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
ENBRIDGE EMPLOYEE SERVICES, INC. WELFARE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 502

1c Effective date of plan 08/01/1968

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)
ENBRIDGE EMPLOYEE SERVICES, INC.

915 N. ELDRIDGE PARKWAY
SUITE 1100
HOUSTON, TX 77079

2b Employer Identification Number (EIN)
76-0697621

2c Plan Sponsor's telephone number
713-627-5400

2d Business code (see instructions)
561300

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.	10/15/2026	TONYA BENNETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	CINDY BLACKBURN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	4335
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)**	3531
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3619
b	Retired or separated participants receiving benefits	**6b**	735
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4354
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 4E 4D 4Q

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 1
- **(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
ENBRIDGE EMPLOYEE SERVICES, INC. WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
ENBRIDGE EMPLOYEE SERVICES, INC.

D Employer Identification Number (EIN)
76-0697621

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
HEALTH CARE SERVICE CORPORATION

(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
36-1236610	70670	29547	9514	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	52833848		
(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)**	52833848
b Benefit charges (1) Claims paid	**9b(1)**	50003270		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	50003270
(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)**	2931374		
(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)**	2931374
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [X] credited.)			**9c(2)**	100797
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**	4143724
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
ENBRIDGE EMPLOYEE SERVICES, INC. WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
ENBRIDGE EMPLOYEE SERVICES, INC.

D Employer Identification Number (EIN)
76-0697621

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

BLUE CROSS BLUE SHIELD OF TEXAS

36-1236610

(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?
65	NONE	2660000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CVS CAREMARK CORP

05-0494040

(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?
65	NONE	154000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VISION SERVICE PLAN

06-1227840

(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?
65	NONE	63000	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)

MDX MEDICAL INC., DBA SAPPHIRE DIG

26-3441881

(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?
65	NONE	21000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTITUTIONAL TRUST

94-3112180

(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	NONE	5000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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
ENBRIDGE EMPLOYEE SERVICES, INC. WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
76-0697621

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: EESI WELFARE BENEFIT PLANS TRUST

b Name of sponsor of entity listed in (a): ENBRIDGE EMPLOYEE SERVICES, 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)
76-0697621-003	M	69459000

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ENBRIDGE EMPLOYEE SERVICES, INC. WELFARE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
ENBRIDGE EMPLOYEE SERVICES, INC.

D Employer Identification Number (EIN)
76-0697621

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	465000	171000
(3) Other	1b(3)	507000	636000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	69077000	69459000
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	70049000	70266000
Liabilities			
1g Benefit claims payable	1g	8772000	7735000
1h Operating payables	1h	270000	271000
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	9042000	8006000
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	61007000	62260000

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)	48777000	
(B) Participants	2a(1)(B)	15311000	
(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)		64088000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		5248000
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		69336000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	60314000	
(2) To insurance carriers for the provision of benefits	2e(2)	4282000	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		64596000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2898000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	5000	
(6) Bank or trust company trustee/custodial fees	2i(6)	4000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	580000	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3487000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		68083000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1253000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MCCONNELL & JONES L.L.P **(2)** EIN: 76-0488832

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

ENBRIDGE EMPLOYEE SERVICES, INC. WELFARE BENEFITS PLAN

INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS

December 31, 2025 and 2024

McConnell Jones

Independent Auditor's Report

To the Participants and Plan Administrator of the
Enbridge Employee Services, Inc. Welfare Benefits Plan:

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

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

Plan management (Management), having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. 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 DOL'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 7 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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 (US GAAP).
- 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 (US 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

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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 US GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect Management's responsibility for the financial statements.

In preparing the financial statements, Management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern 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 US 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 US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 internal controls of the Plan. Accordingly, no such opinion is expressed.



McConnell Jones

- 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 ability of the Plan 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 certifications, 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 US GAAP.

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

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

McConnell & Jones LLP

Houston, Texas
October 14, 2026

ENBRIDGE EMPLOYEE SERVICES, INC. WELFARE BENEFITS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	**2025**	2024
(thousands of dollars)		
Assets		
Interest in Enbridge Master Trust net assets, at fair value *(Note 4)*	**69,459**	69,077
Net assets held in 401(h) account *(Note 6)*	**8,119**	8,577
Participant contributions receivable	**171**	465
Federal business income taxes receivable	**4**	314
Prescription drug program formulary rebate receivable	**632**	193
Total assets	**78,385**	78,626
Liabilities		
Benefit claims reimbursement due	**4**	12
Stop loss insurance premiums payable	**339**	241
Administrative expenses payable	**271**	270
Total liabilities	**614**	523
Net assets available for benefits	**77,771**	78,103

The accompanying notes are an integral part of these financial statements.

ENBRIDGE EMPLOYEE SERVICES, INC. WELFARE BENEFITS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31,	2025
(thousands of dollars)	
Additions	
Employer contributions	**48,777**
Participant contributions	**15,311**
Interest in Master Trust net investment income *(Note 4)*	**5,248**
Total additions	**69,336**
Deductions	
Net decrease in net assets of 401(h) account *(Note 6)*	**458**
Benefit claims paid, net	**61,441**
Premiums paid to insurers	**149**
Stop loss insurance premium payments, net	**4,133**
Federal business income taxes paid	**580**
Administrative expenses	**2,907**
Total deductions	**69,668**
Net decrease in net assets available for benefits	**(332)**
Net assets available for benefits, beginning of year	**78,103**
Net assets available for benefits, end of year	**77,771**

The accompanying notes are an integral part of these financial statements.

ENBRIDGE EMPLOYEE SERVICES, INC. WELFARE BENEFITS PLAN
STATEMENTS OF BENEFIT OBLIGATIONS

December 31,	**2025**	2024
(thousands of dollars)		
Amounts currently payable		
Benefit claims payable	**781**	1,860
Benefit claims incurred but not reported	**6,611**	6,659
Total amounts currently payable	**7,392**	8,519
Post-retirement benefit obligations		
Retired participants	**4,571**	4,944
Other participants fully eligible for benefits	**4,410**	5,014
Participants not yet fully eligible for benefits	**4,476**	8,321
Total post-retirement benefit obligations	**13,457**	18,279
Benefit obligations	**20,849**	26,798

The accompanying notes are an integral part of these financial statements.

ENBRIDGE EMPLOYEE SERVICES, INC. WELFARE BENEFITS PLAN
STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

Year ended December 31,	**2025**
(thousands of dollars)	
Net decrease in amounts currently payable during the year attributable to	
Benefit claims and premiums reported and approved for payment	**75,325**
Benefit claims and premiums paid	**(76,452)**
Net decrease in amounts currently payable	**(1,127)**
Net decrease in post-retirement benefit obligations during the year attributable to	
Participant contributions	**1,982**
Service cost	**452**
Interest cost	**790**
Benefit claims paid	**(2,836)**
Plan amendments *(Note 1)*	**(3,336)**
Changes in actuarial assumptions and demographic changes	**(1,874)**
Net decrease in post-retirement benefit obligations	**(4,822)**
Net decrease in benefit obligations	**(5,949)**
Benefit obligations, beginning of year	**26,798**
Benefit obligations, end of year	**20,849**

The accompanying notes are an integral part of these financial statements.

ENBRIDGE EMPLOYEE SERVICES, INC. WELFARE BENEFITS PLAN
NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the Enbridge Employee Services, Inc. Welfare Benefits Plan (the "Plan") is provided for general information purposes only. More complete information, including details of the benefits provided under the Plan, is contained in the Plan document.

Enbridge Employee Services, Inc. (the "Company"), a wholly-owned subsidiary of Enbridge Inc. ("Enbridge"), sponsors the Plan, which provides medical, prescription drug, dental, vision and employee assistance benefits coverage to the eligible employees and retirees of the Company and its affiliates that adopt the Plan ("Participating Affiliates") and their eligible spouses, domestic partners and children (collectively, "Dependents"). The Plan is an “employee welfare benefit plan” under Section 3(1) of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Effective as at January 1, 2019, PanEnergy Services, Limited Partnership, and Spectra Energy Operating Company, LLC adopted the Plan for the benefit of their eligible employees and retirees and their eligible Dependents.

Eligibility and Participation

Generally, and subject to the satisfaction of certain additional requirements and exclusions under the terms of the Plan, individuals who are classified in the Company’s records (or otherwise identified by the Company under the Affordable Care Act) as “full-time” employees (as defined in the Plan document) of the Company and the Participating Affiliates and their eligible Dependents, including certain surviving Dependents (all of the foregoing, collectively, "Active Participants"), are eligible to participate in employee coverage under the Plan.

Under the terms of the Plan retirees of the Company and the Participating Affiliates, who meet the Plan’s age and years-of-service requirements, and their Dependents are eligible to participate in retiree medical, prescription drug, dental and employee assistance benefits coverage under the Plan, provided that:

1. at the time of the retirees' retirement, they are participants in employee coverage under the Plan,
2. they have not yet reached age 65, which is the age of Medicare eligibility, and
3. with respect to dental coverage, the retiree is “Grandfathered” as defined in the Plan document (all of the foregoing, collectively, "Retiree Participants").

Medical and prescription drug retiree coverage under the Plan is also available to surviving covered Dependents. Eligibility for retiree coverage terminates when Retiree Participants reach age 65.

On July 1, 2025, Enbridge introduced a new retiree benefits program applicable to employees who are more than 5 years from eligible retirement age (i.e. under age 50) on the effective date. Employees who are within 5 years of eligible retirement age can still participate in the retiree medical, prescription drug, dental and employee assistance benefits coverage under the Plan upon retirement. The result of removing benefits for actives under age 50, was a decrease of the benefit obligation by $3.3 million.

Plan Funds

The Plan is a Company-sponsored employee welfare benefit plan funded, in whole or in part, by assets held in the Amended and Restated Welfare Trust agreement by and among Enbridge Employee Services, Inc., St. Lawrence Gas Company, Inc., and The Bank of New York Mellon ("Enbridge Master Trust"), which is a voluntary employees’ beneficiary association ("VEBA") trust.

The other Company-sponsored plans that are funded by the Enbridge Master Trust are the Enbridge Employee Services, Inc. Ancillary Benefits Plan ("Enbridge ABP"), Enbridge Employee Services, Inc. Health Reimbursement Account Plan ("Enbridge HRAP"), Spectra Energy Retiree Medical Plan ("SE RMP"), Enbridge Employee Services, Inc. Dominion Energy Ohio Union Retiree Health and Welfare Mirror Plan ("EESI Union Retiree Mirror Plan") and the Enbridge Employee Services, Inc. Dominion Energy Retiree Health and Welfare Mirror Plan ("EESI Retiree Mirror Plan").

In accordance with the requirements of the Internal Revenue Code (the "Code"), the funds of the Enbridge Master Trust are used for the payment of benefits, premiums and administrative expenses related to the plans that are funded thereunder. The Plan's interest in the Enbridge Master Trust's net assets consists of funding for the benefits provided under the Plan to Active Participants and Retiree Participants, and administrative expenses and federal business income taxes related to the Plan, in accordance with the terms of the Plan and the Enbridge Master Trust.

The Bank of New York Mellon/BNY Mellon, N.A. (the "Trustee") serves as the trustee for the Enbridge Master Trust.

The Plan is also partially funded by funds held in a Code Section 401(h) account ("401(h) Account") that is maintained by the Trustee under the terms of the Enbridge Employee Services, Inc. Employees' Pension Plan ("Enbridge US Pension Plan"). In accordance with the Code, a separate account is maintained by the Trustee for the contributions related to the Plan's 401(h) Account. Payment of benefits from the 401(h) Account is limited to post-retirement medical expenses reimbursable for benefits provided by the Plan, Enbridge HRAP, SE RMP and EESI Retiree Mirror Plan.

Contributions
The costs related to coverage under the Plan are shared through contributions by the Company, the Participating Affiliates, the Active Participants, and the Retiree Participants. Contribution amounts are determined by the Company based on actuarial valuations of the expected required funding for Plan benefits.

Plan Termination
The Company reserves the right to amend or terminate the Plan at any time. Upon termination, the net assets of the Plan will be used in accordance with the terms of the Enbridge Master Trust, 401(h) Account and the Plan.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation
These financial statements are prepared in accordance with accounting principles generally accepted in the United States of America ("US GAAP") and are presented in compliance with ERISA's rules and regulations for reporting and disclosure. Amounts are stated in United States dollars unless otherwise noted.

Use of Estimates
The preparation of financial statements in conformity with US GAAP requires the use of estimates and assumptions that affect certain reported amounts of and changes in assets, liabilities and benefit obligations, and related disclosures. Actual results could differ from those estimates.

Risks and Uncertainties
The net assets of the Enbridge Master Trust and 401(h) Account comprise various financial instruments that are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk generally associated with these types of financial instruments, it is reasonably possible that changes in the values of certain of the Enbridge Master Trust and 401(h) Account investments will occur in the near term, and that such changes could materially affect the amounts reported in the financial statements.

The actuarial present value of benefit obligations is reported based on certain estimates and assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions process, it is reasonably

possible that changes in these estimates and assumptions in the future could be material to the financial statements.

Fair Value Measurements
The Plan's percentage interest in the Enbridge Master Trust's net assets and net investment income/(loss) are based on the net assets attributed to the Plan in relation to the total net assets of the Enbridge Master Trust *(Note 4)*.

The net assets held in the Enbridge Master Trust and 401(h) Account are presented at fair value. Fair value is the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for that asset or liability in an orderly transaction between market participants on the measurement date.

The Plan categorizes net assets held in the Enbridge Master Trust and 401(h) Account into one of three different levels depending on the observability of the inputs employed in the measurement. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement:

Level 1
Fair value is based on unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2
Fair value is based on quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level 3
Fair value is based on valuation methods using inputs that are less observable, unavailable or where the observable data does not support a significant portion of the financial instrument's fair value. Inputs may be internally-developed methodologies that result in a best estimate of the fair value. The use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value at the reporting date.

Net Asset Value
The Plan's investments in private equity, private debt, infrastructure, and real estate funds, which are held in the 401(h) Account, are stated at fair value which has been measured at the net asset value ("NAV") of the funds as a practical expedient. NAV is determined by the organization sponsoring such funds by dividing the fair value of the fund's net assets by its units outstanding at the valuation date. Investments valued using NAV have been excluded from the fair value hierarchy.

Investment Income and Expense Recognition
The Enbridge Master Trust's net investment income/(loss) is allocated to the Plan based on annual amounts invested in the Enbridge Master Trust. Administrative costs are also allocated to the Plan.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan's interest in the Enbridge Master Trust's net investment income/(loss) include net realized gain/(loss) on investments bought and sold as well as net unrealized gain/(loss) on investments held at the reporting date.

Certain investment management and operating expenses charged to the Enbridge Master Trust are deducted from income earned on a daily basis and are not separately reflected. Consequently, such management fees and operating expenses are reflected as a decrease to the Plan's interest in net investment income/(increase in net investment loss) on these investments.

ENBRIDGE EMPLOYEE SERVICES, INC. WELFARE BENEFITS PLAN
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Payment of Benefits
Premiums paid by Enbridge are recorded in the accompanying statement of changes in net assets available for benefits in the period the premiums related to.

Claim payments are paid by Enbridge and reimbursed by the Plan. Claim payments are recorded when paid by Enbridge. Amounts due to Enbridge that have yet to be reimbursed by the Plan are recorded as a benefits payable in the accompanying statement of net assets available for benefits.

Stop Loss
The Plan carries stop loss insurance, which provides refunds to the Plan on claims paid in excess of certain limits. These refunds are presented on a net basis within stop loss insurance premium payments in the Statement of Changes in Net Assets Available for Benefits. For the year ended December 31, 2025, the Plan received stop loss refunds totaling $5.6 million.

Exempt Party-In-Interest Transactions
The Plan's investments in the Enbridge Master Trust and 401(h) Account include investments in common collective trust funds that are managed by the Trustee. Transactions with the Trustee related to these common collective trust funds qualify as exempt party-in-interest transactions in accordance with Section 408(a) of ERISA. Fees paid by the Enbridge Master Trust and 401(h) Account for investment management services related to these common collective trust funds are netted with investment income earned.

Net Assets Held in 401(h) Account
The Plan's net assets held in trust with the Trustee in the 401(h) Account, in conjunction with Enbridge US Pension Plan's investments, are reported as net assets of the Plan.

Benefit Claims Incurred But Not Reported
The Plan obligations for benefit claims incurred but not reported are estimated through actuarial methods that use historical trend information.

Post-Retirement Benefit Obligations
Post-retirement benefit obligations represents the actuarial present value of the estimated future benefits that are attributed, in accordance with the terms of the Plan, to participants' services rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future. Post‑retirement benefits include future benefits expected to be paid to or for participants and their eligible beneficiaries and Dependents. The Plan's actuary estimates the actuarial present value of post-retirement benefit obligations.

The following table summarizes the significant actuarial assumptions used in the calculation of funding requirements and post-retirement benefit obligations:

December 31,	**2025**	2024
Discount rate	**4.9%**	5.3%
Dental cost trend rate[1]	**2.5%**	2.5%
Medical cost trend rate[1]	**2.5%**	2.5%
Mortality	**Pri-2012 tables, separate for healthy employees and retirees, sex distinct with no collar adjustments and separate tables for contingent survivor mortality for current beneficiaries, projected generationally using scale MP-2021**	Pri-2012 tables, separate for healthy employees and retirees, sex distinct with no collar adjustments and separate tables for contingent survivor mortality for current beneficiaries, projected generationally using scale MP-2021.
Average retirement age	**62**	62

1 Starting in 2021, the employer subsidy trend assumption was updated, capping dental and medical cost increases at 2.5% each.

An increase of one percent in the weighted-average medical cost trend rate used to determine the actuarial present value of the expected post-retirement benefit obligations as at December 31, 2025 would result in an increase of $0.6 million (December 31, 2024 - $1.2 million).

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the Medicare Act) was signed into law on December 9, 2003. The Medicare Act introduced a prescription drug benefit under Medicare ("Medicare Part D") as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Company and its actuarial advisors determined that benefits provided to certain participants are expected to be at least actuarially equivalent to Medicare Part D, and, accordingly, the Company expects to be entitled to a federal subsidy under the Medicare Act. The Plan's post-retirement benefit obligations in the Statements of Benefit Obligations as at December 31, 2025 and 2024, and the changes in the post-retirement benefit obligations in the Statement of Changes in Benefit Obligations for the year ended December 31, 2025, do not reflect any amount associated with the Medicare subsidy because the Plan is not directly entitled to the Medicare subsidy. The post-retirement benefit obligations recorded by the Plan differ from that reported or disclosed in Enbridge Inc.'s financial statements because, in accordance with US GAAP, Enbridge Inc. has included the effects of the Medicare subsidy in measuring its post-retirement benefit obligations related to the Plan.

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

3. FEDERAL INCOME TAX STATUS

The Enbridge Master Trust, which funds Plan benefits, received an exemption letter from the Internal Revenue Service ("IRS") dated June 8, 1989, stating that the Enbridge Master Trust is tax-exempt under the provisions of Section 501(c)(9) of the Code. The Plan and the Enbridge Master Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Enbridge Master Trust. Plan management believes that the Plan is being operated in compliance with the applicable requirements of the Code, and therefore, believes that the related Enbridge Master Trust is tax-exempt. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. There are no uncertain tax positions taken or expected to be taken by the Plan that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is not currently under audit by any taxing jurisdictions.

Although the Enbridge Master Trust is exempt from federal income taxes, investment income earned on certain investments in the Enbridge Master Trust are subject to unrelated federal business income taxes.

4. PLAN INTEREST IN MASTER TRUST (CERTIFIED BY THE TRUSTEE)

The Plan's interest in the Enbridge Master Trust's net assets as at December 31, 2025 and 2024 and interest in the Enbridge Master Trust's net investment gain for the year ended December 31, 2025 are based on unaudited information of the Enbridge Master Trust which has been provided by the Trustee. The Plan's ending interest in the Enbridge Master Trust's net assets is determined by taking the Plan's opening interest in the Enbridge Master Trust's net assets adjusted for current year (i) employer contributions, participant contributions, premiums paid, benefit claims and stop loss insurance premiums, specifically identifiable to the Plan and (ii) net investment income/(loss), administrative expenses and federal business income taxes paid, attributed to the Plan using ending post-retirement benefit obligations.

The following information pertaining to the Enbridge Master Trust's net assets and change in net assets has been certified by the Trustee *(Note 7)*:

	Master Trust Balances		Plan Interest in Master Trust Balances	
December 31,	**2025**	2024	**2025**	2024
(thousands of dollars; unaudited)				
Cash and cash equivalents	**44,648**	48,268	**16,987**	25,901
Fixed income securities				
Government bond index funds	**47,663**	48,173	**18,134**	19,404
Public equity funds				
United States equity	**41,662**	35,346	**15,850**	14,237
Global equity	**44,985**	36,280	**17,114**	14,614
	178,958	168,067	**68,085**	74,156
Receivables				
Investment income receivable	**157**	195	**60**	103
Due to other plans	**1,314**	—	**1,314**	—
Payables				
Due to other plans	**—**	(5,182)	**—**	(5,182)
Total	**180,429**	163,080	**69,459**	69,077
Plan interest as percentage of Master Trust net assets			**38.5%**	42.4%

Year ended December 31,	**2025**
(thousands of dollars; unaudited)	
Net increase in Master Trust net assets during the year attributable to	
Transfers in	**65,518**
Transfers out	**(71,030)**
Net investment income	
Interest	**2,199**
Dividends	**1,521**
Net unrealized gain	**16,473**
Net realized gain	**2,668**
Net increase in Master Trust net assets	**17,349**
Plan interest in Master Trust net investment income	**5,248**

5. FAIR VALUE MEASUREMENTS (CERTIFIED BY THE TRUSTEE)

The fair value of the Enbridge Master Trust's net assets has been determined as follows:

Cash and cash equivalents
Investments in money market funds are valued at quoted market prices. These investments are highly liquid and readily convertible to known amounts of cash.

Government bond index and public equity funds
Investments in bond index and public equity funds are valued based on the fair value of the underlying investments held by the funds for which fair value is based on unadjusted quoted prices for the same or similar financial instruments on actively traded markets.

Investment income receivable
Investment income receivable is measured at cost, which approximates fair value on the basis of its short settlement term.

Investments due to other plans
Investments due to other plans currently invested in money market funds are valued at quoted market prices. These investments are highly liquid and readily convertible to known amounts of cash.

The following unaudited fair value information related to financial instruments held in the Enbridge Master Trust has been prepared and derived from information prepared and certified by the Trustee (*Note 7*):

	2025			2024		
December 31,	Level 1	Level 2	Total	Level 1	Level 2	Total
(thousands of dollars; unaudited)						
Cash and cash equivalents	**44,648**	**—**	**44,648**	48,268	—	48,268
Fixed income securities						
Government bond index funds	**47,663**	**—**	**47,663**	48,173	—	48,173
Public equity funds						
United States equity	**—**	**41,662**	**41,662**	—	35,346	35,346
Global equity	**—**	**44,985**	**44,985**	—	36,280	36,280
	92,311	**86,647**	**178,958**	96,441	71,626	168,067
Receivables						
Investment income receivable	**157**	**—**	**157**	195	—	195
Due to other plans	**1,314**	**—**	**1,314**	—	—	—
Payables						
Due to other plans	**—**	**—**	**—**	(5,182)	—	(5,182)
	93,782	**86,647**	**180,429**	91,454	71,626	163,080

For the fair value information related to the 401(h) Account's net assets, refer to *Note 4 - Fair Value Measurements* in the Enbridge US Pension Plan financial statements as at and for the years ended December 31, 2025 and 2024.

6. NET ASSETS HELD IN 401(H) ACCOUNT AND NET ASSET VALUE PER UNIT (CERTIFIED BY THE TRUSTEE)

For net assets held in the 401(h) account and NAV per unit information, refer to *Note 5 – Net Asset Value per Unit* and *Note 6 - Net Assets Held in 401(h) Account* in the Enbridge Employee Services, Inc. Employees' Pension Plan financial statements as at and for the years ended December 31, 2025 and 2024.

7. TRUSTEE CERTIFICATION

Certain information in the Plan's financial statements were derived from information prepared and certified by the Trustee as at December 31, 2025 and 2024 and for the year ended 2025. As permitted under ERISA regulation 29 CFR 2520.103-8, the Plan's independent auditor did not perform additional procedures for such certified information, other than ensuring consistency to those disclosed in the Plan's financial statements.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO ERISA ANNUAL REPORT FILING UNDER FORM 5500

The following table reconciles net assets available for benefits per the Statements of Net Assets Available for Benefits to net assets per the Form 5500:

December 31,	**2025**	2024
(thousands of dollars)		
Net assets available for benefits per the Statements of Net Assets Available for Benefits	**77,771**	78,103
Net assets held in 401(h) Account	**(8,119)**	(8,577)
Benefit claims incurred but not reported and benefit claims payable	**(7,392)**	(8,519)
Net assets available for benefits per the Form 5500	**62,260**	61,007

The following table reconciles the net increase in net assets available for benefits per the Statement of Changes in Net Assets Available for Benefits to net income per the Form 5500:

Year ended December 31,	**2025**
(thousands of dollars)	
Net decrease in net assets available for benefits per the Statement of Changes in Net Assets Available for Benefits	**(332)**
Net decrease in 401(h) account assets	**458**
Net decrease in amounts currently payable	**1,127**
Net income per the Form 5500	**1,253**

9. SUBSEQUENT EVENTS

In preparing the accompanying financial statements, Plan management has reviewed for inclusion in these financial statements and related notes all known events that have occurred after December 31, 2025 to October 14, 2026, which is the date these financial statements were issued.