAPITAL PARTNERS LP	Alternative Investment	**1,295,789**	**2,047,946**
ALPINE INVESTORS IX, LP	Alternative Investment	**4,639,964**	**6,965,078**
BLACKROCK STRATEGIC EQUITY	Alternative Investment	**30,512,280**	**29,995,963**
CERBERUS INSTITUTIONAL PARTNERS (SERIES FOUR)	Alternative Investment	**—**	**22,657**
GREENOAKS 6 LP	Alternative Investment	**922,664**	**1,071,043**
JAIN GLOBAL OFFSHORE FUND	Alternative Investment	**43,000,000**	**43,469,069**
KKR AMERICAS FUND XII LP	Alternative Investment	**6,134,529**	**12,251,362**
NB BELLE ISLE FUND LP	Alternative Investment	**36,405,210**	**41,459,985**
NB PRIVATE EQUITY CREDIT OPPORTUNITIES FUND (TE) LP	Alternative Investment	**2,520,437**	**2,480,643**
NB REAL ESTATE SECONDARY OPPORTUNITIES OFFSHORE FUND LP	Alternative Investment	**3,443,304**	**5,468,340**
NIATROSS INVESTMENTS ASIA OPP	Alternative Investment	**10,000,000**	**10,284,873**
NUT TREE OFFSHORE FUND LTD	Alternative Investment	**30,000,000**	**31,484,442**
PARVUS EUROPEAN OPP FUND 3A 1	Alternative Investment	**2,000,000**	**2,071,180**
PARVUS EUROPEAN OPP FUND 3A 2	Alternative Investment	**2,000,000**	**2,071,176**
PARVUS EUROPEAN OPP FUND 3A 3	Alternative Investment	**2,000,000**	**2,071,176**
PARVUS EUROPEAN OPP FUND 3A 4	Alternative Investment	**2,000,000**	**2,071,176**
PARVUS EUROPEAN OPP FUND 3A 5	Alternative Investment	**2,000,000**	**2,071,180**
PWP GROWTH EQUITY FUND I LP	Alternative Investment	**2,728,609**	**6,729,436**
PWP GROWTH EQUITY FUND II LP	Alternative Investment	**759,001**	**4,997,024**
SILVERPEAK LEGACY PENSION PARTNERS II (FORMERLY LEHMAN BROS RE PENS PART II)	Alternative Investment	**—**	**58,323**
SILVERPEAK LEGACY PENSION PTNRS III LP	Alternative Investment	**3,440,756**	**150,502**
THE WINDACRE DOMESTIC	Alternative Investment	**25,000,000**	**32,450,056**
TPG AG CR SOLUTIONS FD III LP	Alternative Investment	**4,170,905**	**4,701,541**
TRILANTIC ENERGY PTNS PARALLEL	Alternative Investment	**5,683,844**	**5,085,324**
XN VECTOR ONSHORE FUND LP	Alternative Investment	**30,000,000**	**33,547,548**
		276,597,763	**309,778,384**
	Total investments	**$1,728,868,157**	**$1,909,326,029**

* A party-in-interest as defined by ERISA.

See accompanying Independent Auditor's Report.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

Employer ID No: 54-1229715

Plan Number: 507

FORM 5500, SCHEDULE H, PART IV, LINE 4j—
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

Single Transactions in Excess of 5% of Plan Assets:

Shares/Units	(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gain or (Loss)
222,444,186	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES*	Registered Investment Company	$222,444,186	$ —	$222,444,186	$ —
194,005,251	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES*	Registered Investment Company	194,005,251	—	194,005,251	—
199,762,268	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES*	Registered Investment Company	—	199,762,268	199,762,268	—
307,296,003	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES*	Registered Investment Company	—	307,296,003	307,296,003	—
2,013,030	EUPAC FUND-R-6	Common/Collective Trust Fund	—	122,211,079	96,688,740	25,522,339
13,032,673	MFB NT COLLECTIVE MSCI ACWI	Common/Collective Trust Fund	215,000,000	—	215,000,000	—
18,109,700	PGIM CORE PLUS BOND FUND	Common/Collective Trust Fund	—	223,787,336	221,752,581	2,034,755

* A party-in-interest as defined by ERISA.

DOMINION ENERGY RETIREE HEALTH & WELFARE PLAN

Employer ID No: 54-1229715

Plan Number: 507

FORM 5500, SCHEDULE H, PART IV, LINE 4j—
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

Series of Transactions in Excess of 5% of Plan Assets:

Shares/Units	(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gain or (Loss)
1,149,423,754	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES*	Registered Investment Company	1,197	$1,149,423,754	$ —	$1,149,423,754	$ —
870,689,297	DREYFUS GOVERNMENT CASH MANAGEMENT – INSTITUTIONAL SHARES*	Registered Investment Company	1,050	—	870,689,297	870,689,297	—
3,061,381	EUPAC FUND-R-6	Registered Investment Company	7	—	189,050,118	149,312,945	39,737,173
13,128,378	MFB NT COLLECTIVE MSCI ACWI	Common/Collective Trust Fund	7	216,692,076	—	216,692,076	—
27,850,662	PGIM CORE PLUS BOND FUND	Common/Collective Trust Fund	53	—	348,369,148	341,290,998	7,078,150

* A party-in-interest as defined by ERISA.

See accompanying Independent Auditor's Report.