

Form 5500	Annual Return/Report of Employee Benefit Plan <p>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).</p> <p style="text-align: center;">► Complete all entries in accordance with the instructions to the Form 5500.</p>	<small>OMB Nos. 1210-0110 1210-0089</small> 2024 This Form is Open to Public Inspection
Department of the Treasury Internal Revenue Service		
Department of Labor Employee Benefits Security Administration		
Pension Benefit Guaranty Corporation		

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024**

and ending **12/31/2024**

- A** This return/report is for:
- a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ►
- D** Check box if filing under:
- Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ►

Part II Basic Plan Information—enter all requested information

1a Name of plan

EVERSOURCE PENSION PLAN

1b Three-digit plan number (PN) ► **006**

2a Plan sponsor's name (employer, if for a single-employer plan)

Mailing address (include room, apt., suite no. and street, or P.O. Box)

City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

EVERSOURCE ENERGY SERVICE COMPANY

1c Effective date of plan
01/01/1938

P.O. BOX 270
HARTFORD, CT 06141-0270

2b Employer Identification Number (EIN)
06-0810627

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

2d Business code (see instructions)
221500

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	KARA A. O'CONNOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)

v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 06-0989432
EXECUTIVE VICE PRESIDENT, HUMAN RESOURCES & INFORMATION TECHNOLOGY EVERSOURCE ENERGY SERVICE COMPANY P.O. BOX 270 HARTFORD, CT 06141-0270	3c Administrator's telephone number 800-841-8684
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN
a Sponsor's name	4d PN
c Plan Name	
5 Total number of participants at the beginning of the plan year	5 18215
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) 3428
a(2) Total number of active participants at the end of the plan year	6a(2) 3150
b Retired or separated participants receiving benefits.....	6b 10612
c Other retired or separated participants entitled to future benefits	6c 1621
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 15383
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 2413
f Total. Add lines 6d and 6e	6f 17796
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 1
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 Characteristics Codes in the instructions:

1A 1D 1E

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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

OMB No. 1210-0110

2024

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).

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan
EVERSOURCE PENSION PLAN

B Three-digit plan number (PN) ► **006**

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

D Employer Identification Number (EIN)
06-0810627

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

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	GAC 4		01/01/2024	12/31/2024

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

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	(c) Amount	(d) Purpose		

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

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

Part II Investment and Annuity Contract Information		
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ►		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....	6d	
Specify nature of costs ►		
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input checked="" type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
b Balance at the end of the previous year	7b	864408
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	42
(3) Interest credited during the year.....	7c(3)	29574
(4) Transferred from separate account	7c(4)	
(5) Other (specify below).....	7c(5)	775
► MARKET VALUE ADJ		
(6) Total additions	7c(6)	30391
d Total of balance and additions (add lines 7b and 7c(6)).	7d	894799
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	43022
(2) Administration charge made by carrier.....	7e(2)	25469
(3) Transferred to separate account	7e(3)	
(4) Other (specify below).....	7e(4)	
►		
(5) Total deductions	7e(5)	68491
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	826308

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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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
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

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

OMB No. 1210-0110

2024

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).

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan
EVERSOURCE PENSION PLAN

B Three-digit plan number (PN) ► **006**

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

D Employer Identification Number (EIN)
06-0810627

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

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	GAC 162		01/01/2024	12/31/2024

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		

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(b) Amount of sales and base commissions paid	Fees and other commissions paid			(e) Organization code
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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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input checked="" type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
b Balance at the end of the previous year	7b	144915
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	10
(3) Interest credited during the year.....	7c(3)	9654
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ►	7c(5)	
(6) Total additions	7c(6)	9664
d Total of balance and additions (add lines 7b and 7c(6))	7d	154579
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	21535
(2) Administration charge made by carrier.....	7e(2)	20129
(3) Transferred to separate account	7e(3)	
(4) Other (specify below).....	7e(4)	847
► MARKET VALUE ADJ		
(5) Total deductions	7e(5)	42511
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	112068

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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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
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

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

OMB No. 1210-0110

2024

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.**

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A Name of plan
EVERSOURCE PENSION PLAN

B Three-digit plan number (PN) ► **006**

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

D Employer Identification Number (EIN)
06-0810627

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

1 Coverage Information:

(a) Name of insurance carrier

UNICARE PREVIOUSLY KNOWN AS MASS MUTUAL

(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
52-0913817	80314	GPV-80157	84	01/01/2024	12/31/2024

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

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	(c) Amount	(d) Purpose		

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

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

Part II Investment and Annuity Contract Information		
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ►		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....	6d	
Specify nature of costs ►		
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ► INDIVIDUAL POLICIES		
b Balance at the end of the previous year	7b	171407
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)	3001
► ADJUSTMENT		
(6) Total additions	7c(6)	3001
d Total of balance and additions (add lines 7b and 7c(6))	7d	174408
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	174408

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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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
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

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

OMB No. 1210-0110

2024

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).

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan
EVERSOURCE PENSION PLAN

B Three-digit plan number (PN) ► **006**

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

D Employer Identification Number (EIN)
06-0810627

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

1 Coverage Information:

(a) Name of insurance carrier

AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	002904		01/01/2024	12/31/2024

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		

(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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
b Balance at the end of the previous year	7b	1594062
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	66246
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ►	7c(5)	
(6) Total additions	7c(6)	66246
d Total of balance and additions (add lines 7b and 7c(6))	7d	1660308
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	61780
(2) Administration charge made by carrier.....	7e(2)	46130
(3) Transferred to separate account	7e(3)	
(4) Other (specify below).....	7e(4)	98
► MARKET VALUE ADJ		
(5) Total deductions	7e(5)	108008
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1552300

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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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
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

No

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

SCHEDULE SB**(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

OMB No. 1210-0110

2024**This Form is Open to Public
Inspection**For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan**EVERSOURCE PENSION PLAN****B Three-digit
plan number (PN)****006****C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF****EVERSOURCE ENERGY SERVICE COMPANY****D Employer Identification Number (EIN)****06-0810627****E Type of plan:** Single Multiple-A Multiple-B**F Prior year plan size:** 100 or fewer 101-500 More than 500**Part I Basic Information****1 Enter the valuation date:** Month **01** Day **01** Year **2024****2 Assets:**

a Market value	2a	5631235116
b Actuarial value.....	2b	5899765269

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	13346	3233584111	3233584111
b For terminated vested participants.....	1957	206060612	206060612
c For active participants	3428	1188928309	1234430230
d Total.....	18731	4628573032	4674074953

4 If the plan is in at-risk status, check the box and complete lines (a) and (b).....

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate **5** **5.10 %****6 Target normal cost**

a Present value of current plan year accruals.....	6a	57895709
b Expected plan-related expenses	6b	6438102
c Target normal cost.....	6c	64333811

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

08/26/2025

Date

SHANE W. SIEFER

Type or print name of actuary

23-05990

Most recent enrollment number

AON CONSULTING, INC.

Firm name

617-482-3100

Telephone number (including area code)

**MSC #17894, PO BOX 7505
FORT WASHINGTON, PA 19034**

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions **For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2024
v. 240311**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance		
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	643168037		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)				
9	Amount remaining (line 7 minus line 8)	0	643168037		
10	Interest on line 9 using prior year's actual return of <u>5.42</u> %.....	0	34859708		
11	Prior year's excess contributions to be added to prefunding balance:				
a	Present value of excess contributions (line 38a from prior year)				
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> %		0		
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return				
c	Total available at beginning of current plan year to add to prefunding balance		0		
d	Portion of (c) to be added to prefunding balance				
12	Other reductions in balances due to elections or deemed elections		0		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	678027745		
Part III Funding Percentages					
14	Funding target attainment percentage.....	14	111.71 %		
15	Adjusted funding target attainment percentage	15	126.22 %		
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	111.95 %		
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%		
Part IV Contributions and Liquidity Shortfalls					
18	Contributions made to the plan for the plan year by employer(s) and employees:				
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	18(c)
19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:				
a	Contributions allocated toward unpaid minimum required contributions from prior years.....	19a			
b	Contributions made to avoid restrictions adjusted to valuation date.....	19b			
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c			
20	Quarterly contributions and liquidity shortfalls:				
a	Did the plan have a "funding shortfall" for the prior year?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....			<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:				
Liquidity shortfall as of end of quarter of this plan year					
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	-------------------------------	-------------------------------	-------------------------------	---

b Applicable month (enter code)	21b
--	------------

22 Weighted average retirement age	22	64
---	-----------	-----------

23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute
---	--	---	-------------------------------------

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
---	-----------	--

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
---	-----------	----------

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
---	-----------	--

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
---	-----------	----------

Part VIII Minimum Required Contribution For Current Year**31 Target normal cost and excess assets (see instructions):**

a Target normal cost (line 6c)	31a	64333811
---	------------	-----------------

b Excess assets, if applicable, but not greater than line 31a	31b	64333811
--	------------	-----------------

32 Amortization installments:	Outstanding Balance	Installment
--------------------------------------	----------------------------	--------------------

a Net shortfall amortization installment		
---	--	--

b Waiver amortization installment		
--	--	--

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
--	-----------	--

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	
--	-----------	--

	Carryover balance	Prefunding balance	Total balance
--	--------------------------	---------------------------	----------------------

35 Balances elected for use to offset funding requirement			
--	--	--	--

36 Additional cash requirement (line 34 minus line 35)	36	
---	-----------	--

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	
---	-----------	--

38 Present value of excess contributions for current year (see instructions)			
---	--	--	--

a Total (excess, if any, of line 37 over line 36)	38a	0
--	------------	----------

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
---	------------	--

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
---	-----------	----------

40 Unpaid minimum required contributions for all years	40	0
---	-----------	----------

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021	
--	--

**SCHEDULE C
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Service Provider Information**

OMB No. 1210-0110

2024**This Form is Open to Public
Inspection.**For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan EVERSOURCE PENSION PLAN	B Three-digit plan number (PN) ► 006
C Plan sponsor's name as shown on line 2a of Form 5500 EVERSOURCE ENERGY SERVICE COMPANY	D Employer Identification Number (EIN) 06-0810627

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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	1806897	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET BANK AND TRUST

04-1867445

(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	294568	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON CONSULTING INC.

22-2232264

(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	NONE	225956	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

JOHN HANCOCK

04-1414660

(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	NONE	115555	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIONDELLA, MILONE & LASARACINA LLP

06-1648707

(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	NONE	41250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AETNA LIFE INSURANCE COMPANY

06-6033492

(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?
49	NONE	46230	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SHEPPARD MULLIN RICHTER

95-1463164

(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	NONE	23184	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEPC, LLC

26-1429809

(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	NONE	443356	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHEAST UTILITIES SVC CO.

06-0810627

(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	PLAN SPONSOR	962912	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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?
65	NONE	490861	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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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

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan EVERSOURCE PENSION PLAN	B Three-digit plan number (PN) ► 006
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EVERSOURCE ENERGY SERVICE COMPANY	D Employer Identification Number (EIN) 06-0810627

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK ANNUITY	c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 826308
a Name of MTIA, CCT, PSA, or 103-12 IE: EVERSOURCE RETIREMENT PLN MSTR TRST	c EIN-PN 25-6365444-006	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5760390689
a Name of MTIA, CCT, PSA, or 103-12 IE:	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:	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:	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:	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:	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:	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)
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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.)

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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan

EVERSOURCE PENSION PLAN

B Three-digit

plan number (PN)

► **006**

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

EVERSOURCE ENERGY SERVICE COMPANY

D Employer Identification Number (EIN)

06-0810627

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(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)	864409
(11) Value of interest in master trust investment accounts	1c(11)	5873359408
(12) Value of interest in 103-12 investment entities	1c(12)	5760390689
(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)	1910383
(15) Other.....	1c(15)	1838776

	(a) Beginning of Year	(b) End of Year
1d Employer-related investments:		
(1) Employer securities.....	1d(1)	
(2) Employer real property.....	1d(2)	
e Buildings and other property used in plan operation	1e	
f Total assets (add all amounts in lines 1a through 1e).....	1f	5876134200
Liabilities		
g Benefit claims payable	1g	
h Operating payables	1h	
i Acquisition indebtedness.....	1i	
j Other liabilities.....	1j	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	
Net Assets		
l Net assets (subtract line 1k from line 1f).....	1l	5876134200
		5763055773

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income	(a) Amount	(b) Total
a Contributions:		
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	
(B) Participants	2a(1)(B)	1782
(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)	1782
b Earnings on investments:		
(1) Interest:		
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
(B) U.S. Government securities	2b(1)(B)	
(C) Corporate debt instruments	2b(1)(C)	
(D) Loans (other than to participants)	2b(1)(D)	
(E) Participant loans	2b(1)(E)	
(F) Other	2b(1)(F)	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	
(B) Common stock	2b(2)(B)	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	
(3) Rents	2b(3)	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
(B) Other	2b(5)(B)	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)	110853
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	230332766
(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	230445401
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	337233345
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	337233345
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	41250
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	225956
(8) Legal fees	2i(8)	23184
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	6000093
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	6290483
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	343523828
Net Income and Reconciliation		
k Net income (loss). Subtract line 2j from line 2d	2k	-113078427
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) 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) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **FIONDELLA, MILONE & LASARACINA LLP**

(2) EIN: **06-1648707**

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

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

Part IV Compliance Questions

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

During the plan year:

- 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.)
- 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.)......
- 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.)
- 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.)......
- e** Was this plan covered by a fidelity bond?
- f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
- 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?
- 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?
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)
- 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.).....
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?
- l** Has the plan failed to provide any benefit when due under the plan?.....
- m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....
- 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.

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

	Yes	No	Amount
4a		<input checked="" type="checkbox"/>	
4b		<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>	
4d		<input checked="" type="checkbox"/>	
4e	<input checked="" type="checkbox"/>		20000000
4f		<input checked="" type="checkbox"/>	
4g		<input checked="" type="checkbox"/>	
4h		<input checked="" type="checkbox"/>	
4i	<input checked="" type="checkbox"/>		
4j		<input checked="" type="checkbox"/>	
4k		<input checked="" type="checkbox"/>	
4l		<input checked="" type="checkbox"/>	
4m			
4n			

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 549832.

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan

EVERSOURCE PENSION PLAN

B Three-digit plan number (PN) ►

006

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

EVERSOURCE ENERGY SERVICE COMPANY

D Employer Identification Number (EIN)

06-0810627

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): **04-1867445**

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3

56

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?

Yes

No

N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)

6a **0**

b Enter the amount contributed by the employer to the plan for this plan year

6b **0**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....

6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?

Yes

No

N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?

Yes

No

N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....

Increase

Decrease

Both

No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?

Yes No

11 a Does the ESOP hold any preferred stock?

Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....

Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?

Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a	Name of contributing employer				
b	EIN				
c	Dollar amount contributed by employer				
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____				
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)				
(1)	Contribution rate (in dollars and cents) _____				
(2)	Base unit measure:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> Other (specify): _____
a	Name of contributing employer				
b	EIN				
c	Dollar amount contributed by employer				
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____				
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)				
(1)	Contribution rate (in dollars and cents) _____				
(2)	Base unit measure:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> Other (specify): _____
a	Name of contributing employer				
b	EIN				
c	Dollar amount contributed by employer				
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____				
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)				
(1)	Contribution rate (in dollars and cents) _____				
(2)	Base unit measure:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> Other (specify): _____
a	Name of contributing employer				
b	EIN				
c	Dollar amount contributed by employer				
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____				
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)				
(1)	Contribution rate (in dollars and cents) _____				
(2)	Base unit measure:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> Other (specify): _____
a	Name of contributing employer				
b	EIN				
c	Dollar amount contributed by employer				
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____				
e	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)				
(1)	Contribution rate (in dollars and cents) _____				
(2)	Base unit measure:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production	<input type="checkbox"/> Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

- a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: last contributing employer alternative reasonable approximation (see instructions for required attachment).....
- b** The plan year immediately preceding the current plan year. Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....
- c** The second preceding plan year. Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	
14b	
14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

- a** The corresponding number for the plan year immediately preceding the current plan year
- b** The corresponding number for the second preceding plan year

15a	
15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

- a** Enter the number of employers who withdrew during the preceding plan year
- b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a	
16b	0

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment



Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment



19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

- a** Enter the percentage of plan assets held as:
Public Equity: 14.0 % Private Equity: 51.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 13.0 %
High-Yield Debt: 0.0 % Real Assets: 5.0 % Cash or Cash Equivalents: 0.0 % Other: 17.0 %
- b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No
- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2024
Department of the Treasury Internal Revenue Service		This Form is Open to Public Inspection

Name of Plan	EVERSOURCE PENSION PLAN					
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	06-0810627	PN 006

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	EVERSOURCE PENSION PLAN					
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	06-0810627	PN
						006

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	EVERSOURCE PENSION PLAN					
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	06-0810627	PN

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Structured Attachment	Schedule SB, line 26b Schedule of Projection of Expected Benefit Payments	2024
Department of the Treasury Internal Revenue Service		This Form is Open to Public Inspection

Name of Plan	EVERSOURCE PENSION PLAN					
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	06-0810627	PN 006

Name of Plan	EVERSOURCE PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	06-0810627	PN	006

Financial Statements and Supplemental Schedule

Eversource Pension Plan

*Year Ended December 31, 2024
with Independent Auditor's Report*



EXPERIENCE THAT COUNTS
ASSURANCE · TAX · ADVISORY SERVICES

Eversource Pension Plan
Financial Statements and Supplemental Schedule
Year Ended December 31, 2024

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Independent Auditor's Report

To the Participants and Plan Administrator of the
Eversource Pension Plan

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

We have performed audits of the accompanying financial statements of the Eversource Pension 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Notes 5 and 6 to the financial statements, is complete and accurate.

Opinion

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

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



Independent Auditor's Report (continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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



Independent Auditor's Report (continued)

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

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

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

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

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

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



Independent Auditor's Report (continued)

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

Fiondella, Milone & LaSaracina LLP

October 7, 2025
Glastonbury, Connecticut



GLASTONBURY • STAMFORD • NEW HAVEN • AVON • ENFIELD

Eversource Pension Plan

Statements of Net Assets Available for Benefits
 (Thousands of Dollars)

	December 31,	
	2024	2023
Assets		
Investments, at Fair Value:		
Interest in Master Trust	\$ 5,528,599	\$ 5,628,462
Total Investments	<u>5,528,599</u>	<u>5,628,462</u>
Guaranteed Insurance Contracts	2,665	2,775
Net Assets Held in 401(h) Account	<u>231,792</u>	<u>244,899</u>
Total Assets	5,763,056	5,876,136
Liabilities		
Obligation of 401(h) Account	231,792	244,899
Net Assets Available for Benefits	<u>\$ 5,531,264</u>	<u>\$ 5,631,237</u>

See accompanying notes to financial statements.

Eversource Pension Plan

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

	Year Ended <u>December 31, 2024</u>
Additions	
Net Appreciation in the Fair Value of Interest in the Master Trust	\$ 243,437
Participant Contributions	2
Interest and Dividend Income on Guaranteed Insurance Contracts	111
Total Additions	243,550
Deductions	
Benefits Paid Directly to Participants	337,233
Administrative Expenses	6,290
Total Deductions	343,523
Decrease in Net Assets	(99,973)
Net Assets Available for Benefits, Beginning of Year	5,631,237
Net Assets Available for Benefits, End of Year	\$ 5,531,264

See accompanying notes to financial statements.

Eversource Pension Plan

Notes to Financial Statements

Year Ended December 31, 2024

1. Plan Description

The following is a brief description of the Eversource Pension Plan (the “Plan”), which is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined benefit plan that is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. The Plan was established to provide pension benefits for eligible retirees of Eversource Energy (“Eversource”) and participating companies under the Plan and incidental benefits for surviving spouses, other beneficiaries, and contingent annuitants of the Plan. The Plan is an employer funded defined benefit plan with certain participant contributory features. Eversource Energy Service Company (“Eversource Service” or, the “Company”), a wholly-owned subsidiary of Eversource, is the Plan sponsor, and participating companies in the Plan are, among others, The Connecticut Light and Power Company, NSTAR Electric Company, Public Service Company of New Hampshire, NSTAR Gas Company, Eversource Gas Company of Massachusetts and Yankee Gas Services Company, all of which are subsidiaries of Eversource (collectively, the “Employer”). Effective January 1, 2006, newly hired employees, and bargaining unit employees as subsequently negotiated, receive retirement benefits under the Eversource 401k Plan, rather than under the Eversource Pension Plan.

The Plan is administered by the Executive Vice President – Human Resources and Information Technology of Eversource (the “Administrator”), who determines eligibility in accordance with Plan documents and makes other interpretations under the Plan at her discretion in conjunction with the Eversource Plan Administration Committee. The Eversource Plan Administration Committee is responsible for Plan administrative matters and the Eversource Retirement Plan and Investment Committee is the named fiduciary with responsibility for all matters relating to the funding of the Plan and valuation and oversight of the investment of the Plan assets.

The assets of the Plan are held in the Eversource Retirement Plan Master Trust (Master Trust). The Master Trust also holds the assets of the Retirement Plan for Employees of Aquarion Company (Aquarion Pension Plan), which transferred to the Master Trust in 2023, and the ES Pension Offshore Portfolio Ltd. exempted investment company, which was incorporated in March 2024. See Note 5, “*Master Trust Account – Summarized Financial Information*” for further information regarding the ES Pension Offshore Portfolio Ltd exempted investment company. The Master Trust’s assets are held by the Plan’s trustee, The Bank of New York Mellon (the trustee). The trustee is responsible for the management and control of the Plan’s assets and, subject to various investment management agreements, has certain discretionary authority and control over such assets.

Contributions

Contributions represent amounts required to fund the Plan's current service cost on a current basis and to fund past service cost over future years on a straight-line basis. The Company currently plans to contribute such amounts as are necessary to provide the Plan with assets sufficient to meet the benefits to be paid to participants, based on the recommendation of the Plan's actuary. Contributions are expected to equal or exceed minimum amounts required to be funded under provisions of ERISA, as amended by the Pension Protection Act of 2006, and the Internal Revenue Code ("IRC"). Positive return (interest, dividends, and net realized and unrealized gains) on the investments of the Plan serves to reduce future contributions that would otherwise be required to provide for the defined level of benefits. The Company did not make any contributions applicable to the 2024 Plan year.

Cash Balance Pension Plan: In 2024, Eversource communicated to its employees participating in the Eversource 401k Plan's enhanced defined contribution feature (referred to as K-Vantage) that effective January 1, 2025, a Cash Balance Pension Plan is established, which replaces future employer non-elective K-Vantage contributions. Effective January 1, 2025, Eversource transferred non-represented and represented K-Vantage employees, as negotiated, into the Cash Balance Pension Plan (with the exception of one union group that voted to enter the Cash Balance Pension Plan effective January 1, 2026), and will provide participants with annual pay credits as of each December 31st as a set percentage of an employee's eligible pay, ranging from 3.5 percent to six percent, based on age and years of service on the employee's behalf and an annual interest credit on the prior year's account balance. The interest credit is based on the participant's cash balance account as of the preceding December 31 to the Plan year and is equal to the interest rate for 30-year U.S. Treasuries as published by the IRS for the month of September immediately preceding the first day of the Plan year, but as a minimum will not be less than 4 percent for any Plan year. This benefit is a new, additional obligation of the existing Plan and will be funded through the existing assets of the Plan.

For active eligible K-Vantage employees that were not vested in K-Vantage prior to migrating to the Eversource Cash Balance Pension Plan on January 1, 2025, their prior K-Vantage accrued service will subsequently carry forward to the Eversource Cash Balance Pension Plan, with vesting in both K-Vantage and in the Eversource Cash Balance Pension Plan occurring in the aggregate. Effective January 1, 2025, no additional K-Vantage contributions are made to the Eversource 401k Plan (with the exception of the same one union that will adopt the Eversource Cash Balance Pension Plan as a replacement for K-Vantage effective January 1, 2026).

Vesting

Depending on provisions of the Plan document, Pension Plan participants vest in accrued benefits after completing either three or five years of credited service with the Company.

Beginning January 1, 2025, participants in the Cash Balance Pension Plan will be fully vested in accrued benefits upon the completion of three years of credited service with the Company.

Retirement Benefits

Retirees are entitled to annual benefits based on the benefit formulas in accordance with provisions of Plan documents. Normal retirement age is 65, and in accordance with Plan provisions, eligible participants may retire prior to 65 if certain conditions are met. Depending on Plan provisions, some eligible participants may have the option to receive benefit payments in either the form of a lump-sum or variety of annuity options.

401(h) Account

The Plan includes a medical-benefit component, in addition to the normal retirement benefits, to fund a portion of the Plan's obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. A separate account is maintained by the Plan for the net assets related to the medical-benefit component ("401(h) account"). In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. Any assets transferred to the 401(h) account from the Plan in a qualified transfer of excess Plan assets (and any income allocable thereto) that are not used during the Plan year must be transferred out of the account to the Plan. The related obligations for health benefits are not included in this Plan's obligations in the table of accumulated plan benefits (see Note 4, "*Actuarial Present Value of Accumulated Plan Benefits*"), but are reflected as obligations in the financial statements of the Eversource Group Health and Welfare Retiree Benefit Plan. Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the Company. There were no contributions or transfers to the 401(h) account during 2024.

The following table presents the fair value of the Plan's investments in the 401(h) account as of December 31, 2024 and 2023:

(Thousands of Dollars)	2024	2023
Investments:		
Interest in Master Trust	\$ 231,683	\$ 244,786
Guaranteed Insurance Contracts	109	113
Total Investments	<u>\$ 231,792</u>	<u>\$ 244,899</u>

The following table presents the changes in net assets available for benefits in the 401(h) account for the year ended December 31, 2024:

(Thousands of Dollars)	2024
Net Appreciation in Fair Value of Interest in Master Trust	\$ 10,819
Claims Paid	(23,348)
Administrative Expenses, Net of Reimbursements	(578)
Net Decrease	<u>\$ (13,107)</u>

2. Summary of Significant Accounting Policies

Method of Accounting

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

Use of Estimates

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

Valuation of Investments and Income Recognition

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

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

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

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

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

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

The Plan's investment policy allows for the use of derivatives by investment managers of the Master Trust to hedge interest rate or currency risk, reduce transaction costs, enhance returns, and facilitate shifts in asset allocation. Swaps, futures, forwards and options are entered into as part of the Plan's investment strategy.

Swaps are valued using pricing models that incorporate interest rates and equity and fixed income index closing prices to determine a net present value of the cash flows. A swap transaction involves the exchange of cash flows between two counterparties. One party receives the total return of a specified index or instrument while the other party receives a fixed or floating interest rate. Swaps are marked-to-market daily based on changes in the underlying asset or index valuation or changes in interest rates, and any gains or losses are covered by cash or other collateral. The net difference between the two receipts is exchanged at a predetermined settlement date.

Futures contracts represent a commitment for the future purchase or sale of an asset or index at a specified price on a specified date and are marked-to-market based on the closing exchange prices and settled in cash daily.

Forward currency contracts are marked-to-market at the prevailing forward exchange rate of the underlying currencies.

An option contract provides the right, but not the obligation, to buy or sell specified amounts of a financial instrument, commodity, or currency at a contracted price during a specified period or on a specified date. Options that are listed on a national securities exchange are valued at their last reported price. Options traded in the OTC markets are valued using the midpoint between the last reported bid and ask prices.

These various derivative instruments are included in other investments in Note 5, “*Master Trust Account - Summarized Financial Information*.” The unrealized gain or loss on derivative instruments is recorded as unrealized appreciation (depreciation) in the Plan net assets.

The Plan's investment strategy includes a liability matching program, which seeks to reduce funded status volatility by more closely aligning the duration of assets with the duration of projected pension liabilities. The Plan utilizes US Treasury STRIPS, investment grade corporate bonds, treasury swaps and futures with the goal of matching the approximately 50 percent change in the Plan's liabilities for a given change in interest rates. The swaps and futures contracts used in the implementation of the liability matching strategy are accounted for as derivatives and reported at fair market value.

Contracts with insurance companies (immediate participation guarantee contracts) are carried at contract value, which represents contributions made under the contracts, plus interest at the contract rates, less benefit payments and administrative expenses charged by the carriers. The contract value of the unallocated contracts with insurance companies approximates fair value. These investments are not included in the Master Trust.

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

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

Administrative Expenses

Expenses incurred in the administration of the Plan are paid by the Plan, unless the Administrator or the funding fiduciary, whichever is appropriate, elects to have such expenses paid for by the Plan Sponsor. Administrative expenses in the Statement of Changes in Net Assets Available for Benefits include Pension Benefit Guaranty Corporation (“PBGC”) fees, trustee, legal, actuarial, and audit fees. Investment management fees paid by the Master Trust are included in net appreciation or depreciation in fair value of the Plan’s interest in the Master Trust in the Statement of Changes in Net Assets Available for Benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution. The Plan had no participant benefits payable as of both December 31, 2024 and 2023.

Termination Provisions

The Company may suspend, terminate or completely discontinue contributions under the Plan with respect to its participants, subject to the requirement that the Administrator shall comply with PBGC filing requirements for Plan terminations and with all other provisions of ERISA or the PBGC relating to Plan terminations. The Company currently has no intention of terminating the Plan.

Upon termination or partial termination of the Plan, the rights of all affected participants to their basic retirement amounts to the date of such termination become fully vested to the extent funded. In the event of such termination, affected participants have recourse towards satisfaction of basic retirement amounts from assets of the Plan or from the PBGC to the extent it guarantees Plan benefits.

In the event that the Plan is terminated or contributions permanently discontinued, the then present value of benefits vested in each participant would be determined as of the Plan termination date, and the assets of any fund then held by the trustee or insurance company as reserves for retirement benefits for participants under the Plan would be allocated, to the extent sufficient after providing for administrative expenses, to meet Plan obligations in the following order of precedence:

- a. Accrued benefits, which are derived from a participant's own contributions held under the Plan;
- b. Benefits of individuals, which were in pay status as of the beginning of the three-year period ending on the termination date of the Plan, based on the provisions of the Plan as in effect during the five-year period ending on such date under which such benefit would be the least;
- c. Benefits of individuals, which would have been in pay status as of the beginning of the three-year period ending on the termination date of the Plan if the participant had retired prior to the beginning of such three-year period and if payment of such benefit had commenced (in the normal form of annuity under the Plan) as of the beginning of such period, based on the provisions of the Plan as in effect during the five-year period ending on such date under which such benefit would be the least;
- d. All other benefits (if any) of individuals under the Plan guaranteed by the PBGC under Title IV of ERISA;
- e. All other vested benefits under the Plan; and
- f. all other accrued benefits under the Plan.

If the assets of the fund held by the trustee or insurance company as reserves for retirement income for participants of the Plan, as of the date of the Plan termination, are not sufficient to provide, in whole, the amounts required within the classes described above, such assets will be allocated pro-rata within the class in which the amounts first cannot be provided in full. Allocation in any of the above-listed categories would be adjusted for any allocation already made to the same participant under a prior category. Allocation of assets may be modified by the Internal Revenue Service (IRS) to meet nondiscrimination requirements. After all liabilities of the Plan have been satisfied, the Company would be entitled to any balance of the fund that remained.

3. Tax Status

The IRS previously determined and informed the Company, by a letter dated February 4, 2016, that the Plan was designed in accordance with applicable sections of the IRC. The Plan received an updated letter dated April 19, 2021 which stated that the Plan remained in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. No provision for income taxes has been included in the Plan's financial statements.

The Plan files Form 5500, *Annual Return/Report of Employee Benefit Plan*, which is subject to examination by the IRS until the applicable statute of limitation expires.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions for services rendered by employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. The accumulated plan benefits for active employees as of December 31, 2024 are based on average compensation during the applicable period ended December 31, 2024. Benefits payable under all circumstances, including retirement, death, and termination of employment, are included to the extent they are deemed attributable to the employee's service rendered through the valuation date.

The actuarial present value of accumulated plan benefits as of December 31, 2024 and 2023 was as follows:

(Thousands of Dollars)	2024	2023
Vested Benefits:		
Participants Currently Receiving Payments	\$ 2,641,367	\$ 2,597,632
Active Employees and Terminated Employees	954,087	967,743
Total Vested Benefits	3,595,454	3,565,375
Nonvested Benefits – Active Employees	32,264	33,293
Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 3,627,718</u>	<u>\$ 3,598,668</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2024 were as follows:

(Thousands of Dollars)	2024
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	\$ 3,598,668
Increase/(Decrease) During the Year Attributable to:	
Interest Cost	283,255
Actuarial (Gain)/Loss	44,547
Benefits Accumulated During the Year	39,091
Assumption Changes	(610)
Benefits Paid Directly to Participants	(337,233)
Net Increase	29,050
Actuarial Present Value of Accumulated Plan Benefits, End of Year	<u>\$ 3,627,718</u>

The actuarial present value of accumulated plan benefits is actuarially determined and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected dates of payment.

Significant actuarial assumptions used in these valuations as of December 31, 2024 and 2023 were as follows:

Life expectancy:	Based on the Pri-2012 Employee and Retiree Table and the Pri-2012 Contingent Survivor Table for beneficiaries in payment status, Projected with Scale MP-2021
Retirement:	Employees will retire at varying rates based on age and service as specified in the annual valuation.

	2024	2023
Discount Rate (Expected Rate of Return on Plan Assets)	8.25%	8.25%

Actuarial gains and losses represent the differences between actuarial assumptions and actual plan experience. The actuarial loss of \$44.5 million on the Plan's accumulated plan benefits related to items of plan experience, primarily reflecting updated census data relative to the actuarial assumption. The increase due to benefits accumulated during the year of \$39.1 million related to normal operation of the Plan for ongoing benefit accruals. The change in actuarial assumptions of \$0.6 million for the year ended December 31, 2024 related to a change in the applicable 417(e) assumptions and cash balance interest crediting rate assumption.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

5. Master Trust Account – Summarized Financial Information

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

The Plan's interest in the Master Trust is based upon the value as certified by the trustee. As of December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust, which excludes the 401(h) account, was 94 percent. The 401(h) account's interest in the net assets of the Master Trust was four percent and Aquarion Pension Plan's interest in the net assets of the Master Trust was two percent as of December 31, 2024 and 2023.

ES Pension Offshore Portfolio Ltd.: ES Pension Offshore Portfolio Ltd. (the SPV) is an exempted investment company (exempted from registration under the Investment Company Act by virtue of Section 3(c)(7) (among others)), which was incorporated on March 25, 2024 with limited liability under the laws of the Cayman Islands, and commenced operations on June 1, 2024. The SPV is wholly-owned by the Master Trust. The SPV is a special purpose vehicle that was formed to hold collateral assets of the Master Trust to support a \$400 million credit facility entered into by the SPV with Bank of America, N.A. The assets were transferred into the SPV from the Master Trust. The credit facility is a line of credit with the purpose of providing liquidity to the Master Trust, through the SPV, to support pension benefit payments of the Eversource and Aquarion Pension Plans, capital calls and liability hedging costs if necessary. The Master Trust's and the SPV's assets are held by the trustee and the trustee is responsible for the trust and custody of the Master Trust's assets, which include the SPV's assets. The assets of the SPV represent 15 percent of the net assets of the Master Trust as of December 31, 2024.

On July 26, 2024, the SPV entered into a \$400 million credit facility with Bank of America, N.A. The credit facility has a one-year term, with one-year extensions on a rolling basis. All borrowings under the line of credit are collateralized by a first security interest in the assets of the SPV. The interest terms associated with the credit facility are SOFR plus 1.50%. There is also a commitment fee of 0.40% per year on the undrawn amount. There were no borrowings on the credit facility as of December 31, 2024 or during the period June 1, 2024 (commencement of operations) through October 2, 2025, and as a result the Plan paid approximately \$0.6 million of the annual commitment fee, which is reflected in Administrative Expenses on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.

As of December 31, 2024 and 2023, the Master Trust's net assets (including those of the 401(h) account and the Aquarion Pension Plan, and excluding the activity of the guaranteed insurance contracts), and the amount of the Plan's interest in each asset consisted of the following at fair value:

	2024	
(Thousands of Dollars)	Master Trust Balances	Plan's Interest in Master Trust Balances
Corporate Stocks	\$ 22,092	\$ 20,670
Corporate Debt Instruments	5,120	4,790
United States Government Securities	333,524	312,056
Interest in Common/Collective Trusts	1,497,079	1,400,715
Interest in 103-12 Investment Entities	61,551	57,589
Interest in Registered Investment Companies	324,568	303,676
Interest in Partnership/Joint Ventures	3,435,978	3,214,812
Cash	506,672	474,058
Other Investments ⁽¹⁾	(278,575)	(260,644)
Accounts Receivable ⁽²⁾	55,564	51,988
Accounts Payable ⁽³⁾	(54,628)	(51,111)
Total	\$ 5,908,945	\$ 5,528,599

	2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances
(Thousands of Dollars)		
Corporate Stocks	\$ 24,886	\$ 23,273
Corporate Debt Instruments	252,821	236,441
United States Government Securities	359,694	336,390
Interest in Common/Collective Trusts	707,977	662,108
Interest in 103-12 Investment Entities	56,772	53,094
Interest in Registered Investment Companies	242,981	227,239
Interest in Partnership/Joint Ventures	4,024,966	3,764,192
Cash	391,498	366,133
Other Investments ⁽¹⁾	(76,151)	(71,217)
Accounts Receivable ⁽²⁾	78,593	73,501
Accounts Payable ⁽³⁾	(45,650)	(42,692)
Total	\$ 6,018,387	\$ 5,628,462

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

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

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

The following is a summary of the changes in the Master Trust's net assets, including those of the 401(h) account and the Aquarion Pension Plan and excluding the activity of the guaranteed insurance contracts, for the year ended December 31, 2024:

(Thousands of Dollars)	2024
Additions:	
Contributions	\$ 5,001
Net Appreciation in the Fair Value of Investments	275,805
Total Additions	280,806
Deductions:	
Benefit Payments	368,281
Administrative Expenses	21,967
Total Deductions	390,248
Decrease in Net Assets	(109,442)
Net Assets – Beginning of Year	6,018,387
Net Assets – End of Year	\$ 5,908,945

As of December 31, 2024 and 2023, the following activity of the Master Trust and the amounts allocated to the Plan were as follows:

(Thousands of Dollars)	2024	2023
Master Trust Accrued Interest Receivable	\$ 1,848	\$ 4,352
Accrued Interest Receivable Allocated to the Plan	1,729	4,073
Master Trust Unsettled Sales	51,815	52,223
Unsettled Sales Allocated to the Plan	48,479	48,839
Master Trust Unsettled Purchases	49,231	19,845
Unsettled Purchases Allocated to the Plan	46,062	18,559

Derivative instruments used by investment managers of the Master Trust during the year ended December 31, 2024 included swap agreements, options, index futures contracts and forward currency contracts.

Swap agreements are entered into to manage exposure to market risks and achieve certain investment objectives. Swaps are valued using pricing models that incorporate interest rates and equity and fixed income index closing prices to determine a net present value of the cash flows. Swaps are marked-to-market daily based on changes in the underlying asset or index valuation or changes in interest rates, and any gains or losses are covered by cash or other collateral. The net difference between the two receipts is exchanged at a predetermined settlement date. The mark-to-market related to swaps resulted in an unrealized loss of \$82.6 million and an unrealized gain of \$96.1 million, that was reported within Other Investments within the Master Trust as of December 31, 2024 and 2023, respectively. The notional associated with these swap agreements totaled \$1.78 billion and \$1.05 billion as of December 31, 2024 and 2023, respectively.

Under futures contracts, the Master Trust makes or takes delivery of a standardized quantity of a specified grade or type of commodity or financial instrument at a specified future date and at a specified price in accordance with terms specified by a regulated futures exchange. Upon entering into a futures contract, the Master Trust is required to deposit, either in cash or securities, an amount (initial margin) equal to a certain percentage of the nominal value of the contract. The Master Trust pays or receives cash depending on the daily fluctuation in the value of the underlying contracts. Futures contracts are settled on a daily basis, which results in the daily recording of gains and losses and minimal book value balances of futures contracts.

6. Information Certified by Plan Trustee (Unaudited)

The Administrator has obtained certification from The Bank of New York Mellon that the Master Trust information as of December 31, 2024 and 2023 and for the year ended December 31, 2024 (see Note 5, “*Master Trust Account – Summarized Financial Information*”) is complete and accurate. The Administrator has also obtained certification from The Bank of New York Mellon that the Plan’s investments and investment activity are complete and accurate, as follows:

(Thousands of Dollars)	As of December 31,	
	2024	2023
Investments:		
Interest in Master Trust	\$ 5,528,599	\$ 5,628,462
Net Assets Held in 401(h) Account	231,792	244,899
Guaranteed Insurance Contracts	2,665	2,775
(Thousands of Dollars)	For the Year Ended December 31, 2024	
Investment Gain:		
Net Appreciation, Fair Value of Interest in Master Trust	\$ 243,437	
Net Appreciation, Fair Value of Net Assets Held in 401(h) Account	10,241	
Interest and Dividend Income on Guaranteed Insurance Contracts	111	

7. Fair Value Measurements

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

Basis of Fair Value Measurements

- | | |
|---------|--|
| Level 1 | Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities as of the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis. |
| Level 2 | Inputs are quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-derived valuations in which all significant inputs are observable. |
| Level 3 | Quoted market prices are not available. Fair value is derived from valuation techniques in which one or more significant inputs or assumptions are unobservable. As of both December 31, 2024 and 2023, the Plan’s interest in the Master Trust did not include any assets categorized as Level 3. |

Uncategorized Investments measured at NAV use the practical expedient and are not categorized within the fair value hierarchy.

The following tables set forth, by level within the fair value hierarchy, the Master Trust's investment assets, including those of the 401(h) account, at fair value by major category as of December 31, 2024 and 2023. Investment assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Fair Value Measurements ⁽¹⁾ as of December 31, 2024					
(Thousands of Dollars)	Level 1	Level 2	Uncategorized	Total	
Equity Securities	\$ 331,316	\$ -	\$ 845,639	\$ 1,176,955	
Fixed Income	324,081	353,517	1,365,256	2,042,854	
Private Equity	-	-	1,769,492	1,769,492	
Real Assets	249,539	-	671,834	921,373	
Total	\$ 904,936	\$ 353,517	\$ 4,652,221	\$ 5,910,674	

Fair Value Measurements ⁽¹⁾ as of December 31, 2023					
(Thousands of Dollars)	Level 1	Level 2	Uncategorized	Total	
Equity Securities	\$ 371,396	\$ -	\$ 853,019	\$ 1,224,415	
Fixed Income	359,701	354,061	1,518,075	2,231,837	
Private Equity	-	-	1,684,826	1,684,826	
Real Assets	124,587	-	722,554	847,141	
Total	\$ 855,684	\$ 354,061	\$ 4,778,474	\$ 5,988,219	

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

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

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

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

Certain private equity, credit opportunity and real asset limited partnerships have long-term lock-up provisions (5 to 10 years) that are intended to allow for an orderly investment and dissolution of the partnership as the underlying investments are sold. The Plan has invested in a variety of hedge funds and limited partnerships that have elected to institute monthly, quarterly or annual restraints on redemptions as of December 31, 2024 and 2023.

The following tables are a summary of the Plan's uncategorized investments and related restrictions as of December 31, 2024 and 2023.

	December 31, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
(Thousands of Dollars)				
Equity Securities ⁽¹⁾	\$ 845,639	N/A	Daily to Annual	1-60 Days
Fixed Income ⁽²⁾	1,365,256	415,754	Daily to Quarterly	0-90 Days
Private Equity ⁽³⁾	1,769,492	313,186	N/A	N/A
Real Assets ⁽⁴⁾	671,834	283,929	Daily	0-5 Days

	December 31, 2023			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
(Thousands of Dollars)				
Equity Securities ⁽¹⁾	\$ 853,019	N/A	Daily to Annual	1-60 Days
Fixed Income ⁽²⁾	1,518,075	444,572	Daily to Quarterly	0-90 Days
Private Equity ⁽³⁾	1,684,826	306,491	N/A	N/A
Real Assets ⁽⁴⁾	722,554	274,189	Daily	0-5 Days

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

- (2) This category consists of funds valued at NAV that invest opportunistically in fixed income securities where pricing dislocations exist as the result of illiquidity in the markets or due to distressed sellers. These partnerships invest for terms of five to seven years on average and are generally illiquid. The fair value of these funds is determined using public market comparables or the use of pricing models where public comparables are not available. This category also includes hedge funds that are overlayed with US Treasury swaps.
- (3) This category includes several private equity partnerships that have equity ownership in underlying portfolio companies. These partnerships invest for terms of 10 years on average and are generally illiquid. The fair value of these funds has been determined using the NAV of the ownership interest in the funds, whose underlying investments are based on discounted cash flow methodologies and using comparable public market multiples.
- (4) This category consists of real asset partnerships that invest primarily in U.S. residential and commercial properties. These partnerships invest for terms of 10 years on average and are generally illiquid. The fair value of these funds has been determined using the NAV of the ownership of the partnerships, whose underlying investments are based on discounted cash flows and appraisals of underlying assets.

8. Exempt Party-in-Interest and Related Parties

Certain Plan investments are shares of common/collective trusts managed by the trustee; therefore, these transactions qualify as exempt party-in-interest transactions as defined in Section 3(14) of ERISA.

9. Risks and Uncertainties

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

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

10. Reconciliation of Financial Statements to Form 5500

The following table is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2024 and 2023 to the Form 5500:

(Thousands of Dollars)	As of December 31,	
	2024	2023
Net Assets Available for Benefits per Financial Statements	\$ 5,531,264	\$ 5,631,237
Net Assets Held in 401(h) Account Included as Assets in Form 5500	231,792	244,899
Net Assets Available for Benefits per Form 5500	\$ 5,763,056	\$ 5,876,136

The following table is a reconciliation of the net decrease in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2024:

(Thousands of Dollars)	2024
Net Decrease In Net Assets Available for Benefits per Financial Statements	\$ (99,973)
Add: Net Decrease in 401(h) Account	(13,107)
Net Decrease In Net Assets Available for Benefits per Form 5500	\$ (113,080)

Eversource Pension Plan
 EIN No. 06-0810627 Plan No. 001
 Schedule H, Line 4(i)
 Schedule of Assets (Held at End of Year)
 December 31, 2024
 (Thousands of Dollars)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
* John Hancock		Guaranteed Insurance Contract #4	\$ 826	\$ 826
* Aetna		Guaranteed Insurance Contract #2904	1,552	1,552
* John Hancock		Guaranteed Insurance Contract #162	112	112
* Mass Mutual		Guaranteed Insurance Contract WMECO Life Insurance	175	175
			<hr/> <hr/>	<hr/> <hr/>
			\$ 2,665	\$ 2,665

* Represents a party-in-interest

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

OMB No. 1210-0110

2024

This Form is Open to Public
Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
EVERSOURCE PENSION PLAN

B Three-digit
plan number (PN) ► 006

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

EVERSOURCE ENERGY SERVICE COMPANY

D Employer Identification Number (EIN)

06-0810627

E Type of plan: Single Multiple-A Multiple-B | F Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1	Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>		
2	Assets:					
a	Market value.....		<u>2a</u>	<u>5,631,235,116</u>		
b	Actuarial value.....		<u>2b</u>	<u>5,899,765,269</u>		
3	Funding target/participant count breakdown			(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment.....	<u>13,346</u>	<u>3,233,584,111</u>	<u>3,233,584,111</u>		
b	For terminated vested participants	<u>1,957</u>	<u>206,060,612</u>	<u>206,060,612</u>		
c	For active participants.....	<u>3,428</u>	<u>1,188,928,309</u>	<u>1,234,430,230</u>		
d	Total.....	<u>18,731</u>	<u>4,628,573,032</u>	<u>4,674,074,953</u>		
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>					
a	Funding target disregarding prescribed at-risk assumptions		<u>4a</u>			
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		<u>4b</u>			
5	Effective interest rate		<u>5</u>	<u>5.10 %</u>		
6	Target normal cost					
a	Present value of current plan year accruals		<u>6a</u>	<u>57,895,709</u>		
b	Expected plan-related expenses		<u>6b</u>	<u>6,438,102</u>		
c	Target normal cost		<u>6c</u>	<u>64,333,811</u>		

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Shane W Siefer	SWS	8-26-2025
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Signature of actuary

Date

2305990

SHANE W. SIEFER

Most recent enrollment number

Type or print name of actuary

617-482-3100

AON CONSULTING, INC.

Telephone number (including area code)

Firm name

MSC #17894

PO Box 7505

Fort Washington PA 19034

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2024

v. 240311

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	643,168,037
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	643,168,037
10	Interest on line 9 using prior year's actual return of 5 . 42 %	0	34,859,708
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5 . 22 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance.....		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	678,027,745

Part III **Funding Percentages**

14	Funding target attainment percentage.....	14	111.71 %
15	Adjusted funding target attainment percentage	15	126.22 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	111.95 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0
20. Quarterly contributions and liquidity shortfalls:		

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

Part V Assumptions Used to Determine Funding Target and Target Normal Cost					
21 Discount rate:					
a Segment rates:	1st segment: 4 . 75 %	2nd segment: 4 . 87 %	3rd segment: 5 . 59 %	<input type="checkbox"/> N/A, full yield curve used	
b Applicable month (enter code).....				21b	0
22 Weighted average retirement age				22	64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute		
Part VI Miscellaneous Items					
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information					
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27				
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years					
28 Unpaid minimum required contributions for all prior years	28	0			
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0			
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0			
Part VIII Minimum Required Contribution For Current Year					
31 Target normal cost and excess assets (see instructions):					
a Target normal cost (line 6c).....	31a	64 , 333 , 811			
b Excess assets, if applicable, but not greater than line 31a	31b	64 , 333 , 811			
32 Amortization installments:	Outstanding Balance		Installment		
a Net shortfall amortization installment	0		0		
b Waiver amortization installment	0		0		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33				
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0			
	Carryover balance	Prefunding balance	Total balance		
35 Balances elected for use to offset funding requirement	0	0	0		
36 Additional cash requirement (line 34 minus line 35).....	36	0			
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0			
38 Present value of excess contributions for current year (see instructions)					
a Total (excess, if any, of line 37 over line 36)	38a	0			
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0			
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0			
40 Unpaid minimum required contributions for all years	40	0			
Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)					
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021					

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Eversource Pension Plan
 EIN: 06-0810627 PN: 006

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	32,874,673	4,609,233	301,896,835	339,380,741
2025	40,230,334	6,042,702	293,784,174	340,057,210
2026	50,895,577	7,135,828	285,496,800	343,528,205
2027	60,616,108	9,022,534	276,743,935	346,382,577
2028	67,857,756	9,970,483	268,129,029	345,957,268
2029	74,055,984	11,090,041	259,355,051	344,501,076
2030	78,656,341	12,438,930	250,727,675	341,822,946
2031	82,453,184	13,650,518	241,989,103	338,092,805
2032	85,339,389	14,486,020	233,021,748	332,847,157
2033	87,567,471	14,303,547	223,971,086	325,842,104
2034	88,710,735	14,887,553	214,701,821	318,300,109
2035	89,673,042	14,908,846	205,387,003	309,968,891
2036	90,447,399	15,461,165	195,865,518	301,774,082
2037	90,790,352	15,309,603	186,144,861	292,244,816
2038	91,056,183	15,307,776	176,255,607	282,619,566
2039	90,729,106	15,727,155	166,220,169	272,676,430
2040	90,618,149	15,754,024	156,079,670	262,451,843
2041	89,841,313	15,946,949	145,896,833	251,685,095
2042	89,170,193	15,545,367	135,707,800	240,423,360
2043	88,223,702	15,691,209	125,576,204	229,491,115
2044	87,026,980	15,411,678	115,555,629	217,994,287
2045	85,169,808	15,007,225	105,705,349	205,882,382
2046	83,725,094	15,131,748	96,084,649	194,941,491
2047	81,689,874	15,190,581	86,752,036	183,632,491
2048	78,900,576	14,203,664	77,764,230	170,868,470
2049	75,916,269	13,817,736	69,175,457	158,909,462
2050	72,751,501	13,307,293	61,036,410	147,095,204
2051	69,428,811	12,700,800	53,392,499	135,522,110
2052	65,495,499	12,054,747	46,282,692	123,832,938
2053	62,005,221	11,241,916	39,737,813	112,984,950
2054	57,934,223	10,585,905	33,779,027	102,299,155
2055	53,771,264	9,812,895	28,416,741	92,000,900
2056	49,867,807	9,163,451	23,650,081	82,681,339
2057	45,949,274	8,396,419	19,466,901	73,812,594
2058	42,101,360	7,701,847	15,844,357	65,647,564

Schedule SB Attachment (Form 5500) –2024 Plan Year
Eversource Pension Plan
EIN: 06-0810627 PN: 006

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	38,377,087	6,970,209	12,750,263	58,097,559
2060	34,844,336	6,334,505	10,144,647	51,323,488
2061	31,503,263	5,708,424	7,981,782	45,193,469
2062	28,333,104	5,135,703	6,212,524	39,681,331
2063	25,386,358	4,605,161	4,786,367	34,777,886
2064	22,650,229	4,096,329	3,653,494	30,400,052
2065	20,126,851	3,636,604	2,766,523	26,529,978
2066	17,813,443	3,227,010	2,081,799	23,122,252
2067	15,703,320	2,854,662	1,560,326	20,118,308
2068	13,786,933	2,516,847	1,168,204	17,471,984
2069	12,052,880	2,210,572	876,711	15,140,163
2070	10,488,777	1,933,580	662,105	13,084,462
2071	9,082,163	1,684,002	505,206	11,271,371
2072	7,820,975	1,458,925	390,904	9,670,804
2073	6,693,944	1,256,416	307,569	8,257,929

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Eversource Pension Plan
 EIN: 06-0810627 PN: 006

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) x (c)
55	7.98%	94.46	5195.45
56	6.65%	83.29	4664.42
57	7.41%	98.10	5591.55
58	7.95%	112.16	6505.48
59	9.05%	132.31	7806.07
60	10.86%	161.27	9676.27
61	13.30%	197.36	12039.22
62	21.35%	309.18	19168.95
63	17.26%	217.02	13672.12
64	20.71%	239.61	15335.29
65	30.33%	307.07	19959.80
66	32.06%	250.40	16526.45
67	25.89%	151.29	10136.55
68	25.32%	117.61	7997.51
69	25.01%	91.26	6297.24
70	100.00%	284.10	19887.02
71	100.00%	19.00	1349.00
72	100.00%	8.00	576.00
73	100.00%	4.00	292.00
74	100.00%	4.00	296.00
75	100.00%	7.00	525.00
76	100.00%	3.00	228.00
77	100.00%	11.00	847.00
78	100.00%	2.00	156.00
79	100.00%	1.00	79.00
80	100.00%	1.00	80.00
81	100.00%	3.00	243.00
82	100.00%	0.00	0.00
83	100.00%	0.00	0.00
84	100.00%	0.00	0.00
85	100.00%	0.00	0.00
86	100.00%	0.00	0.00
87	100.00%	0.00	0.00
88	100.00%	0.00	0.00
89	100.00%	0.00	0.00
90	100.00%	0.00	0.00
91	100.00%	0.00	0.00
92	100.00%	0.00	0.00
93	100.00%	1.00	93.00
	Total	2910.51	185223.41
	Weighted Average		63.64

Schedule SB Attachment (Form 5500) —2024 Plan Year
Eversource Pension Plan
EIN: 06-0810627 PN: 006

Schedule SB, line 24 — Change in Actuarial Assumptions

The 2024 valuation reflects the following changes in non-prescribed assumptions:

- The annuity conversion basis was changed from the 417(e) mortality and interest rates for the 2023 plan year to the 417(e) mortality and interest rates for the 2024 Plan Year.
- A change in the cash balance interest crediting rate for Legacy Bay State participants from 4.00 percent to 4.47 percent for 2024; 4.66 percent for 2025+.
- A change in optional payment form elections and terminated vested participant commencement age to better reflect experience.

These changes were made to better reflect the anticipated plan experience. None of these assumption changes reduced the funding shortfall, as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Eversource Pension Plan
EIN: 06-0810627 PN: 006

Schedule SB, Part V — Summary of Plan Provisions
Plan Provisions
Legacy NU

Effective Date	Amended and restated January 1, 2015.
Membership	Effective January 1, 2011, all new employees participate in the K-Vantage defined contribution plan rather than the NUSCo Retirement Plan.
Eligibility	
Normal	Attainment of age 65.
Early	Attainment of age 55 and the completion of 10 years of service.
Deferred Vested	Completion of 5 years of service.
Disability	Receiving Long-Term Disability benefits.
Preretirement Death	Completion of 5 years of service.
Postretirement Death	After retirement from active or disabled status.
Postponed	Retirement after attainment of age 65.
Retirement Benefits	
Normal	The annual benefit is equal to (1)+(2)+(3) below: (1) 1.25% of Final Average Earnings up to Covered Compensation plus 1.50% of the excess of Final Average Earnings over Covered Compensation, times Credited Service up to 25 years. (2) 1.35% of Final Average Earnings up to Covered Compensation plus 1.50% of the excess of Final Average Earnings over Covered Compensation, times Credited Service between 25 and 35 years. (3) 1.35% of Final Average Earnings times Credited Service in excess of 35 years.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Eversource Pension Plan
EIN: 06-0810627 PN: 006

Legacy NUSCo Retirement Plan

Early

A benefit computed in the same manner as a normal retirement benefit based on final average compensation and Credited Service at the time of termination. This benefit will be paid without reduction if deferred to age 65 or reduced in accordance with the following table:

Age at Commencement	Years of Service At Termination	
	Less Than 30	30 or More
63	0.96	1.00
64	0.98	1.00
62	0.94	1.00
61	0.92	1.00
60	0.90	1.00
59	0.87	0.87
58	0.84	0.84
57	0.81	0.81
56	0.78	0.78
55	0.75	0.75

For employees who are age 55 or older at retirement and whose age plus credited service equals 85 or more (i.e., 85 points), no reduction will be applied.

Deferred Vested

A benefit computed in the same manner as a normal retirement benefit based on Final Average Earnings and Credited Service at the time of termination. This benefit will be paid without reduction at age 65 or in an actuarially reduced amount as early as age 55.

Disability

The normal retirement benefit described above calculated using Final Average Earnings at date of disability and Credited Service at age 65.

Preretirement Death

50% of the annual benefit at date of death, reduced for the 50% joint and survivor form.

After age 45 with 20 years of Credited Service, or age 55 with 10 years of Credited Service, benefits are payable immediately and are unreduced if the participant had 20 years of Credited Service. Otherwise, payouts begin at the time the participant would have been eligible for early retirement.

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Postretirement Death	One-third of the benefit prior to adjustment for optional forms.
Postponed	A benefit computed in the same manner as a normal retirement benefit.
Life Insurance Conversion Option	Participants may elect to convert postretirement life insurance in excess of \$5,000 but not exceeding \$35,000 to an actuarially equivalent additional pension benefit.
Maximum Benefit	Benefits may not exceed the maximum limitation defined by the Internal Revenue Code.
Forms of Payment	Benefits will be paid in the form of a life annuity (for single participants) or a 33-1/3% contingent annuitant option (for married participants) unless an actuarially equivalent option is elected. Optional forms include 100%, 75%, 66-2/3%, 50% contingent annuitant options, ten-year certain and life, life annuity or level income annuities.
Definitions	
Credited Service	Years and completed months of all service. For certain participants, the New Hampshire Yankee Division of PSNH, additional service credit may be given for periods with a Named Associated Utility.
Compensation	Actual regular earnings plus incentive pay (beginning in 1996, and excluding EIP payments), shift differential, Sunday premium pay, on-call pay and overtime earnings (computed at straight time rates). Compensation for any year may not exceed the limitation defined in the Internal Revenue Code.
Final Average Earnings	Average of compensation for the highest consecutive 60 months.
Covered Compensation	The average of the Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the employee attains Social Security Normal Retirement Age.

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Legacy NSTAR Pension Plan — PEP Formula

Eligibility	<p>Full time employees or part time employees scheduled to work 20 or more hours per week become covered by the plan on the January 1 or July 1 following the earlier of:</p> <p>(1) Attainment of age 21 with one year of Eligibility Service, (2) Attainment of age 35.</p> <p>Represented employees are eligible if hired on or after: Local 369 — May 15, 2005 Local 12004 — March 31, 2006</p> <p>Eligible employees participating in the Boston Edison Retirement Plan as of December 31, 1999 become participants of the plan on January 1, 2000.</p> <p>Eligible employees participating in the Pension Plan for Employees of Commonwealth Energy System and Subsidiary Companies as of December 31, 1999 become participants of the plan on January 1, 2000.</p> <p>The Plan was closed to employees hired on or after the following dates:</p> <p>Management — October 1, 2012 Local 369 — November 1, 2013 Local 12004 — April 1, 2013</p> <p>All new active employees participate in the K-Vantage defined contribution plan</p>
Service	
Eligibility Service	One year is earned for the 12-month period beginning with date of hire or any calendar year of employment during which 1,000 hours of service are performed.
Vesting Service	One year of Benefit Service is earned for any calendar year during which the employee is scheduled to work at least 2,080 hours. Partial years of Benefit Service are earned by dividing the number of hours scheduled by 2,080.
	A year of Vesting Service is earned for any calendar year during which the employee completes at least 1,000 hours of service.

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Final Average Pay

Highest 3 years average pay of last 10 years, based on July 1 rate plus lump sum merit increases and incentive bonuses during preceding 12 months.

Benefit Formula

Single sum amount equal to Final Average Pay multiplied by the sum of (a) and (b) below is converted to an annuity payable at normal retirement age. Pension credits shall not exceed 525% for participants who were eligible employees on August 17, 1999 and 325% for all others.

Pension Credits after January 1, 2000

For participants who were eligible employees on August 17, 1999

Age on January 1	Annual Credit for Working years 2000, through 2004	Annual Credit for years 2005 through 2014	Annual Credit for years 2015 through 2019	Annual Credit for years 2020 and later
<25	6%	5%	5%	5%
25 – 29	6%	6%	6%	6%
30 – 34	7%	7%	7%	7%
35 – 39	8%	8%	8%	8%
40	11%	11%	9%	8%
41	12%	11%	9%	8%
42	14%	11%	9%	8%
43	16%	11%	9%	8%
44	18%	11%	9%	8%
45 – 49	20%	14%	11%	11%
50 – 54	22%	18%	13%	13%

In addition, former Commonwealth Energy Plan participants with age plus service greater than 65 on December 31, 1999 are credited with an additional annual credit of 10% for each year of service from January 1, 2000 through December 31, 2004.

For participants who were not eligible employees on August 17, 1999:

Age on January 1	Annual Credit
<25	5%
25 – 29	6%
30 – 34	7%
35 – 44	8%
45 – 49	11%
50 – 54	13%
55+	15%

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Former Boston Edison Plan Participants

Based on present value of prior plan employer-provided accrued benefit as of December 31, 1999. Early retirement subsidies based on unreduced annuities after age 60, and 6% per year annual reduction in annuities from age 60 to 55, are included in the value. Pension credits are equal to present value divided by Final Average Pay at December 31, 1999. If greater, pension credits at December 31, 1999 are based on schedule applicable to participants who were not eligible employees on August 17, 1999 as if in effect for prior Benefit Service.

Former Commonwealth Energy Plan Participants:

Based on present value of prior plan accrued benefit as of December 31, 1999, including additional temporary annuity benefits earned under the Rule of 75 provisions for Employees satisfying the rule as of December 31, 1999. Early retirement subsidies equal to unreduced annuities after age 60, and 6% per year annual reduction in annuities from age 60 to 55, are included in the value. Pension credits are equal to present value divided by Final Average Pay at December 31, 1999. If greater, pension credits at December 31, 1999 are based on the schedule applicable to participants who were not eligible employees on August 17, 1999 as if in effect for prior Benefit Service.

Present Value Calculation Assumptions

Interest: 6%

Mortality: The blended 1994 Group Annuity Reserving Table, weighted 50% for males and 50% for females

Single Sum to Annuity Conversion Assumptions

Based on factors defined in plan document Appendix J (for non-transition members) and Appendix K (for transition members)

Minimum Benefit

In no event will a participant receive an annuity less than the accrued benefit as of December 31, 1999, including early retirement subsidies and optional forms available under prior plan provisions had those provisions remained in effect. This includes:

- (1) A 6% per year early retirement reduction from age 60 and no early retirement reduction upon

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	completion of 40 years of Vesting Service for former Boston Edison Plan participants,
	(2) No benefit offset prior to age 62 for former Commonwealth Energy Plan participants.
	The minimum single sum payment is subject to Internal Revenue Code Section 417(e) actuarial assumptions and methodology.
Contribution Benefit	In addition to the benefits described above, participants are also eligible for a contributory benefit upon retirement equal to the greater of:
	(1) 1/3 of employee contributions without interest (reduced for early commencement),
	(2) Employee contributions with interest converted to an annuity based on the Plan's definition of actuarial equivalence.
Supplemental Benefit for Eligible Employees	Additional benefits are payable from the NSTAR Pension Plan for selected individuals as listed in Appendix I of the Plan Document.
Normal Retirement Benefit	
Eligibility	Attainment of age 65.
Benefit	Single sum amount at termination of employment based on Pension Credits and Final Average Pay is converted to an annuity at Normal Retirement.
Form of Payment	Benefit is normally payable as a life annuity for single participants, or an actuarially reduced 50% joint and survivor annuity for married participants. Other optional forms, including a lump sum payment equal to the single sum amount, are available.
Single Sum to Annuity Conversion Assumptions	Interest: 5% Mortality: The blended 1994 Group Annuity Reserving Table, weighted 50% for males and 50% for females
Early Retirement Benefits	
Eligibility	Attainment of age 55 with 5 years of Vesting Service.
	Former Boston Edison Plan participants may retire early upon satisfying any of the following requirements:
	(1) Age 62 for employees hired before May 15, 1986. Age 62 with 10 years of Benefit Service for employees hired on or after May 15, 1986,

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- (2) Age 55 with 20 years of Benefit Service,
- (3) Sum of attained age and completed years of Benefit Service at least 85,
- (4) Age 45 with 20 years of Benefit Service and either resigning for cause or being discharged for reasons not the fault of participant.

Former Commonwealth Energy Plan participants may retire early upon completion of 20 years of Benefit Service and attainment of age 55.

Benefit	Single sum amount at termination of employment is converted to an annuity at Normal Retirement Age which is reduced for payment at early retirement age.
Form of Payment	Benefit is normally payable as a life annuity for single participants, or an actuarially reduced 50% joint and survivor annuity for married participants. For participants who were eligible employees on August 17, 1999, annuity conversion factors include an early retirement subsidy based on a 3% per year reduction in the annuity from age 65 to the payment age. Other optional forms, including a lump sum payment, are available.
Late Retirement Benefits	
Eligibility	Continued employment past Normal Retirement Age.
Benefit	Single sum amount at Late Retirement converted to an immediate annuity, but not less than the annuity equivalent of the single sum amount at Normal Retirement increased with 5% annual interest credited to late retirement date.
Form of Payment	Same as for Normal Retirement.
Termination of Employment Benefits	
Eligibility	The completion of at least 3 years of Vesting Service. Involuntary terminations as a result of the merger of BEC Energy and Commonwealth Energy System are 100% vested at termination, regardless of Vesting Service earned.
Benefit	Single sum amount at termination of employment converted to an annuity at Normal Retirement Date.
Form of Payment	Same as for Normal Retirement.

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Death Benefits

Eligibility	The completion of at least 3 years of Vesting Service.
Benefit	Single sum amount at date of death.
Form of Payment	Benefit is payable as a single sum or a five-year certain payout for unmarried participants or as an actuarially equivalent life annuity to the spouse for married participants. Minimum for Former Boston Edison Plan Participants: Accrued benefit as of December 31, 1999 is normally payable as if the participant elected the 50% joint and survivor annuity option.
	Minimum for Former Commonwealth Energy Plan Participants: Accrued benefit as of December 31, 1999 is normally payable as if the participant elected the 50% joint and survivor annuity option. If a participant satisfies the Rule of 75 at date of death, the 50% joint and survivor annuity is unreduced for married participants and is payable as a five-year certain benefit for single participants.

Disability Benefits

Eligibility	Eligibility for LTD plan benefits from a participating unit.
Benefit	Single sum amount is based on Final Average Pay and Benefit Service continuing until the earliest of Normal Retirement, date of retirement, date of recovery, and date of death.
Form of Payment	Same as Normal Retirement

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Prior Plan Benefits for Boston Edison Plan Participants

- | | |
|-----------------|--|
| Accrued Benefit | The monthly benefit is equal to one-twelfth of (1) plus (2) below:

(1) Contributory benefit: 1/3 of the sum of all contributions made by the member which have not been withdrawn

(2) Noncontributory benefit: (a) plus (b) plus (c) less (d)

(a) 2% of Final Average Pay times years of Benefit Service up to 25 years,

(b) 2.5% of Final Average Pay times years of Benefit Service in excess of 25 years, up to 30 years,

(c) 0.5% of Final Average Pay times years of Benefit Service in excess of 30 years,

(d) 1 2/3% of Social Security benefit times years of Benefit Service up to 30 years, subject to maximum offset per Revenue Ruling 71-446. |
|-----------------|--|

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Prior Plan Benefits for Commonwealth Energy Plan Participants

Accrued Benefit	The monthly benefit is equal to one-twelfth of (1) less (2) below, but not less than (3) or (4) below: (1) 1-5/6% of average annual compensation, multiplied by years of service to a maximum of 30 years, plus 1% of average annual compensation, multiplied by years of service in excess of 30 years, to a maximum of 5 years. (2) .30% of the lesser of average annual compensation, and covered compensation, multiplied by years of service to a maximum of 35 years (3) 1.4% of average annual compensation, multiplied by years of service to a maximum of 30 years, plus 1% of average annual compensation, multiplied by years of service in excess of 30 years, to a maximum of 5 years. (4) \$300, multiplied by years of service to a maximum of 40 years.
Covered Compensation	In any year, the average of the Social Security taxable wage base amounts for the preceding 35 years ending with the year of Social Security retirement age.

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Legacy NSTAR Pension Plan — Local 369

Eligibility	Represented employees hired before May 15, 2005 become covered by the plan on the earlier of: (1) The January 1 or July 1 following attainment of age 21 with one year of Eligibility Service, or (2) The January 1 following the earlier of attainment of age 35 and four years of Eligibility Service.
	Employees participating in the plan as of December 31, 1999 remain participants of this plan on January 1, 2000.
	Former Commonwealth Energy Locals 333, 338 and 339 and Boston Edison Local 387 consolidated into Local 369 effective January 1, 2001. Former Commonwealth Energy Local 392 consolidated into Local 369 effective October 1, 2000. Locals 387 and 392 are eligible for Local 369 benefits as of January 1, 2001 and October 1, 2000, respectively. Locals 333, 338 and 339 are eligible for Local 369 plan benefits as of January 1, 2005. New hires are not eligible for this benefit.
Service	
Eligibility Service	The 12-month period beginning with date of hire or any calendar year of employment during which 1,000 Hours of Service are performed.
Benefit Service	Elapsed time based on years and completed months. <i>Former Commonwealth Energy Locals Participants:</i> With respect to the accrued benefit as of September 30, 2000 for Local 392 and December 31, 2004 for Locals 333, 338, and 339, a year of Benefit Service is granted for any calendar year during which the participant completes 1,000 hours of service.
Vesting Service	A year of Vesting Service is credited for any calendar year during which the participant completes at least 1,000 Hours of Service.
Final Average Pay	Highest consecutive 36 months average base pay of last 10 years.
Benefit Formula	The monthly benefit is equal to one-twelfth of (1) plus (2) below: (1) Contributory benefit: Greater of 1/3 of employee contributions without interest (reduced for early commencement) or employee contributions with

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interest converted to an annuity based on the Plan's definition of actuarial equivalence,

- (2) Noncontributory benefit: (a) plus (b) plus (c)
 - (a) 1.4% of Final Average Pay times years of Benefit Service up to 15 years,
 - (b) 1.86% of Final Average Pay times years of Benefit Service in excess of 15 years, up to 30 years,
 - (c) 0.65% of Final Average Pay times years of Benefit Service in excess of 30 years.

For Local 369 or 387 employees as of December 31, 2000, a minimum monthly noncontributory benefit based on pay and service through May 1, 1990 is equal to one-twelfth of the greatest of (1), (2), and (3) below:

- (1) 60% of Final Average Pay (excluding overtime) less 50% of the primary Social Security benefit, both reduced by .2083% for each month that Benefit Service is less than 30 years,
- (2) The accrued benefit under the Career Average Pay formula as of May 15, 1986,
- (3) \$1,200 for participants with at least 10 years of Vesting Service at Normal Retirement.

For Local 387 employees as of December 31, 2000, a minimum benefit based on pay and service through December 31, 2000 is equal to one twelfth of (1) plus (2) below:

- (1) Contributory benefit: 1/3 of the sum of all contributions made by the member which have not been withdrawn
- (2) Noncontributory benefit: (A) plus (B) plus (C)
 - (3) 1.44% of Final Average Pay times years of Benefit Service up to 15 years,
 - (4) 1.92% of Final Average Pay times years of Benefit Service in excess of 15 years, up to 30 years,
 - (5) 0.85% of Final Average Pay times years of Benefit Service in excess of 30 years.

For Local 392 employees as of September 30, 2000, a minimum benefit based on pay and service through

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September 30, 2000 is equal to one-twelfth of (1) plus (2) less (3) below, but not less than (4) or (5):

- (1) 1-5/6% of Final Average Annual Compensation times years of Benefit Service up to 30 years,
- (2) 1% of Average Annual Compensation times years of Benefit Service in excess of 30 years, up to 35 years,
- (3) 0.60% of the lesser of Average Annual Compensation and Covered Compensation times years of Benefit Service to a maximum of 35 years. The 0.60% factor is replaced by 0.55% for those born during 1938 through 1954 and by 0.50% for those born during and after 1955,
- (4) 1.4% of Average Annual Compensation, multiplied by years of Benefit Service up to 30 years, plus 1% of Average Annual Compensation multiplied by years of Benefit Service in excess of 30 years, up to 35 years,
- (5) \$300 multiplied by years of Benefit Service to a maximum of 40 years.

Normal Retirement Benefits

Eligibility	Attainment of age 65.
Benefit	Accrued benefit at Normal Retirement.
Form of Payment	Accrued benefit is normally payable as a life annuity for single participants, or an actuarially reduced 50% joint and survivor annuity for married participants. A minimum payout on death is applicable to employee contributions with interest. Employees who were Local 387 employees hired before May 15, 1994 and Local 369 employees prior to the consolidations are eligible for lump sum payments with respect to accrued benefits under the Local 369 or 387 formulas as applicable, as of December 31, 2000. Employees who were Local 369 employees on May 15, 2000 who become eligible for an unreduced pension prior to May 15, 2006 retain the right to a lump sum benefit.

Early Retirement Benefits

Eligibility	The earliest of (1), (2), (3), and (4).
	(1) Age 62 for employees hired before May 15, 1986. Age 62 with 10 years of Benefit Service for employees hired on or after May 15, 1986,
	(2) Age 55 with 20 years of Benefit Service,

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- (3) Sum of attained age and completed years of Benefit Service at least 85,
- (4) Age 45 with 20 years of Benefit Service and either resigning for cause or being discharged for reasons not the fault of participant.

Employees of Local 392 as of September 30, 2000 may retire at age 55 or later with the sum of age and years of Vesting Service of at least 75.

Benefit	Accrued benefit at Early Retirement reduced for early commencement. \$100 minimum monthly benefit does not apply for Early Retirement.
Early Retirement Reduction	Benefits are reduced for early commencement based upon the factors below. However, the factor equals 1.000 regardless of age after completing 40 years of Vesting Service or at age 57 with 35 years of Vesting Service.

Full Years Prior to NRD	Early Retirement Factor
1 to 5	1.000
6	.925
7	.850
8	.775
9	.700
10	.625
11	.457
12	.430
13	.404
14	.382
15	.360
16	.340
17	.321
18	.304
19	.288
20	.272

Employees of Local 392 can receive the accrued benefit as of September 30, 2000, unreduced for early commencement, if age 55 with age plus Vesting Service at retirement equal to or exceeding 75.

Employees of Local 387 as of December 31, 2000 may receive their benefit earned through December 31, 2000, reduced 6% per year from age 60 to age 55.

Form of Payment

Same as for Normal Retirement.

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Temporary Supplement for Early Retirement	Monthly amount payable as a temporary life annuity until age 62 to retirees ages 57 through 61 with 35 or more years of service equal to \$10 times years of Benefit Service. Employees of Local 387 as of December 31, 2000 with at least 33 years of Benefit Service may receive a temporary life annuity to the later of age 62 and eligibility for 80% Social Security benefit equal to \$11 times years of Benefit Service.
	Employees of Local 392 may receive a temporary 50% joint and survivor annuity supplement equal to the amount defined in item (3) of the Benefit Formula section of the Local 12006 plan provisions. This benefit is available only if the employee has elected to receive benefits earned under the Local 392 formula.
Late Retirement Benefits	
Eligibility	A participant may continue to work beyond Normal Retirement Age.
Benefit	Accrued benefit at Late Retirement.
Form of Payment	Same as for Normal Retirement.
Termination of Employment Benefits	
Eligibility	The completion of at least 5 years of Vesting Service.
Benefit	Accrued benefit at termination, without regard to \$100 monthly minimum benefit. The noncontributory monthly benefit is subject to a minimum of \$3 multiplied by Benefit Service, not to exceed 33-1/3 years.
Form of Payment	Same as for Normal Retirement
Pre-Retirement Spouse Benefits	
Eligibility	Married twelve months and either age 55 or the completion of at least 10 years of Benefit Service.
Benefit	50% of the participant's noncontributory and contributory benefit based on the Normal Retirement benefit formula and Final Average Pay and years of Benefit Service as of the date of death.
Form of Payment	Benefit is normally payable as a life annuity to the spouse.
Pre-Retirement Death Benefits	
Eligibility	Married twelve months with 5 years of Vesting Service and not eligible for pre-retirement spouse benefits. If not eligible for married death benefit, a minimum benefit of

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Benefit	return of employee contributions with interest is payable to a beneficiary.
Form of Payment	50% of 50% joint and survivor annuity based on accrued benefit determined based on Final Average Pay and years of Benefit Service at the date of death.
Employee Contributions	Benefit is normally payable as a life annuity to the spouse.
Fossil Divestiture	Each member who was contributing to the Plan of May 1, 1980 and continued to contribute an annual amount equal to 3.75% of base pay in excess of \$6,600 became eligible for an annual contributory benefit equal to 1/3 of total contributions.
Nuclear Divestiture	For transferred participants and designated support participants, years of Benefit Service are frozen at date of transfer but pay for pension calculation purposes continues until the earliest of termination of employment, death, or May 15, 2000.
	Participants affected by the sale became 100% vested as of the closing date.

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Legacy NSTAR Pension Plan – Local 12004

Eligibility	Age 21 and completion of one year of service and hired before March 31, 2006.
	Former Commonwealth Energy Locals 333, 338, and 339 are eligible for benefits in this section through December 31, 2004.
	New hires are not eligible for this benefit.
Service	
Eligibility Service	The 12-month period beginning with date of hire or any calendar year of employment during which 1,000 hours of service are performed.
Benefit Service	A year of Benefit Service is granted for any calendar year during which the participant completes 1,000 hours of service.
Vesting Service	A year of Vesting Service is granted for any calendar year during which the participant completes at least 1,000 hours of service.
Benefit Formula	<p>The monthly benefit is equal to one-twelfth of (1) plus (2) less (3) below, but not less than (4) or (5) below:</p> <p class="list-item-l1">(1) 1-5/6% of Final Average Annual Compensation times years of Benefit Service up to 30 years,</p> <p class="list-item-l1">(2) 1% of Average Annual Compensation times years of Benefit Service in excess of 30 years, up to 35 years,</p> <p class="list-item-l1">(3) 0.60% of the lesser of Average Annual Compensation and Covered Compensation times years of Benefit Service to a maximum of 35 years. The 0.60% factor is replaced by 0.55% for those born during 1938 through 1954 and by 0.50% for those born during and after 1955. The 0.60% factor is replaced by 0.30% for all participants who are members of Local 12004.</p> <p class="list-item-l1">(4) 1.4% of Average Annual Compensation, multiplied by years of Benefit Service up to 30 years, plus 1% of Average Annual Compensation multiplied by years of Benefit Service in excess of 30 years, up to 35 years,</p> <p class="list-item-l1">(5) \$300 multiplied by years of Benefit Service to a maximum of 40 years.</p>

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Normal Retirement Benefits

Eligibility	Age 65 or later, the 5th anniversary of the date of plan participation
Benefit	Accrued benefit at Normal Retirement
Form of Payment	Accrued benefit is normally payable as a life annuity for single participants or an actuarially reduced 50% joint and survivor annuity for married participants. The 50% joint and survivor annuity for married participants. The 50% joint and survivor annuity is unreduced for a married participant if the sum of the participant's age and years of service is 75 or greater.

Early Retirement Benefits

Eligibility	Age 55 or later with the sum of age and years of Vesting Services at least 75.
Benefit	Accrued benefit at Early Retirement. The benefit is not reduced for early commencement. Benefit offset does not apply prior to age 62.
Form of Payment	Same as for Normal Retirement.

Late Retirement Benefits

Eligibility	A participant may continue to work beyond Normal Retirement Age.
Benefit	Accrued benefit at Late Retirement but not less than pension payable at age 65.
Form of Payment	Same as for Normal Retirement.

Termination of Employment Benefits

Eligibility	5 years of Vesting Service
Benefit	Accrued benefit at termination. Benefit is reduced on an actuarial equivalence basis for payment at or after age 55 but before Normal Retirement.
Form of Payment	Same as for Normal Retirement

Regular Pre-Retirement Death Benefits

Eligibility	5 years of Vesting Service.
Benefit	50% of accrued benefit reduced as applicable for early payment and 50% joint and survivor annuity.
Form of Payment	Benefit is normally payable as a life annuity to the Spouse. Other optional forms are available, including lump sum payments.

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Special Pre-Retirement Death Benefits

Eligibility	Age 55 and the completion of at least 10 years of Vesting Service.
Benefit	50% of accrued benefit unreduced for early payment but reduced for 50% joint and survivor annuity for married participants. A five-year certain benefit is payable for single participants.

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Bay State Union Pension Plan

Effective Date	January 1, 1981, restated effective January 1, 2013.
Eligibility for Participation	Springfield Clerical/Technical and Northampton employees hired on or after January 1, 2011 and Brockton Physical and Lawrence employees hired on or after January 1, 2013 are not eligible for pensions. All other bargaining unit employees of Bay State Gas Company except for Brockton Clerical/Technical are eligible. Eligible employees participate on their date of hire.
Benefit Formula Eligibility Brockton Physical and Lawrence Participants	Employees hired prior to January 1, 2008 received the final average pay benefit. Employees hired between January 1, 2008 and January 1, 2013 receive the account balance II benefit. Effective January 1, 2013, all participants were moved to the account balance II benefit. Employees hired after January 1, 2013 do not participate in the plan.
Springfield Clerical/ Technical Participants	Employees hired prior to January 1, 2011 received the final average pay benefit. Effective January 1, 2013, all participants were moved to the account balance II benefit. Employees hired after January 1, 2011 do not participate in the plan.
Northampton Participants	Employees hired prior to January 1, 2011 received the final average pay benefit. Effective April 1, 2015, all participants were moved to the account balance II benefit. Employees hired after January 1, 2011 do not participate in the plan.
Springfield Operating Participants	Employees hired prior to January 1, 2014 received the final average pay benefit. Effective January 1, 2014, all participants were moved to the account balance II benefit. Employees hired after January 1, 2014 do not participate in the plan.
Normal Retirement	
Eligibility	Age 65
Benefit	

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Final Average Pay Benefit

1.25% of three-year average compensation times credited service (maximum 45 years). Average compensation is limited to \$55,000 – \$75,000 per year, as shown in the following table:

Union	Highest Compensation Limit	Ultimate Compensation Limit
Brockton Physical	\$ 70,000	\$ 70,000
Lawrence	\$ 70,000	\$ 70,000
Northampton	\$ 70,000	\$ 70,000
Springfield Steel	\$ 75,000	\$ 75,000
Springfield Clerical/ Technical	\$ 55,000	\$ 55,000

Certain prior accrued benefits are guaranteed as minimum benefits

Account Balance II Benefit

A cash balance benefit with pay credits based on the following schedule:

Age Plus Service Points	Percentage of Compensation	Percentage of Compensation Above ½ Taxable Wage Base
Less than 50	4.0%	1.0%
50 – 69	5.0%	1.0%
70 or more	6.0%	1.0%

If a participant moved from the final average pay benefit to this benefit, the participant's accrued benefit as of the conversion date was converted to an opening balance. The account balance is credited with interest equal to the greater of 4% or 30-year Treasuries.

Certain prior accrued benefits are guaranteed as minimum benefits.

Early Retirement

Eligibility

Age 55 and 10 years of service.

Benefit

Final Average Pay Benefit

A benefit equal to the normal retirement benefit based on years of credited service and final three-year average compensation at the date of termination. If payments begin before age 65, the payments are reduced by 3.6% per year. Reductions are only applied from age 60 if a participant retires with 25 years of service.

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Account Balance Benefit	The participant is always entitled to their entire vested cash balance at termination or retirement.
Temporary Supplemental Benefit	Final average pay participants of all unions who retire after age 60 and satisfy early retirement eligibility will receive a supplemental benefit payable until age 62 equal to 2.0% of three-year average compensation (subject to compensation limits) times credited service (maximum 25 years), not to exceed 100% of the Social Security benefit that would be payable at age 62.
Vested Termination	
Eligibility	Three years of service
Benefit	
Final Average Pay Benefit	A monthly benefit equal to the normal retirement benefit based on three-year average compensation and credited service at the date of termination. Payments may begin at any time following termination of service. Vested termination benefits that begin before normal retirement will be reduced by 6½ % per year that payments would be paid from age 55 until normal retirement date, and reduced on an actuarial equivalence basis for payments that precede age 55. Certain minimum benefit calculations may apply.
Account Balance Benefit	The participant is always entitled to their entire vested cash balance at termination or retirement.
Disability	
Eligibility	Qualification for benefits under the employer's long-term disability plan.
Benefit	
Final Average Pay Benefit	Eligible employees are deemed to receive the same compensation as at the date of disability and continue to earn credited service as long as the disability continues.
Account Balance Benefit	Eligible employees continue to earn pay credits based on the same compensation as at the date of disability.
Preretirement Death	
Eligibility	Three years of service.
Benefit	
Final Average Pay Benefit	50% of normal retirement benefit as of the participant's date of death, reduced for 50% joint and survivor annuity, and reduced for payment at the participant's

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Account Balance Benefit	earliest retirement eligibility. Benefits payable only to eligible spouse.
	A life annuity actuarially equivalent to the account balance as of the date of death (non-spouse beneficiaries must receive as lump sum, and spousal beneficiaries may elect to receive as a lump sum).
Normal Form of Payment	
Without Spouse	
Without Spouse	Life annuity.
With Spouse	50% joint and survivor annuity. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continued to surviving spouse. For account balance participants, if the spouse dies before the participant and within 60 months after the annuity start date, the benefit increases to the life annuity value.
Optional Forms of Payment	
Final Average Pay Participants	Life annuity, lump sum, 5 or 10 year certain and life annuity, 50% pop-up joint and survivor annuity, 66⅔%, 75%, or 100% joint and survivor annuity (only married participants may elect joint and survivor annuities).
Account Balance Participants	Life annuity; lump sum, 100%, 75%, 66⅔%, 50% with pop-up, or 33⅓% joint and survivor annuity.
Actuarial Equivalence	Factors as provided in the plan document.
Definitions	
Credited Service	Employees earn one year of credited service for any period in which he/she is credited with at least 1,000 hours of service.
Compensation	
Final Average Pay Participants	Straight time wages plus lump sum merit pay before any reductions under IRC sections 125 and 401(k) and excluding overtime, bonuses, other incentive pay, and other exclusions specified in the plan document. Compensation considered for benefit purposes is limited based upon the provision of the IRC section 401(a)(17).
Account Balance Participants	Base salary or wages including performance-based pay, commissions, lump sum merit pay, and banked vacation before any reductions under IRC sections 125 and 401(k), but excluding other special forms of compensation such as overtime or shift differentials. Compensation

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Three-Year Average Compensation	considered for benefit purposes is limited based upon the provision of the IRC section 401(a)(17).
Effective Date	Highest average annual compensation for any 36 consecutive months during the last 120 months of employment.
Eligibility for Participation	January 1, 1978, restated effective January 1, 2013. Exempt employees hired on or after January 1, 2010 and nonunion nonexempt employees hired on or after January 1, 2013 are not eligible for pension benefits. All other nonunion employees of Bay State Gas Company and all Brockton Clerical/Technical bargaining unit employees are eligible. Eligible employees participate on their date of hire.
Benefit Formula Eligibility	
Exempt Participants	Employees hired prior to January 1, 2002 received the nonunion final average pay benefit. Effective January 1, 2002, the plan was amended to allow participants a one-time choice between the final average pay benefit and the account balance I benefit, and employees hired between January 1, 2002 and January 1, 2006 received the account balance I benefit. Effective January 1, 2006, the plan was amended to allow all participants a one-time choice between their existing final average pay or account balance I benefit and the account balance II benefit, and employees hired between January 1, 2006 and January 1, 2010 received the account balance II benefit. Effective January 1, 2011, all participants were moved to the account balance II benefit. Employees hired after January 1, 2010 do not participate in the plan.
Nonexempt Nonunion Participants	Employees hired prior to January 1, 2002 received the nonunion final average pay benefit. Effective January 1, 2002, the plan was amended to allow participants a one-time choice between the final average pay benefit and the account balance I benefit, and employees hired between January 1, 2002 and January 1, 2008 received the account balance I benefit. Effective January 1, 2008, the plan was amended to provide that employees hired after January 1, 2008 received the account balance II benefit. Effective January 1, 2013, all participants were moved to the account balance II benefit. Employees hired after January 1, 2013 do not participate in the plan.

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Union Participants

Employees hired prior to January 1, 2008 received the union final average pay benefit. Effective January 1, 2008, the plan was amended to provide that employees hired after January 1, 2008 receive the account balance II benefit. Effective January 1, 2013, all participants were moved to the account balance II benefit. Employees hired after June 1, 2013 do not participate in the plan.

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Bay State Gas Company Pension Plan

Effective Date	January 1, 1978, restated effective January 1, 2013.
Eligibility for Participation	Exempt employees hired on or after January 1, 2010 and nonunion nonexempt employees hired on or after January 1, 2013 are not eligible for pension benefits. All other nonunion employees of Bay State Gas Company and all Brockton Clerical/Technical bargaining unit employees are eligible. Eligible employees participate on their date of hire.
Benefit Formula Eligibility	
Exempt Participants	Employees hired prior to January 1, 2002 received the nonunion final average pay benefit. Effective January 1, 2002, the plan was amended to allow participants a one-time choice between the final average pay benefit and the account balance I benefit, and employees hired between January 1, 2002 and January 1, 2006 received the account balance I benefit. Effective January 1, 2006, the plan was amended to allow all participants a one-time choice between their existing final average pay or account balance I benefit and the account balance II benefit, and employees hired between January 1, 2006 and January 1, 2010 received the account balance II benefit. Effective January 1, 2011, all participants were moved to the account balance II benefit. Employees hired after January 1, 2010 do not participate in the plan.
Nonexempt Nonunion Participants	Employees hired prior to January 1, 2002 received the nonunion final average pay benefit. Effective January 1, 2002, the plan was amended to allow participants a one-time choice between the final average pay benefit and the account balance I benefit, and employees hired between January 1, 2002 and January 1, 2008 received the account balance I benefit. Effective January 1, 2008, the plan was amended to provide that employees hired after January 1, 2008 received the account balance II benefit. Effective January 1, 2013, all participants were moved to the account balance II benefit. Employees hired after January 1, 2013 do not participate in the plan.
Union Participants	Employees hired prior to January 1, 2008 received the union final average pay benefit. Effective January 1, 2008, the plan was amended to provide that employees hired after January 1, 2008 receive the account balance II benefit. Effective January 1, 2013, all participants were

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moved to the account balance II benefit. Employees hired after June 1, 2013 do not participate in the plan.

Normal Retirement

Eligibility	Age 65.
Benefit	
Nonunion Final Average Pay	The sum of (1), (2), and (3): (1) 1.4% of final three-year average compensation times years of credited service (maximum 25 years). (2) 0.475% of final three-year average compensation in excess of covered compensation times credited service (maximum 25 years). (3) 0.50% of final three-year average compensation times credited service over 25 years.
Union Final Average Pay	This benefit is reduced by certain previously accrued benefits, and is subject to a minimum benefit calculation, as provided in the plan document. 1.25% of final three-year average compensation (not greater than \$70,000) times credited service (maximum 45 years). This benefit is subject to certain minimum benefit calculations, as provided in the plan document.

A cash balance benefit with pay credits based on the following schedule:

Age Plus Service Points	Percentage of Compensation	Percentage of Compensation Above $\frac{1}{2}$ Taxable Wage Base
Less than 45	5.0%	2.0%
45 – 59	6.5%	2.0%
60 – 74	8.0%	2.0%
75 or more	10.0%	2.0%

If a participant moved from the final average pay benefit to this benefit, the participant's accrued benefit as of the conversion date was converted to an opening balance. The account balance is credited with interest equal to the greater of 4% or 30-year Treasuries.

Certain prior accrued benefits are guaranteed as minimum benefits.

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Account Balance II

Eligibility

A cash balance benefit with pay credits based on the following schedule:

Age Plus Service Points	Percentage of Compensation	Percentage of Compensation Above ½ Taxable Wage Base
Less than 50	4.0%	1.0%
50 – 69	5.0%	1.0%
70 or more	6.0%	1.0%

If a participant moved from the final average pay benefit to this benefit, the participant's accrued benefit as of the conversion date was converted to an opening balance. The account balance is credited with interest equal to the greater of 4% or 30-year Treasuries.

Certain prior accrued benefits are guaranteed as minimum benefits.

Early Retirement

Eligibility

Age 55 and 10 years of service, or age 60 and five years of service.

Benefit

Final Average Pay Benefit

A benefit equal to the normal retirement benefit based on years of credited service and final three-year average compensation at the date of termination. If payments begin before age 65, the payments are reduced by 3.6% per year. Reductions are applied beginning at age 62 if a participant retires with 25 years of service. A Brockton Clerical/Technical Union participant retiring at or after age 60 with 25 years of service receives an unreduced benefit.

Account Balance Benefit

The participant is always entitled to their entire vested cash balance at termination or retirement.

Temporary Supplemental Benefit

Final average pay option employees and account balance I option employees who were participants as of January 1, 2002 are eligible for a temporary supplemental benefit. Any participant retiring after age 60 with five years of service will receive a supplemental benefit until age 62 equal to 2.0% of three-year average compensation (up to covered compensation) times credited service (maximum 25 years), not to exceed

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Vested Termination	
Eligibility	Three years of service.
Benefit	
Final Average Pay Benefit	100% of the Social Security benefit that would be payable at age 62. Account Balance II participants are not eligible for a supplement.
Account Balance Benefit	The participant is always entitled to their entire vested cash balance at termination or retirement.
Disability	
Eligibility	Qualification for benefits under the employer's long-term disability plan.
Benefit	
Final Average Pay Benefit	Eligible employees are deemed to receive the same compensation as at the date of disability and continue to earn credited service as long as the disability continues.
Account Balance Benefit	Eligible employees continue to earn pay credits based on the same compensation as at the date of disability.
Preretirement Death	
Eligibility	Three years of service.
Benefit	
Final Average Pay Participants	50% of normal retirement benefit as of the participant's date of death, reduced for 50% joint and survivor annuity, and reduced for payment at the participant's earliest retirement eligibility.
Benefits Payable Only to Eligible Spouse	
Account Balance Participants	A life annuity actuarially equivalent to the account balance as of the date of death (non-spouse beneficiaries

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must receive as a lump sum and spousal beneficiaries may elect to receive as a lump sum).

Normal Form of Payment

Without Spouse	Life annuity.
With Spouse	50% joint and survivor annuity. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continued to surviving spouse. For Account Balance II participants, if the spouse dies before participant and within 60 months after the annuity start date, benefit increases to life annuity value.

Optional Forms of Payment

Final Average Pay Participants	Life annuity, lump sum, 5 or 10 year certain and life annuity, 50% pop-up joint and survivor annuity, 66⅔%, 75%, or 100% joint and survivor annuity (only married participants may elect joint and survivor annuities).
Account Balance Participants	Life annuity, 100%, 75%, 66⅔%, or 33⅓% joint and survivor annuity, 50% pop-up joint and survivor annuity, 5 or 10 year certain and life annuity, or lump sum.

Actuarial Equivalence

Factors as provided in the plan document.

Definitions

Credited Service	Participants earn one year of credited service for each year in which he/she completes at least 1,000 hours of service.
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Compensation

Final Average Pay Participants	Straight time wages plus commissions, overtime up to a limit of 20% of base pay, lump sum merit pay, banked vacation, and Supplementary Incentive Compensation up to a limit of 20% of base pay, before any reductions under Sections 125 and 401(k). Certain exclusions apply as provided in the plan document. Compensation considered for benefit purposes is limited based upon the provision of the IRC section 401(a)(17).
Account Balance Participants	Base salary or wages including performance-based pay, commissions, lump sum merit pay, and banked vacation before any reductions under IRC sections 125 and 401(k), but excluding other special forms of compensation such as overtime or shift differentials. Compensation considered for benefit purposes is limited based upon the provision of the IRC section 401(a)(17).

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Three-Year Average Compensation

Highest average annual compensation for any 36 consecutive months during the last 120 months of employment.

Covered Compensation

35-year average of Social Security wage bases based on year-of-birth table.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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**Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024**

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			22		8					
				\$120,883						
35-39			1	70	76	3				
				\$121,713	\$133,350					
40-44				65	182	75	1			
				\$124,898	\$138,766	\$146,259				
45-49				49	180	145	27			
				\$121,296	\$135,665	\$137,363	\$132,361			
50-54				39	198	183	61	52	7	
				\$126,424	\$132,931	\$130,003	\$131,017	\$128,604		
55-59				43	184	172	75	175	204	7
				\$124,972	\$123,431	\$126,726	\$136,771	\$136,569	\$134,339	
60-64			1	22	90	141	56	117	232	140
				\$139,270	\$125,570	\$124,634	\$133,862	\$134,999	\$129,064	\$125,635
65-69				5	21	37	17	27	65	81
				\$125,438	\$125,842			\$111,093	\$128,441	\$126,153
70+				6	9	11		2	3	41
										\$129,247

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Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback, each adjusted as needed to fall within the 25-year average interest rate corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Salary Increases	See Table 1
Future Bonuses	<i>Legacy NSTAR participants</i>
	For management participants in positions that were eligible for the former Annual Incentive Plan (AIP), actual bonuses paid at the beginning of the current fiscal year for the prior fiscal year, and for management participants who are in positions that were not eligible for the former Annual Incentive Plan (AIP), 7.50% of base salary.
Social Security Wage Base Increases	3.00%
Social Security COLA Increases	<i>Legacy NU and NSTAR Participants: 3.50%</i> <i>Legacy Bay State Participants: 2.50%</i>
Optional Payment Form Election Percentage	<i>For legacy NU Participants from Active Status:</i> 45% of Males Elect 100% Joint and Survivor. 22.5% of Females Elect 100% Joint and Survivor. 20% of Males Elect 50% Joint and Survivor. 22.5% of Females 50% Joint and Survivor. 20% of Males Elect Life Annuity. 30% of Females Elect Life Annuity. 15% of Males Elect Free 1/3 Joint and Survivor. 25% of Females Elect Free 1/3 Joint and Survivor.

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For legacy NU Participants from Terminated Status:

30% Elect 100% Joint and Survivor.

45% Elect Life Annuity.

25% Elects Free 1/3 Joint and Survivor.

For legacy NSTAR Participants from Active Status:

50% of participants who retire or terminate employment and are eligible for a lump sum are assumed to elect a lump sum form of payment. 100% of beneficiaries of management participants who terminate due to death are assumed to elect a lump sum form of payment.

Former Commonwealth Energy Plan management participants are assumed to elect an annuity at retirement if the Rule of 75 under the former Commonwealth Energy Plan applies, or if the present value of the former Commonwealth Energy Plan annuity exceeds the pension credits times Final Average Pay formula. 75% of the participants selecting an annuity are assumed to select a Joint and Survivor 50% Option, while 25% are assumed to select a Single Life Annuity.

After the above criteria has been applied, the following is the form of payment for resulting annuities (ignores marriage assumption):

60% Single Life Annuity

40% Joint and Survivor 50% Option

For legacy NSTAR Participants from Terminated Status:

20% Elect 100% Joint and Survivor.

25% Elect 50% Joint and Survivor.

35% Elect Life Annuity.

25% Elect Lump Sum.

For legacy Bay State participants:

Final Average Pay participants: 50% life annuity/50% lump sum

Account Balance participants: 10% life annuity/90% lump sum

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Retirement Age

Active Participants	See Tables 2-8
Terminated Vested Participants	Boston Edison later of age 55 or the valuation date; Commonwealth Energy later of age 55 with Rule of 75 or the valuation date, all others age 65.

Mortality Rates

Healthy	Generational Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1
Disabled	Revenue Ruling 96-7 Disabled Mortality

Withdrawal Rates

See Tables 9-11

Disability Rates

See Tables 12-13

Decrement Timing

Middle of year decrements, with 100% retirement occurring at beginning of year

Surviving Spouse Benefit

For legacy NU & NSTAR participants: It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are 2 years older than their spouses.

For legacy Bay State participants: It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are 3 years older than their spouses.

Valuation Compensation

Legacy NU — Base Salary pay plus lump sum pay increase on January 1 times a five-year average adjustment factor for overtime, penalty/on-call and Sunday/shift and incentive pay, increased with a fraction of one year's salary scale to reflect pay increases during the year.

Legacy NSTAR — Base compensation plus applicable incentive load.

Legacy Bay State — 2023 pensionable earnings rolled forward one year with the salary increase assumption.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

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For ERISA Funding

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

Expected Return on Assets

2022 Plan Year	5.92%
2023 Plan Year	5.74%

Trust Expenses Included in Target Normal Cost

Prior year's administrative expenses paid from the trust (excluding PBGC premiums) increased 5%, plus expected PBGC premiums for the current year.

Legacy Bay State Only Assumptions:

Cash Balance Interest Crediting Rate	4.47% for 2024; 4.66% for 2025+
Cash Balance Annuity Conversion Rate	3.50%
Lump Sum Conversion Interest Rate	3.50% (subject to the 417(e) minimum)
Lump Sum Conversion Mortality	Mortality basis in IRS revenue ruling 2001-62 (subject to the 417(e) minimum)
417(e) Minimum Interest Rates	Same as funding interest rates
417(e) Minimum Mortality	Current IRC section 417(e) table for lump sums

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

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Table 1

Salary Increase Rates

Legacy NU Nonunion and Legacy NSTAR

Age	Increase Rate	Age	Increase Rate
20	5.50%	45	3.75%
21	5.50%	46	3.75%
22	5.50%	47	3.75%
23	5.50%	48	3.75%
24	5.50%	49	3.75%
25	5.50%	50	3.25%
26	5.50%	51	3.25%
27	5.50%	52	3.25%
28	5.50%	53	3.25%
29	5.50%	54	3.25%
30	4.50%	55	3.00%
31	4.50%	56	3.00%
32	4.50%	57	3.00%
33	4.50%	58	3.00%
34	4.50%	59	3.00%
35	4.25%	60	2.75%
36	4.25%	61	2.75%
37	4.25%	62	2.75%
38	4.25%	63	2.75%
39	4.25%	64	2.75%
40	4.25%	65	2.75%
41	4.25%	66	2.75%
42	4.25%	67	2.75%
43	4.25%	68	2.75%
44	4.25%	69	2.75%
		70+	2.75%

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Table 1

Salary Increase Rates

Legacy NU Union

Age	Base Pay Increase Rate	Overtime Increase Rate	Age	Increase Rate	Overtime Increase Rate
20	5.50%	0.00%	45	3.75%	2.50%
21	5.50%	0.00%	46	3.75%	2.50%
22	5.50%	0.00%	47	3.75%	2.50%
23	5.50%	0.00%	48	3.75%	2.50%
24	5.50%	0.00%	49	3.75%	2.50%
25	5.50%	0.00%	50	3.25%	2.25%
26	5.50%	0.00%	51	3.25%	2.25%
27	5.50%	0.00%	52	3.25%	2.25%
28	5.50%	0.00%	53	3.25%	2.25%
29	5.50%	0.00%	54	3.25%	2.25%
30	4.50%	3.00%	55	3.00%	1.50%
31	4.50%	3.00%	56	3.00%	1.50%
32	4.50%	3.00%	57	3.00%	1.50%
33	4.50%	3.00%	58	3.00%	1.50%
34	4.50%	3.00%	59	3.00%	1.50%
35	4.25%	3.00%	60	2.75%	0.50%
36	4.25%	3.00%	61	2.75%	0.50%
37	4.25%	3.00%	62	2.75%	0.50%
38	4.25%	3.00%	63	2.75%	0.50%
39	4.25%	3.00%	64	2.75%	0.50%
40	4.25%	2.75%	65	2.75%	0.50%
41	4.25%	2.75%	66	2.75%	0.50%
42	4.25%	2.75%	67	2.75%	0.50%
43	4.25%	2.75%	68	2.75%	0.50%
44	4.25%	2.75%	69	2.75%	0.50%
			70+	2.25%	0.50%

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Table 1

Salary Increase Rates

Legacy Bay State

Age	Increase Rate	Age	Increase Rate
25	6.50%	45	4.00%
26	6.50%	46	4.00%
27	6.50%	47	4.00%
28	6.50%	48	4.00%
29	6.50%	49	4.00%
30	5.00%	50+	3.50%
31	5.00%		
32	5.00%		
33	5.00%		
34	5.00%		
35	4.50%		
36	4.50%		
37	4.50%		
38	4.50%		
39	4.50%		
40	4.00%		
41	4.00%		
42	4.00%		
43	4.00%		
44	4.00%		

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Table 2

Retirement Rates

Legacy NSTAR Union Traditional

Age	Rate
≤54	0.0%
55	3.0%
56	1.0%
57	4.0%
58	2.0%
59	3.0%
60	7.5%
61	5.0%
62	13.0%
63	5.0%
64	5.0%
65	20.0%
66	35.0%
67	20.0%
68	20.0%
69	20.0%
70+	100.0%

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Table 3

Retirement Rates

PEP

Age	Rate
≤54	0.0%
55	10.0%
56	7.0%
57	7.0%
58	7.0%
59	7.0%
60	10.0%
61	10.0%
62	20.0%
63	20.0%
64	20.0%
65	20.0%
66	20.0%
67	20.0%
68	30.0%
69	30.0%
70+	100.0%

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Table 4

Retirement Rates

Legacy NU — Less than 85 Points

Age	Nonunion	Union
≤54	0.0%	0.0%
55	5.0%	5.0%
56	5.5%	5.0%
57	6.0%	5.0%
58	6.0%	10.0%
59	7.0%	10.0%
60	12.5%	15.0%
61	12.5%	10.0%
62	20.0%	20.0%
63	10.0%	20.0%
64	25.0%	20.0%
65	40.0%	50.0%
66	50.0%	50.0%
67	30.0%	50.0%
68	30.0%	25.0%
69	30.0%	25.0%
70+	100.0%	100.0%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Eversource Pension Plan
EIN: 06-0810627 PN: 006

Table 5

Retirement Rates

Legacy NU — Greater than 85 Points

Age	Nonunion	Union
≤54	0.0%	0.0%
55	15.0%	15.0%
56	15.0%	10.0%
57	15.0%	10.0%
58	15.0%	10.0%
59	15.0%	12.5%
60	12.5%	12.5%
61	20.0%	20.0%
62	25.0%	30.0%
63	25.0%	20.0%
64	40.0%	25.0%
65	40.0%	50.0%
66	50.0%	50.0%
67	30.0%	50.0%
68	30.0%	25.0%
69	30.0%	25.0%
70+	100.0%	100.0%

Schedule SB Attachment (Form 5500) —2024 Plan Year
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Table 6

Retirement Rates

Bay State Active Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	10.00%
60	10.00%
61	15.00%
62	20.00%
63	20.00%
64	20.00%
65	30.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
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Table 7

Retirement Rates

Bay State Terminated Vested Final Average Pay Participants

Age	Rate
≤59	1.00%
60	1.00%
61	1.00%
62	1.00%
63	1.00%
64	50.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Eversource Pension Plan
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Table 8

Retirement Rates

Bay State Terminated Vested Account Balance Participants

Age	<1 Year	1+ Years
≤58	30.00%	5.00%
59	30.00%	10.00%
60	30.00%	10.00%
61	30.00%	15.00%
62	30.00%	20.00%
63	30.00%	20.00%
64	30.00%	20.00%
65	30.00%	30.00%
66	30.00%	30.00%
67	30.00%	30.00%
68	30.00%	30.00%
69	30.00%	30.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
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Table 9

Withdrawal Rates

Legacy NU

Age	Nonunion	Union	Age	Nonunion	Union
25	6.00%	4.00%	50	4.00%	5.00%
26	6.00%	4.00%	51	4.00%	5.00%
27	6.00%	4.00%	52	4.00%	5.00%
28	6.00%	4.00%	53	4.00%	5.00%
29	6.00%	4.00%	54	4.00%	5.00%
30	8.00%	4.00%	55+	0.00%	0.00%
31	8.00%	4.00%			
32	8.00%	4.00%			
33	8.00%	4.00%			
34	8.00%	4.00%			
35	3.00%	9.00%			
36	3.00%	9.00%			
37	3.00%	9.00%			
38	3.00%	9.00%			
39	3.00%	9.00%			
40	3.00%	3.00%			
41	3.00%	3.00%			
42	3.00%	3.00%			
43	3.00%	3.00%			
44	3.00%	3.00%			
45	5.00%	7.00%			
46	5.00%	7.00%			
47	5.00%	7.00%			
48	5.00%	7.00%			
49	5.00%	7.00%			

Schedule SB Attachment (Form 5500) –2024 Plan Year
Eversource Pension Plan
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Table 9a

Withdrawal Rates

Legacy NSTAR Withdrawal Rates

Age	Rate	Age	Rate
25	4.00%	50	2.00%
26	4.00%	51	2.00%
27	4.00%	52	2.00%
28	4.00%	53	2.00%
29	4.00%	54	2.00%
30	3.00%	55+	0.00%
31	3.00%		
32	3.00%		
33	3.00%		
34	3.00%		
35	2.00%		
36	2.00%		
37	2.00%		
38	2.00%		
39	2.00%		
40	2.00%		
41	2.00%		
42	2.00%		
43	2.00%		
44	2.00%		
45	2.00%		
46	2.00%		
47	2.00%		
48	2.00%		
49	2.00%		

Schedule SB Attachment (Form 5500) —2024 Plan Year
Eversource Pension Plan
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Table 10

Withdrawal Rates

Legacy Bay State Nonunion

Age	Rate	Age	Rate
≤34	12.00%		
35	11.85%	60	2.85%
36	11.10%	61	2.85%
37	10.35%	62	2.70%
38	9.75%	63	2.55%
39	9.00%	64	2.40%
40	8.40%	65+	2.25%
41	7.80%		
42	7.35%		
43	6.75%		
44	6.30%		
45	5.85%		
46	5.40%		
47	5.10%		
48	4.65%		
49	4.35%		
50	4.05%		
51	3.90%		
52	3.60%		
53	3.45%		
54	3.30%		
55	3.30%		
56	3.15%		
57	3.15%		
58	3.00%		
59	3.00%		

Schedule SB Attachment (Form 5500) —2024 Plan Year
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Table 11

Withdrawal Rates

Legacy Bay State Union

Age	Rate	Age	Rate
≤21	14.40%	45	3.30%
22	13.50%	46	3.00%
23	12.90%	47	3.00%
24	12.00%	48	3.00%
25	11.40%	49	3.00%
26	10.80%	50	3.00%
27	9.90%	51	3.00%
28	9.30%	52	3.00%
29	8.70%	53	3.00%
30	8.40%	54	3.00%
31	7.80%	55+	3.00%
32	7.20%		
33	6.60%		
34	6.30%		
35	5.70%		
36	5.40%		
37	5.10%		
38	4.80%		
39	4.50%		
40	4.20%		
41	3.90%		
42	3.60%		
43	3.60%		
44	3.30%		

Schedule SB Attachment (Form 5500) —2024 Plan Year
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Table 12

Disability Rates

Legacy NU and NSTAR

Age	Male	Female	Age	Male	Female
15	0.0804%	0.1200%	45	0.1323%	0.1975%
16	0.0804%	0.1200%	46	0.1481%	0.2210%
17	0.0804%	0.1200%	47	0.1668%	0.2490%
18	0.0804%	0.1200%	48	0.1879%	0.2805%
19	0.0804%	0.1200%	49	0.2110%	0.3150%
20	0.0804%	0.1200%	50	0.2389%	0.3565%
21	0.0804%	0.1200%	51	0.2713%	0.4050%
22	0.0804%	0.1200%	52	0.3099%	0.4625%
23	0.0804%	0.1200%	53	0.3501%	0.5225%
24	0.0804%	0.1200%	54	0.3970%	0.5925%
25	0.0804%	0.1200%	55	0.4563%	0.6810%
26	0.0804%	0.1200%	56	0.5300%	0.7910%
27	0.0804%	0.1200%	57	0.6228%	0.9295%
28	0.0804%	0.1200%	58	0.7437%	1.1100%
29	0.0804%	0.1200%	59	0.8442%	1.2600%
30	0.0804%	0.1200%	60	0.9246%	1.3800%
31	0.0811%	0.1210%	61	0.9852%	1.4705%
32	0.0817%	0.1220%	62	1.0331%	1.5420%
33	0.0827%	0.1235%	63	1.0707%	1.5980%
34	0.0841%	0.1255%	64	1.0988%	1.6400%
35	0.0854%	0.1275%	65+	0.0000%	0.0000%
36	0.0871%	0.1300%			
37	0.0891%	0.1330%			
38	0.0918%	0.1370%			
39	0.0951%	0.1420%			
40	0.0985%	0.1470%			
41	0.1025%	0.1530%			
42	0.1065%	0.1590%			
43	0.1132%	0.1690%			
44	0.1226%	0.1830%			

Schedule SB Attachment (Form 5500) —2024 Plan Year
Eversource Pension Plan
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Table 13

Disability Rates

Legacy Bay State

Age	Male	Female	Age	Male	Female
20	0.052%	0.052%	50	0.413%	0.575%
21	0.053%	0.056%	51	0.463%	0.613%
22	0.054%	0.060%	52	0.513%	0.650%
23	0.055%	0.064%	53	0.563%	0.700%
24	0.0056%	0.067%	54	0.625%	0.738%
25	0.057%	0.071%	55	0.688%	0.783%
26	0.058%	0.075%	56	0.762%	0.825%
27	0.059%	0.075%	57	0.856%	0.875%
28	0.060%	0.081%	58	0.975%	0.950%
29	0.061%	0.083%	59	1.075%	1.050%
30	0.062%	0.087%	60	1.175%	1.150%
31	0.064%	0.092%	61	1.325%	1.275%
32	0.065%	0.113%	62	1.500%	1.450%
33	0.067%	0.125%	63	1.665%	1.625%
34	0.069%	0.142%	64+	1.725%	1.725%
35	0.071%	0.158%			
36	0.073%	0.175%			
37	0.078%	0.194%			
38	0.083%	0.217%			
39	0.092%	0.238%			
40	0.100%	0.263%			
41	0.116%	0.283%			
42	0.131%	0.313%			
43	0.145%	0.338%			
44	0.170%	0.367%			
45	0.200%	0.400%			
46	0.244%	0.431%			
47	0.280%	0.463%			
48	0.325%	0.496%			
49	0.363%	0.533%			

Eversource Pension Plan
 EIN No. 06-0810627 Plan No. 001
 Schedule H, Line 4(i)
 Schedule of Assets (Held at End of Year)

December 31, 2024
 (Thousands of Dollars)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
* John Hancock		Guaranteed Insurance Contract #4	\$ 826	\$ 826
* Aetna		Guaranteed Insurance Contract #2904	1,552	1,552
* John Hancock		Guaranteed Insurance Contract #162	112	112
* Mass Mutual		Guaranteed Insurance Contract WMECO Life Insurance	175	175
			<hr/> <hr/>	<hr/> <hr/>
			\$ 2,665	\$ 2,665

* Represents a party-in-interest

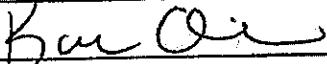
Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).	
Department of Labor Employee Benefits Security Administration	► Complete all entries in accordance with the instructions to the Form 5500.	
Pension Benefit Guaranty Corporation	2024	
This Form is Open to Public Inspection		

Part I Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____		
A This return/report is for:	<input type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____
	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months) ► <input type="checkbox"/>
C If the plan is a collectively-bargained plan, check here		
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension
	<input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	► <input type="checkbox"/>	

Part II Basic Plan Information - enter all requested information		
1a Name of plan	1b Three-digit plan number (PN) ► <input type="text"/> 006	
EVERSOURCE PENSION PLAN		
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)	2b Employer Identification Number (EIN) <input type="text"/> 06-0810627	
EVERSOURCE ENERGY SERVICE COMPANY P.O. BOX 270 HARTFORD, CT 06141-0270	2c Plan Sponsor's telephone number <input type="text"/> 800-841-8684	
	2d Business code (see instructions) <input type="text"/> 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		10/8/2025	KARA A. O'CONNOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311