

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**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) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**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**

<p><b>1a</b> Name of plan  <u>JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>554</u></p>
<p><b>2a</b> 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)  <u>JPMORGAN CHASE BANK, NATIONAL ASSOCIATION</u></p> <p><u>545 WASHINGTON BLVD</u>  <u>12TH FLOOR, MAIL CODE NJD-0002</u>  <u>JERSEY CITY, NJ 07310</u></p>	<p><b>1c</b> Effective date of plan  <u>01/01/2006</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>13-4994650</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>844-275-5762</u></p> <p><b>2d</b> Business code (see instructions)  <u>522110</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/26/2025	BERNADETTE J BRANOSKY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  JPMORGAN CHASE U.S. BENEFITS EXECUTIVE C/O JPMORGAN CHASE BENEFITS ADMINISTRATION 545 WASHINGTON BLVD 12TH FLOOR, MAIL CODE NJD-0002 JERSEY CITY, NJ 07310	<b>3b</b> Administrator's EIN 37-1589439  <b>3c</b> Administrator's telephone number 844-275-5762
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	14466
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<b>6</b> 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).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	0
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	0
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	13550
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	0
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	13550
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4A 4B 4D 4E 4Q

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>7</u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**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**

<b>A</b> Name of plan JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES		<b>B</b> Three-digit plan number (PN) ▶	554
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 JPMORGAN CHASE BANK, NATIONAL ASSOCIATION		<b>D</b> Employer Identification Number (EIN) 13-4994650	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
AETNA LIFE INSURANCE CO.

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
06-6033492	11183	800218	73	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		26516
<b>b</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. ....	<b>10b</b>		

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. ▶



(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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		14394712
<b>b</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. ....	<b>10b</b>		

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**

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

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

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

OMB No. 1210-0110

**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**

<b>A</b> Name of plan JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES	<b>B</b> Three-digit plan number (PN) ▶ 554
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 JPMORGAN CHASE BANK, NATIONAL ASSOCIATION	<b>D</b> Employer Identification Number (EIN) 13-4994650

**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

TRIPLE-S INC.

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
66-0555677	55816	1-08781	12	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		88192
<b>b</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. ....	<b>10b</b>		

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. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>554</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JPMORGAN CHASE BANK, NATIONAL ASSOCIATION</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-4994650</b></p>	

**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  
**REGENCE BLUESHIELD TMP**

(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
<b>91-0282080</b>	<b>53902</b>	<b>40000458</b>	<b>7</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a) Total amount of commissions paid</b>	<b>(b) Total amount of fees paid</b>

**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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
----------------	--

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies                      (2)  group deferred annuity  
(3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration                      (2)  immediate participation guarantee  
(3)  guaranteed investment                      (4)  other ▶

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		40294
<b>b</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. ....	<b>10b</b>		

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**

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

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

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

OMB No. 1210-0110

**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  
**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**

**B** Three-digit plan number (PN) ▶ **554**

**C** Plan sponsor's name as shown on line 2a of Form 5500  
**JPMORGAN CHASE BANK, NATIONAL ASSOCIATION**

**D** Employer Identification Number (EIN)  
**13-4994650**

**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  
**CIGNA HEALTH AND LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>59-1031071</b>	<b>67369</b>	<b>3174696</b>	<b>2</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>			
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>			
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>			
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>		0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>			
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>			
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>		0
	(4) Claims charged .....		<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions .....	<b>9c(1)(A)</b>			
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>			
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>			
	(D) Other expenses .....	<b>9c(1)(D)</b>			
	(E) Taxes .....	<b>9c(1)(E)</b>			
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>			
	(G) Other retention charges .....	<b>9c(1)(G)</b>			
	(H) Total retention .....		<b>9c(1)(H)</b>		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>		
	(2) Claim reserves .....		<b>9d(2)</b>		
	(3) Other reserves .....		<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		45384
<b>b</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. ....	<b>10b</b>		

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. ▶

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <span style="color: blue;">554</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">JPMORGAN CHASE BANK, NATIONAL ASSOCIATION</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">13-4994650</span></p>

**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  
EYEMED

(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
86-0773195	67288	10180091002	632	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		86096
<b>b</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. ....	<b>10b</b>		

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. ▶

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <span style="color: blue;">554</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">JPMORGAN CHASE BANK, NATIONAL ASSOCIATION</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">13-4994650</span></p>

**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  
CIGNA HEALTH AND 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
59-1031071	67369	2498929,3174696	38	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		17622
<b>b</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. ....	<b>10b</b>		

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>554</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JPMORGAN CHASE BANK, NATIONAL ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>13-4994650</b>	

**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

**FIDELITY INVESTMENTS** **245 SUMMER STREET**  
**BOSTON, MA 02210**

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

**BLACKROCK INVESTMENTS, LLC** **100 BELLEVUE PARKWAY**  
**WILMINGTON, DE 19809**

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

**JPMORGAN CHASE BANK NA**

**13-4994650**

**(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

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**(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

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**(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

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**(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

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

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**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)

CIGNA HEALTH AND LIFE INSURANCE CO.

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 31 38 49 50 56 62	CONTRACT ADMINISTRATOR	404780	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

PIMCO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	194177	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)

WESTERN ASSET MANAGEMENT CO, LLC

385 EAST COLORADO BLVD  
PASADENA, CA 91101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	171731	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)

AETNA

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?
13 50	CONTRACT ADMINISTRATOR	68000	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)

CVS CAREMARK

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	33086	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)

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	16756	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"/>

**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
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation  JPMORGAN CHASE  3 CHASE METRO TECH CENTER BROOKLYN, NY 11245	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  \$4.38 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 3.54%	
(a) Enter service provider name as it appears on line 2  CIGNA HEALTH AND LIFE INSURANCE CO.	(b) Service Codes (see instructions)  12 13 31 38 49 50 56 62	(c) Enter amount of indirect compensation  0
(d) Enter name and EIN (address) of source of indirect compensation  CASTLIGHT HEALTH  26-1989091	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  \$3.24 PER PARTICIPANT (DETERMINED BY DIVIDING TOTAL COMPENSATION RECEIVED BY THE NUMBER OF PARTICIPANTS AS OF JULY 1, 2024 IN ALL PLANS THAT UTILIZED THIS VENDOR.)	
(a) Enter service provider name as it appears on line 2  CIGNA HEALTH AND LIFE INSURANCE CO.	(b) Service Codes (see instructions)  12 13 31 38 49 50 56 62	(c) Enter amount of indirect compensation  0
(d) Enter name and EIN (address) of source of indirect compensation  OMADA HEALTH, INC.  45-2355015	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  \$1.23 PER PARTICIPANT (DETERMINED BY DIVIDING TOTAL COMPENSATION RECEIVED BY THE NUMBER OF PARTICIPANTS AS OF JULY 1, 2024 IN ALL PLANS THAT UTILIZED THIS VENDOR.)	

**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
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation AMPLIFON HEARING HEALTHCARE 85-0437037	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. \$0.00 PMPY (THIS FORMULA IS BASED UPON TOTAL COMPENSATION RECEIVED FROM HEALTHY REWARD VENDORS ACROSS CIGNA COMPANIES' ENTIRE INSURED AND SELF-INSURED BOOK OF BUSINESS	
(a) Enter service provider name as it appears on line 2 CIGNA HEALTH AND LIFE INSURANCE CO.	(b) Service Codes (see instructions) 12 13 31 38 49 50 56 62	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation FITBIT 20-8920744	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. \$0.00 PMPY (THIS FORMULA IS BASED UPON TOTAL COMPENSATION RECEIVED FROM HEALTHY REWARD VENDORS ACROSS CIGNA COMPANIES' ENTIRE INSURED AND SELF-INSURED BOOK OF BUSINESS	
(a) Enter service provider name as it appears on line 2 CIGNA HEALTH AND LIFE INSURANCE CO.	(b) Service Codes (see instructions) 12 13 31 38 49 50 56 62	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation CITIBANK NA ONE PENNS WAY NEW CASTLE, DE 19720	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. \$1.97 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF EARNINGS CREDIT AT 3.66%.	

**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
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation  OMADA COMPLETE  45-2355015	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  \$0.17 PER PARTICIPANT TO FACILITATE ENROLLMENT OF SCREENED PARTICIPANTS	
(a) Enter service provider name as it appears on line 2  CIGNA HEALTH AND LIFE INSURANCE CO.	(b) Service Codes (see instructions)  12 13 31 38 49 50 56 62	(c) Enter amount of indirect compensation  0
(d) Enter name and EIN (address) of source of indirect compensation  CITIBANK NA (OMNIBUS)  ONE PENNS WAY NEW CASTLE, DE 19720	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  \$0.01 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 3.66%.	
(a) Enter service provider name as it appears on line 2  CIGNA HEALTH AND LIFE INSURANCE CO.	(b) Service Codes (see instructions)  12 13 31 38 49 50 56 62	(c) Enter amount of indirect compensation  0
(d) Enter name and EIN (address) of source of indirect compensation  DEUTSCHE BANK  60 WALL ST. NEW YORK, NY 10005-2836	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  \$0.00 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 0.50%.	

**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
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
VISION SERVICE PLAN  06-1227840	\$0.67 PER PARTICIPANT (DETERMINED BY DIVIDING TOTAL COMPENSATION RECEIVED BY THE NUMBER OF VISION SERVICE PARTICIPANTS IN PARTICIPATING PLANS INSURED/ADMINISTERED BY CIGNA.)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
SAGAMORE NETWORK HOSPITAL      11595 N. MERIDIAN ST. CARMEL, IN 46032	\$0.06 PER PARTICIPANT (DETERMINED BY DIVIDING TOTAL COMPENSATION RECEIVED BY THE NUMBER OF PARTICIPANTS IN ALL PLANS, INCLUDING SHARED ADMIN REPRICING PLAN INSURED/ADMINISTERED BY CIGNA.)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BANK OF AMERICA (LOCKBOX)      540 WEST MADISON STREET CHICAGO, IL 60661	\$0.37 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 4.00%

**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
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(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.	
CHLIC - COR DEPOSITS, PNC BANK 1600 MARKET ST. PHILADELPHIA, PA 19103	\$1.02 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 3.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(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.	
LCA - VISION INC.  11-2882328	\$0.00 PMPY (THIS FORMULA IS BASED UPON TOTAL COMPENSATION RECEIVED FROM HEALTHY REWARD VENDORS ACROSS CIGNA COMPANIES' ENTIRE INSURED AND SELF-INSURED BOOK OF BUSINESS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(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.	
AMERICAN SPECIALTY HEALTH INC.  33-0883241	\$0.00 PMPY (THIS FORMULA IS BASED UPON TOTAL COMPENSATION RECEIVED FROM HEALTHY REWARD VENDORS ACROSS CIGNA COMPANIES' ENTIRE INSURED AND SELF-INSURED BOOK OF BUSINESS	

**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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>554</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JPMORGAN CHASE BANK, NATIONAL ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>13-4994650</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	696734
<b>(3)</b> Other .....	<b>1b(3)</b>	6662315
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	5938393
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	149301090
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	38076752
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	176523568

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	408741427	377198852
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	1457000	1424000
<b>h</b> Operating payables.....	<b>1h</b>	1380982	93767
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2837982	1517767
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	405903445	375681085

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	20640	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	8432874	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		8453514
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	247	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	306255	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	7008211	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	7463492	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		14778205
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	101080	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		101080
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	43555296	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	43902860	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-347564
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-7027237	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-7027237

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1310326
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		17268324

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	46602153	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		46602153
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	522623	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	365908	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		888531
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		47490684

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-30222360
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **FAW CASSON & CO., LLP**

(2) EIN: **52-0619968**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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 \_\_\_\_\_.

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM  
FOR RETIREES**

**FINANCIAL STATEMENTS  
As Of And For The Years Ended  
December 31, 2024 And 2023  
AND SUPPLEMENTAL SCHEDULES  
As Of And For The Year Ended December 31, 2024  
Together With  
Independent Auditor's Report**



**FAW CASSON**  
CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS CONSULTANTS

# JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

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## INDEPENDENT AUDITOR'S REPORT

TO THE PARTICIPANTS AND PLAN ADMINISTRATOR OF  
JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

### OPINION

We have audited the accompanying financial statements of JPMorgan Chase Health Care and Insurance Program for Retirees, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of JPMorgan Chase Health Care and Insurance Program for Retirees as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### 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 JPMorgan Chase Health Care and Insurance Program for Retirees 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 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.

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 JPMorgan Chase Health Care and Insurance Program for Retirees 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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

## INDEPENDENT AUDITOR'S REPORT - CONTINUED

- 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 JPMorgan Chase Health Care and Insurance Program for Retirees 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 JPMorgan Chase Health Care and Insurance Program for Retirees ability to continue as a going concern for a reasonable period of time.

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.

### **SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of (1) assets (held at end of year) as of December 31, 2024 and (2) reportable transactions for the year ended December 31, 2024, together referred to as "supplemental schedules", are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Faw, Casson & Co., LLP*

Dover, Delaware  
June 27, 2025

## JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

### Statements of Net Assets Available for Benefits

December 31,	2024	2023
<b>Assets</b>		
Total Investments at fair value	\$ 369,839,803	\$ 400,110,624
<b>Total investments</b>	<b>369,839,803</b>	<b>400,110,624</b>
Receivables:		
Retiree contributions	696,734	678,719
Accrued interest	3,670,342	3,730,928
Premium refund	—	664
Receivable for investments sold	—	1,291,043
Other	2,042	—
<b>Total receivables</b>	<b>4,369,118</b>	<b>5,701,354</b>
Insurance claims deposits	2,989,931	2,929,449
<b>Total assets</b>	<b>377,198,852</b>	<b>408,741,427</b>
<b>Liabilities</b>		
Payable for investments purchased	—	1,281,043
Accrued administrative expenses	93,767	99,939
<b>Total liabilities</b>	<b>93,767</b>	<b>1,380,982</b>
<b>Net assets available for benefits</b>	<b>\$ 377,105,085</b>	<b>\$ 407,360,445</b>

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

## JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

### Statements of Changes in Net Assets Available for Benefits

Years ended December 31,	2024	2023
<b>Additions:</b>		
Contributions:		
Retiree	\$ 8,432,873	\$ 9,048,424
Employer	20,640	1,260
<b>Total contributions</b>	<b>8,453,513</b>	9,049,684
Investment activities:		
Investment income	15,941,686	16,756,302
Net appreciation/(depreciation) in fair value of investments	(7,126,875)	10,921,289
Net increase/(decrease) from investment activities	8,814,811	27,677,591
<b>Total additions, net</b>	<b>17,268,324</b>	36,727,275
<b>Deductions:</b>		
Claim payments to participants and health care providers	31,932,053	34,330,000
Premium payments for healthcare and insurance	14,703,100	14,934,061
Administrative expenses	888,531	1,181,882
<b>Total deductions</b>	<b>47,523,684</b>	50,445,943
Net change during the year	(30,255,360)	(13,718,668)
Net assets available for benefits, beginning of year	407,360,445	421,079,113
<b>Net assets available for benefits, end of year</b>	<b>\$ 377,105,085</b>	\$ 407,360,445

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

## JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

### Statements of Plan Benefit Obligations

December 31,	2024	2023
Estimated liability for benefits payable including claims incurred but not reported ("IBNR"): \$	<b>1,424,000</b>	\$ 1,457,000
Postretirement benefit obligations:		
Participants currently receiving benefits	<b>347,163,649</b>	374,282,487
Other fully eligible participants	<b>4,217,438</b>	8,108,962
Other participants	<b>31,672</b>	62,943
<b>Total postretirement benefit obligations</b>	<b>351,412,759</b>	382,454,392
<b>Plan benefit obligations, end of year</b>	<b>\$ 352,836,759</b>	<b>\$ 383,911,392</b>

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

## JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

### Statements of Changes in Plan Benefit Obligations

Years ended December 31,	2024	2023
Estimated liability for benefits payable including IBNR claims:		
Plan IBNR obligation, beginning of year	\$ 1,457,000	\$ 1,717,000
Increase/(decrease) in plan benefit obligations attributable to:		
Net change in IBNR claims	(33,000)	(260,000)
<b>Plan IBNR obligation, end of year</b>	<b>1,424,000</b>	<b>1,457,000</b>
Postretirement benefit obligations, beginning of year	382,454,392	409,524,094
Increase/(decrease) in plan obligations attributable to:		
Benefits earned and other changes	(12,880,446)	(6,299,070)
Increase for interest due to decrease in discount period	19,249,516	20,630,589
Benefits paid (net of retiree contributions)	(38,865,862)	(41,011,554)
Changes in actuarial assumptions and other (gains)/losses	1,455,159	(389,667)
Net change during the year	(31,041,633)	(27,069,702)
<b>Postretirement benefit obligations, end of year</b>	<b>351,412,759</b>	<b>382,454,392</b>
<b>Plan benefit obligations, end of year</b>	<b>\$ 352,836,759</b>	<b>\$ 383,911,392</b>

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

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**1. Description of the Plan**

The JPMorgan Chase Health Care and Insurance Program for Retirees (the “Plan”) is an employee health and welfare benefit plan sponsored by JPMorgan Chase Bank, National Association (“JPMorgan Chase Bank, N.A.”), a wholly-owned bank subsidiary of JPMorgan Chase & Co. (“JPMorgan Chase”), which is a leading global financial services firm and one of the largest banking institutions in the United States of America (“U.S.”), with operations worldwide. JPMorgan Chase Bank, N.A. is a national banking association that has retail branches in 48 states and Washington, D.C. and operates nationally as well as through non-U.S. bank branches and subsidiaries, and representative offices.

The following is a general description of the Plan. Refer to the Plan’s Summary Plan Description and governing legal Plan document for a more complete description of the Plan.

**General**

The Plan provides coverage for medical, dental, vision, and life insurance benefits to certain eligible retirees (“Participants”) of JPMorgan Chase and certain affiliated companies thereof (“Participating Employers”), as well as their eligible dependents. In addition, the Plan also covers certain survivors of retirees. These benefits are provided through self-insurance and commercial insurance contracts. JPMorgan Chase’s actuary has determined that JPMorgan Chase is eligible, on behalf of certain Medicare eligible retirees covered under its retiree medical program, for government subsidies under the Medicare Prescription Drug Improvement and Modernization Act of 2003 (the “Act”). Accordingly, the Plan does not reflect a postretirement benefit obligation associated with the Medicare subsidy allowed under the Act because the Plan is not directly entitled to the Medicare subsidy. JPMorgan Chase included the effects of the Medicare subsidy in measuring its postretirement benefit obligation; therefore, the postretirement benefit obligation of the Plan is different from the postretirement benefit obligation of JPMorgan Chase.

The Plan assets are held in a voluntary employees’ beneficiary association (“VEBA”) trust (“Trust”), which is administered by JPMorgan Chase Bank, N.A., as the Trustee. In its capacity as Trustee, JPMorgan Chase Bank, N.A. is responsible for the investment and safeguarding of the assets of the Plan. The Plan is administered by a Plan Administrator who is appointed by the Board of Directors of JPMorgan Chase or JPMorgan Chase Bank, N.A.

The Plan is subject to, and complies with, the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Retirement Plan Investment Committee (“RPIC”), as a named fiduciary, controls and manages the investment of the assets of the Trust, including the appointment of investment managers for the management of such assets.

JPMorgan Chase also defrays the cost of its postretirement benefit obligations through corporate owned life insurance (“COLI”) purchased on the lives of eligible employees and retirees. Assets attributable to the COLI policies are held in a separate account at the insurance company, and the cash value of the policies are invested by the insurance company in equity securities and/or bonds or other debt instruments. The COLI policies are owned by JPMorgan Chase; however, the COLI proceeds (i.e., death benefits, withdrawals and other distributions) may be used only to reimburse JPMorgan Chase for its net postretirement benefit claim payments and related administrative expenses.

During the years ended December 31, 2024 and 2023, JPMorgan Chase made contributions to the Trust of \$20,640 and \$1,260 respectively, for benefits related to certain Participants designated as key employees for which prior tax deductible contributions may not be used.

**Eligibility**

Certain retirees covered under prior plans are eligible to continue to participate in some of the benefits available in the Plan, since the plan is in effect at the date of their retirement permitted continued coverage (“Covered Retirees”). Participation in the Plan, including the choice of options and levels of coverage, is voluntary and solely the decision of the Participants. Generally, the coverage that a Participant chooses during the annual enrollment period becomes effective as of January 1 of the following plan year, and it will stay in effect throughout the plan year unless the Participant makes a change in their coverage under the provisions of the Plan. Coverage that an eligible Participant chooses when they first retire will become effective the first day of the month after termination (or the first day of the month after the end of company subsidized Consolidated Omnibus Budget Reconciliation Act (“COBRA”) coverage, if applicable and elected, is discontinued) and will stay in effect throughout the remainder of the year. Eligible dependents may include the Participant’s spouse or a domestic partner as of date of termination and children up to the end of the month in which they attain age 26, assuming they meet certain requirements. Dependent children who are not capable of supporting themselves due to a mental or physical disability may continue their coverage under the Plan beyond age 26.

## **JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**

### **Notes to Financial Statements**

**December 31, 2024 and 2023**

#### **Medical plan options**

The medical plan provides two coverage options, administered by Aetna Life Insurance Company ("Aetna") and Cigna Health and Life Insurance Company ("Cigna") for Pre-Medicare retirees. Participants who were already enrolled in the Preferred Provider Organization ("PPO")/Point of Service ("POS") High and Low options were allowed to maintain their coverage. These coverage options contain certain wellness features such as 100% coverage with no deductible for in-network preventive care and certain preventive brand and generic medications. The coverage options have in-network and out-of-network benefits. New retirees who had a balance in their active employee Medical Reimbursement Account ("MRA") can continue to use any remaining MRA funds, but they cannot earn or receive additional MRA funds.

Medicare eligible non-grandfathered retirees have access to individual health care policies available through Via Benefits, a private Medicare exchange, which coverage is not sponsored by JPMorgan Chase. If a retiree is eligible for a medical subsidy, based on the rules in effect at the time of their retirement, the retiree receives a subsidy into an account under a Health Reimbursement Arrangement ("HRA Account") with Via Benefits each year if enrolled in Medicare Supplement or Medicare Advantage coverage through this exchange. These amounts generally do not increase each year for most retirees; however, certain groups of retirees will receive an increase based on the rules in effect at the time they retired. Generally, enrolled Medicare eligible dependents may be eligible to receive an HRA Account. Certain grandfathered retirees maintained their coverage in the Medicare Indemnity High and Low Options administered by Cigna.

The retiree medical plan sponsored by JPMorgan Chase is self-insured. The prescription drug coverage under the self-insured medical plan is provided through the Prescription Drug Plan, which is administered by CVS Caremark. The Prescription Drug Plan is part of the medical plan. The Prescription Drug Plan gives Participants the option of having prescriptions filled at a retail pharmacy (in-network or any other pharmacy) or through a mail-order service. Long-term prescriptions are generally filled through CVS Caremark's mail order program or at a CVS pharmacy. Participants covered under these options pay a co-payment or coinsurance amount for filling each prescription drug which varies based on type of drug and whether it is filled at a retail or mail-order pharmacy, and varies based on plan design.

#### **Dental plan options**

The Dental Plan provides Participants with the following two types of coverage options:

1. Preferred Dentist Program ("PDP") self insured option, which provides dental coverage through either in-network or out-of-network dentists. In-network care is generally covered at a higher percent cost with lower annual deductibles as compared with out-of-network care. Metropolitan Life Insurance Company ("MetLife") serves as the claims administrator for this option.
2. Dental Health Maintenance Organization ("DHMO") and Dental Maintenance Organization (DMO) fully insured options, which offers a broad range of dental services provided by dentists associated with the network. Participants covered under these options have no cost for preventive services and pay a coinsurance (no deductible) amount for other covered dental services. The claims administrators for the DMO and DHMO options are Aetna and Cigna, respectively.

#### **Medical and dental plan contributions**

The cost to Participants of benefit coverage provided by the Plan depends on which heritage company the individual retired from, the rules that were in effect at the time of retirement, number of dependents enrolled, and the option and coverage level selected. Prior to the start of the Plan year, contributions are determined based on the projected total annual Plan costs for any self-insured plans.

#### **Life insurance plan**

The Plan purchased an insurance contract from MetLife to provide insurance coverage to certain Participants who retired under certain heritage company provisions. Covered retirees who satisfied certain age and service requirements may be eligible to receive coverage at no cost based on the rules in effect at the time of the Participant's retirement. This insurance coverage is funded entirely through contributions by the Participating Employers. Certain other retirees may be able to purchase insurance coverage of either \$5,000 or \$10,000 at the time of retirement, and the Participant pays the full cost of the benefit elected.

#### **Other fully insured plan benefits**

The Plan provides Participants the option to elect vision care which is fully insured through an insurance contract with EyeMed Vision Care LLC. Coverage is available for the retiree, his/her spouse/domestic partner and eligible dependents. Participants pay the full cost of elected benefits.

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Insurance claims deposits**

The Plan maintains prepaid cash deposits at JPMorgan Chase Bank, N.A. as required by certain third-party administrators to facilitate the payment of medical and dental claims. Insurance claims are paid from the deposits, and the Plan replenishes the imprest amount weekly based off the historical claims experience.

**Account limit**

The Plan uses a Section 501(c)(9) trust under the Code to fund healthcare and other benefits. All Participating Employer contributions to the trust are tax-deductible as long as Plan balances do not exceed the actuarially certified account limits for the applicable year.

**Administrative expenses**

To the extent not paid by JPMorgan Chase, JPMorgan Chase Bank, N.A. and/or Participating Employers, the Plan's administrative expenses and investment management fees are paid by the Plan. Brokerage fees and transfer taxes included in the cost of investments at the time of purchase or sale are also paid by the Plan.

**2. Summary of significant accounting policies**

**Basis of presentation**

The accounting and financial reporting policies of the Plan conform to accounting principles generally accepted in the United States of America ("U.S. GAAP").

**Use of estimates in the preparation of financial statements**

The preparation of financial statements requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, Plan benefit obligations, changes in net assets available for benefits, liability for incurred but not reported ("IBNR") claims, claims payable and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

**Investment valuation**

All investments are recorded at fair value. For information related to the Plan's valuation methodologies for its investments recorded at fair value, refer to Note 3.

**Claims, premiums, and administrative fee refunds**

The Plan may receive prescription drug rebates and administrative fee refunds from service providers under the terms of the contracts. The Plan may also receive fully insured premium refunds due to changes in the number of covered participants or coverage amounts. Such refunds are recorded when earned.

**Claims incurred but not reported**

Claims incurred but not reported are computed by AON Consulting utilizing actuarial methods that take into consideration prior claims experience and the expected time period from the date such claims are incurred to the date that the related claims are submitted to and paid by the Plan. The claims are paid by the Plan only if they are submitted and approved for payment.

**Claim payments to Participants and health care providers**

Claim payments are recorded when paid.

**Insurance premiums and administrative expenses**

Premiums for healthcare, insurance and administrative expenses are recorded as incurred.

**Plan benefit obligations**

The estimated liability for medical and dental benefits, including the estimated liability for IBNR claims for Participants, is determined for the self-insured options based on past and emerging experience patterns. The Claims Administrators are responsible for processing and paying all approved claims submitted by Participants.

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered as of December 31, 2024 and 2023. Postretirement benefits include future benefits expected to be paid to or on behalf of (1) currently retired, disabled or terminated employees and their beneficiaries and dependents, and (2) eligible active employees and their beneficiaries and dependents after they retire from service with the Participating Employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

The actuarial present values of the post employment benefit obligations have been determined by the Plan’s actuary. These values are estimated by applying actuarial assumptions to historical claims and cost data to estimated future annual claims costs per Participant. Such estimates are adjusted for the time value of money (through a discount rate for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used to determine the estimated postretirement benefit obligations for medical and dental benefits under the Plan as of December 31, 2024 and 2023, were as follows:

- The Pri-2012 Mortality Table projection using Scale MP 2021 was used to estimate the life expectancy of Participants at December 31, 2024 and 2023, respectively.
- The weighted-average discount rate used at December 31, 2024 and 2023, 5.50% and 5.30%, respectively.
- An initial health care cost trend rate used as of December 31, 2024 and 2023 was 6.50% and 5.00%, respectively. An ultimate health care cost trend rate used as of December 31, 2024 and 2023 was 4.75% and 5.00%, respectively, and excludes Participants whose benefits under the Plan are capped.
- An annual indexation of 3.50% was used on HRA Account credits for certain Medicare retirees at both December 31, 2024 and 2023.
- The following assumed rates of retirement were used for medical benefits at both December 31, 2024 and 2023:

Age	2024 Rates per 1,000 participants	2023 Rates per 1,000 participants
50	–	–
55-59	120	120
60	130	130
61	140	140
62	170	170
63	160	160
64	220	220
65	300	300
66	280	280
67	280	280
68	250	250
69	250	250
70	300	300
71	250	250
72	250	250
73	250	250
74	250	250
75	1,000	1,000

The foregoing assumptions were based on the presumption that the Plan would continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

The weighted-average health care cost trend rate assumption has an effect on the amounts reported in the accompanying financial statements for those Participants whose benefits under the Plan are not capped. If the assumed rate increased by one percentage point in 2024 and 2023, it would have increased the Plan benefit obligations as of December 31, 2024 and 2023, by \$756,447 and \$985,065, respectively.

**Differences between financial statements and IRS Form 5500**

The Plan does not reflect as liabilities in the Statements of Net Assets Available for Benefits the estimated liability for benefits payable including IBNR claims. The U.S. Department of Labor, however, requires that these amounts be reported as a liability on IRS Form 5500, Annual Return/Report of Employee Benefit Plan (“Form 5500”).

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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

<b>December 31,</b>	<b>2024</b>	<b>2023</b>
Net assets available for benefits per the financial statements	\$ 377,105,085	\$ 407,360,445
Less: Estimated benefits/claims payable	<b>(1,424,000)</b>	(1,457,000)
<b>Net assets available for benefits per Form 5500</b>	<b>\$ 375,681,085</b>	<b>\$ 405,903,445</b>

The following is a reconciliation of benefits/claims paid to Participants and healthcare providers per the financial statements to the Form 5500:

<b>Year ended December 31,</b>	<b>2024</b>	<b>2023</b>
Benefits/claims payments per the financial statements	\$ 31,932,053	\$ 34,330,000
Premium payments for healthcare and insurance per financial statements	<b>14,703,100</b>	14,934,061
Add: Estimated benefits/claims payable at December 31 of the current year	<b>1,424,000</b>	1,457,000
Less: Estimated benefits/claims payable at December 31 of the prior year	<b>(1,457,000)</b>	(1,717,000)
<b>Benefits/claims paid and payable per Form 5500</b>	<b>\$ 46,602,153</b>	<b>\$ 49,004,061</b>

### 3. Fair value measurements

#### Determination of fair value

The following is a description of the Plan's valuation methodologies for assets and liabilities measured at fair value. The Plan has an established and well-structured process for determining fair values. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is based on quoted market prices or inputs, where available. If prices or quotes are not available, fair value is based on valuation models and other valuation techniques that consider relevant transaction characteristics (such as maturity) and use as inputs, observable or unobservable market parameters, including but not limited to yield curves, interest rates, volatilities, equity or debt prices, foreign exchange rates and credit curves. Valuation adjustments may be made to ensure that financial instruments are recorded at fair value. These adjustments may include amounts to reflect constraints on liquidity and unobservable parameters when the Plan is unable to observe a recent market price for a financial instrument that trades in an inactive (or less active) market. No adjustments to quoted prices are applied for instruments classified within level 1 of the fair value hierarchy (refer to the discussion below for further information on the fair value hierarchy).

The Plan uses various methodologies and assumptions in the determination of fair value. The use of different methodologies or assumptions by other market participants compared with those used by the Plan could result in a different estimate of fair value at the reporting date.

#### Fair value hierarchy

A three-level fair value hierarchy has been established under U.S. GAAP for disclosure of fair value measurements. The fair value hierarchy is based on the observability of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 – inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – one or more inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

The following table describes the valuation methodologies generally used by the Plan to measure its instruments at fair value, including the general classification of such instruments pursuant to the fair value hierarchy.

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

<b>Instrument</b>	<b>Valuation methodology</b>	<b>Classifications in the fair value hierarchy</b>
Corporate debt and U.S. federal, state, local and non-U.S. government securities	Quoted market prices	Level 1
	In the absence of quoted market prices, securities are valued based on: <ul style="list-style-type: none"> <li>• Observable market prices for similar securities</li> <li>• Relevant broker quotes</li> <li>• Independent pricing services</li> <li>• Discounted cash flows with observable or unobservable inputs</li> </ul>	Level 2
Fund investments (e.g., money market ) and registered investment companies	Net asset value ("NAV") <ul style="list-style-type: none"> <li>• NAV is supported by the ability to redeem and purchase at NAV level.</li> </ul>	Level 1

**Investments measured at net asset value**

***Fund investments and registered investment companies***

These investments are public investment vehicles that are valued based on the calculated NAV of the fund. These funds produce a daily NAV that is validated by a sufficient level of observable activity (i.e., purchases and sales at NAV). The NAV is used to value the fund investment, and they are classified in level 1 of the fair value hierarchy.

The investment strategies for registered investment companies vary, and they may invest directly and indirectly in a broad range of equities, debt and derivative investments with the objective of mirroring or exceeding the total return of certain market indices (e.g., S&P 500 Index, Russell 1000 Index, Bloomberg Barclays U.S. Aggregate Bond Index). Strategies may vary based on global macroeconomic views, expected directional movements in the financial markets, market capitalization (e.g., large, medium or small cap stocks), and other strategies. Certain of these investments could be subject to restrictions on redemption in the future; and they may be sold based on the level of capital markets activity, market levels, the performance of the broader economy and investment-specific issues.

The Plan has no unfunded commitments related to investments that are valued at NAV.

The following tables present the financial instruments carried at fair value as of December 31, 2024 and 2023, by major product category and fair value hierarchy.

**Assets measured at fair value on a recurring basis**

<b>December 31, 2024</b>	<b>Fair value hierarchy</b>			<b>Total fair value</b>
	<b>Level 1</b>	<b>Level 2</b>		
Corporate debt	\$ —	\$ 149,301,090		\$ 149,301,090
U.S. federal, state, local and non-U.S. government securities	6,528,060	175,933,901		182,461,961
Fund investments, registered investment companies and other	38,076,752	—		38,076,752
<b>Total investments at fair value</b>	<b>\$ 44,604,812</b>	<b>\$ 325,234,991</b>		<b>\$ 369,839,803</b>

December 31, 2023	Fair value hierarchy			Total fair value
	Level 1	Level 2		
Corporate debt	\$ —	\$ 152,648,924		\$ 152,648,924
U.S. federal, state, local and non-U.S. government securities	9,135,057	196,592,657		205,727,714
Fund investments, registered investment companies and other	41,733,986	—		41,733,986
<b>Total investments at fair value</b>	<b>\$ 50,869,043</b>	<b>\$ 349,241,581</b>		<b>\$ 400,110,624</b>

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**4. Transactions with affiliated parties**

Certain plan investments are managed by parties that meet the definition of affiliated parties as defined by the Plan. The following summary of transactions qualify as party-in-interest transactions for the years ended December 31, 2024 and 2023.

	Aggregate cost of purchases		Aggregate proceeds from sales and redemptions	
	2024	2023	2024	2023
JPMorgan Core Bond Fund	\$ 80,925	\$ 74,882	\$ –	\$ –
JPMorgan Core Plus Bond Fund	86,553	76,893	–	–
JPMorgan Equity Income Fund	21,347	7,948	40,888	15,128
JPMorgan Government Bond Fund	30,898	29,312	–	–
JPMorgan Large Cap Growth Fund	5,308	1,170	44,776	18,744
JPMorgan Large Cap Value Fund	21,501	10,915	37,111	16,987
JPMorgan Limited Duration Bond Fund	–	593	–	99,167
JPMorgan Mid Cap Growth Fund	11,104	–	26,553	8,056
JPMorgan Mid Cap Value Fund	12,155	6,281	21,116	10,115
JPMorgan Short Duration Bond Fund	28,444	24,421	–	–
JPMorgan U.S. Equity Fund	19,803	6,174	46,514	17,331

**5. Tax status**

The Trust established under the Plan has qualified for tax-exempt status under the provisions of Section 501(c)(9) of the Code. The Plan has been amended since the Trust received a favorable tax determination letter from the IRS on October 9, 2008. The Plan Administrator believes that the Trust, as amended, is operating in compliance with the requirements of the Code and continues to qualify as tax-exempt. However, despite its status as a tax-exempt entity, due to the Plan's investment strategies, the Trust may generate unrelated business taxable income ("UBTI") and become subject to U.S. federal and state income taxes. Additionally, pursuant to federal tax law, Code Section 501(c)(9) entities must report certain investment income as UBTI. During 2024 and 2023, the Trust did not generate any UBTI or recognize any U.S. federal and state income tax expense.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize an income tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. Plan management has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2024 and 2023, there were no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no tax audits in progress for any tax period.

**6. Commitments and contingencies**

In accordance with the provisions of U.S. GAAP for contingencies, the Plan accrues for a litigation-related liability when it is probable that such a liability has been incurred and the amount of the loss can be reasonably estimated. Plan management evaluates the Plan's outstanding legal proceedings, if any, periodically to assess whether any litigation reserve is required, and makes adjustments in such reserves, upwards or downwards, as appropriate, based on Plan management's best judgment after consultation with counsel.

While the outcome of litigation is inherently uncertain, Plan management believes, based upon its current knowledge, after consultation with counsel, in light of all information known to it at December 31, 2024, that there were no pending or threatened legal proceedings against the Plan that would require the establishment of a litigation reserve. There is no assurance that the Plan will not need to establish a reserve, or to adjust the amount of such a reserve, for a litigation-related liability in the future.

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**7. Risks and uncertainties**

The Plan's investments include financial instruments that are exposed to various risks such as interest rate, market, credit and country risks. Due to the level of risk associated with certain financial instruments, it is at least reasonably possible that changes in the values of financial instruments will occur in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Concentration of credit risk arises when investments or counterparties are engaged in similar business activities or activities in the same geographic region, or when they have similar economic features that would cause their ability to meet contractual obligations to be similarly affected by changes in economic conditions. The Plan's exposure to a concentration of credit risk is limited by the broad diversification of its investments.

The Plan's prepaid cash deposits are held in a noninterest-bearing cash account at JPMorgan Chase Bank, N.A. The deposits are insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000. None of the Plan's other investments are insured by the FDIC.

Plan contributions are made and the actuarial present value of benefit obligations are reported based on certain assumptions including but not limited to interest rates, health care 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.

**8. Plan termination**

JPMorgan Chase intends to continue the Plan, but reserves the right to amend, modify or terminate the Plan at any time. Upon termination of any Trust, the assets must be used to satisfy all liabilities to existing beneficiaries and then to provide various benefits to existing Participants. Eligible claims covered by the Plan will be paid according to the terms of the Plan.

**9. Subsequent events**

In preparing the financial statements, management of the Plan has performed an evaluation of material events that occurred subsequent to December 31, 2024, and through June 27, 2025, the date these financial statements were available to be issued. There were no material subsequent events that occurred that would require disclosure or recognition in these financial statements.

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES  
PLAN NUMBER 554 – EIN: 13/4994650  
SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2024  
(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4J)**

(A)	(B)	(C)	(D)	(G)	(H)	(I)
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET (INCLUDING INTEREST RATE AND MATURITY IN CASE OF A LOAN)	PURCHASE PRICE	SELLING PRICE	COST OF ASSET	CURRENT VALUE OF ASSETS ON TRANSACTION DATE	NET GAIN (LOSS)
<b>SERIES TRANSACTIONS UNDER SECTION 2520.103-6(C) (L) (II):</b>						
	FIDELITY GOVT PORTFOLIO INST SHARES FUND 52,248,326 UNITS, 234 BUYS	\$ 1.00		\$ 52,248,326	\$ 52,248,326	\$ –
	FIDELITY GOVT PORTFOLIO INST SHARES FUND 53,048,527 UNITS, 86 SELLS		\$ 1.00	53,048,527	53,048,527	–
	BLACKROCK LIQUIDITY MUNI CASH INST SHARES FUND 39,089,753 UNITS, 50 BUYS	1.00		39,093,662	39,093,662	–
	BLACKROCK LIQUIDITY MUNI CASH INST SHARES FUND 42,295,457 UNITS, 95 SELLS		1.00	42,297,989	42,299,695	1,706

NOTE 1: THE THRESHOLD FOR REPORTING TRANSACTIONS UNDER DEPARTMENT OF LABOR PROVISIONS IS FIVE PERCENT OF THE FAIR VALUE OF THE PLAN'S ASSETS AT THE BEGINNING OF THE YEAR OF \$408,741,427. FIVE PERCENT OF THIS AMOUNT IS \$20,437,071.

NOTE 2: COLUMNS '(E) LEASE RENTAL' AND '(F) EXPENSE INCURRED WITH TRANSACTION' HAVE BEEN OMITTED, AS THERE IS NO DATA TO REPORT IN THESE COLUMNS.

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES  
 PLAN NUMBER 554 – EIN: 13/4994650  
 SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2024  
 (IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4J)**

(A)	(B)	(C)	(D)	(G)	(H)	(I)
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET (INCLUDING INTEREST RATE AND MATURITY IN CASE OF A LOAN)	PURCHASE PRICE	SELLING PRICE	COST OF ASSET	CURRENT VALUE OF ASSETS ON TRANSACTION DATE	NET GAIN (LOSS)

**SINGLE TRANSACTIONS UNDER SECTION 2520.103-6(C) (L) (II):**

	BLACKROCK LIQUIDITY MUNI CASH INST SHARES FUND		\$ 1.00	\$ 21,998,868	\$ 22,000,000	\$ (1,132)
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NOTE 1: THE THRESHOLD FOR REPORTING TRANSACTIONS UNDER DEPARTMENT OF LABOR PROVISIONS IS FIVE PERCENT OF THE FAIR VALUE OF THE PLAN'S ASSETS AT THE BEGINNING OF THE YEAR OF \$408,741,427. FIVE PERCENT OF THIS AMOUNT IS \$20,437,071.

NOTE 2: COLUMNS '(E) LEASE RENTAL' AND '(F) EXPENSE INCURRED WITH TRANSACTION' HAVE BEEN OMITTED, AS THERE IS NO DATA TO REPORT IN THESE COLUMNS.

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**PLAN NUMBER 554 – EIN# 13/4994650**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024**  
**(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)**

(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	
<b>CORPORATE DEBT SECURITIES:</b>				
AIA Group Ltd	SEMI-ANN. 4.875% 03/11/2044 300,000	\$ 286,365	\$ 276,165	
AIA Group Ltd	SEMI-ANN. 3.600% 04/09/2029 300,000	338,955	285,576	
AIA Group Ltd	SEMI-ANN. 3.375% 04/07/2030 200,000	199,412	185,378	
AIA Group Ltd	SEMI-ANN. 4.950% 03/30/2035 500,000	493,055	480,533	
Aon Global Ltd	SEMI-ANN. 4.450% 05/24/2043 300,000	252,180	246,853	
Aon Global Ltd	SEMI-ANN. 4.750% 05/15/2045 500,000	445,625	431,338	
AT&T Inc	SEMI-ANN. 4.500% 05/15/2035 260,000	237,094	240,499	
AT&T Inc	SEMI-ANN. 4.250% 03/01/2027 290,000	282,910	287,356	
AT&T Inc	SEMI-ANN. 4.100% 02/15/2028 230,000	219,777	225,126	
AT&T Inc	SEMI-ANN. 4.300% 02/15/2030 560,000	528,892	542,613	
AT&T Inc	SEMI-ANN. 3.500% 06/01/2041 500,000	504,520	383,498	
Abbott Laboratories	SEMI-ANN. 4.750% 11/30/2036 510,000	692,391	492,844	
AbbVie Inc	SEMI-ANN. 4.400% 11/06/2042 400,000	372,128	346,759	
AbbVie Inc	SEMI-ANN. 3.200% 11/21/2029 250,000	249,938	231,983	
AbbVie Inc	SEMI-ANN. 4.050% 11/21/2039 310,000	327,317	265,146	
Abu Dhabi National Energy Co PJSC	SEMI-ANN. 4.875% 04/23/2030 450,000	447,750	445,750	
Adobe Inc	SEMI-ANN. 2.300% 02/01/2030 570,000	574,036	506,943	
AerCap Ireland Capital DAC	SEMI-ANN. 3.650% 07/21/2027 160,000	159,603	155,222	
AerCap Ireland Capital DAC	SEMI-ANN. 3.875% 01/23/2028 280,000	253,728	271,163	
AerCap Ireland Capital DAC	SEMI-ANN. 4.450% 10/01/2025 300,000	293,697	299,300	
AerCap Ireland Capital DAC	SEMI-ANN. 3.300% 01/30/2032 150,000	129,462	130,727	
Air Lease Corp	SEMI-ANN. 3.625% 04/01/2027 360,000	327,833	347,994	
Air Lease Corp	SEMI-ANN. 3.250% 03/01/2025 450,000	432,345	448,713	
Air Lease Corp	SEMI-ANN. 4.625% 10/01/2028 230,000	223,443	226,085	
Air Lease Corp	SEMI-ANN. 3.000% 02/01/2030 580,000	576,416	523,724	
Alabama Power Co	SEMI-ANN. 4.100% 01/15/2042 200,000	165,270	163,459	
Rio Tinto Alcan Inc	SEMI-ANN. 7.250% 03/15/2031 540,000	681,183	596,886	
Alexandria Real Estate Equities Inc	SEMI-ANN. 1.875% 02/01/2033 330,000	315,909	254,277	
Allstate Corp/The	SEMI-ANN. 5.550% 05/09/2035 510,000	574,148	516,540	
Allstate Corp/The	SEMI-ANN. 5.950% 04/01/2036 200,000	235,464	209,681	
Ally Financial Inc	SEMI-ANN. 4.625% 03/30/2025 300,000	336,435	299,433	
Altria Group Inc	SEMI-ANN. 2.625% 09/16/2026 600,000	541,230	579,409	
Altria Group Inc	SEMI-ANN. 5.800% 02/14/2039 300,000	367,809	296,197	
Amazon.com Inc	SEMI-ANN. 4.800% 12/05/2034 820,000	872,113	817,934	
Amazon.com Inc	SEMI-ANN. 3.875% 08/22/2037 200,000	235,654	176,696	
Amazon.com Inc	SEMI-ANN. 1.000% 05/12/2026 60,000	59,741	57,404	
America Movil SAB de CV	SEMI-ANN. 6.375% 03/01/2035 250,000	287,575	263,683	
America Movil SAB de CV	SEMI-ANN. 6.125% 11/15/2037 500,000	536,750	513,896	
American Express Co	SEMI-ANN. 4.050% 12/03/2042 600,000	519,376	502,836	
American Honda Finance Corp	SEMI-ANN. 2.300% 09/09/2026 300,000	267,309	288,806	
American International Group Inc	SEMI-ANN. 6.250% 05/01/2036 400,000	513,184	422,812	
American International Group Inc	SEMI-ANN. 4.700% 07/10/2035 520,000	494,754	482,939	
American International Group Inc	SEMI-ANN. 4.200% 04/01/2028 230,000	221,761	224,759	
Amgen Inc	SEMI-ANN. 6.400% 02/01/2039 200,000	215,018	209,915	
Amgen Inc	SEMI-ANN. 3.200% 11/02/2027 290,000	266,820	278,904	
Analog Devices Inc	SEMI-ANN. 2.800% 10/01/2041 600,000	462,600	424,965	
Anglo American Capital PLC	SEMI-ANN. 4.750% 04/10/2027 620,000	598,779	614,829	

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**PLAN NUMBER 554 – EIN# 13/4994650**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024**  
**(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)**

(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	
<b>CORPORATE DEBT SECURITIES (CONTINUED):</b>				
Anheuser-Busch InBev Worldwide Inc	SEMI-ANN. 5.875% 06/15/2035 656,000	725,155	687,604	
Anheuser-Busch InBev Worldwide Inc	SEMI-ANN. 4.750% 01/23/2029 150,000	149,731	149,900	
Anheuser-Busch InBev Finance Inc	SEMI-ANN. 4.700% 02/01/2036 300,000	371,973	284,391	
Elevance Health Inc	SEMI-ANN. 3.650% 12/01/2027 290,000	271,742	282,351	
Apache Corp	SEMI-ANN. 7.750% 12/15/2029 540,000	654,318	579,954	
Apple Inc	SEMI-ANN. 4.500% 02/23/2036 520,000	693,940	507,679	
Apple Inc	SEMI-ANN. 2.450% 08/04/2026 300,000	272,598	290,841	
ArcelorMittal SA	SEMI-ANN. 4.250% 07/16/2029 170,000	186,609	164,503	
AstraZeneca PLC	SEMI-ANN. 6.450% 09/15/2037 400,000	606,496	438,903	
Athene Global Funding	SEMI-ANN. 5.526% 07/11/2031 150,000	150,000	150,334	
AvalonBay Communities Inc	SEMI-ANN. 3.200% 01/15/2028 570,000	533,720	545,577	
Avolon Holdings Funding Ltd	SEMI-ANN. 2.125% 02/21/2026 350,000	334,885	338,506	
BAT Capital Corp	SEMI-ANN. 3.557% 08/15/2027 290,000	265,730	280,573	
BHP Billiton Finance USA Ltd	SEMI-ANN. 4.125% 02/24/2042 400,000	367,652	336,928	
BHP Billiton Finance USA Ltd	SEMI-ANN. 5.000% 09/30/2043 300,000	284,979	280,553	
BNP Paribas SA	SEMI-ANN. 4.375% 05/12/2026 300,000	287,796	296,670	
BMW US Capital LLC	SEMI-ANN. 2.800% 04/11/2026 100,000	91,749	97,779	
BMW US Capital LLC	SEMI-ANN. 3.300% 04/06/2027 300,000	280,218	290,882	
BP Capital Markets PLC	SEMI-ANN. 3.723% 11/28/2028 710,000	685,512	682,716	
BP Capital Markets PLC	SEMI-ANN. 3.279% 09/19/2027 350,000	327,642	338,279	
BPCE SA	SEMI-ANN. 4.500% 03/15/2025 620,000	605,470	618,871	
BPCE SA	SEMI-ANN. 4.625% 09/12/2028 280,000	289,464	272,866	
Banco Santander SA	SEMI-ANN. 4.379% 04/12/2028 200,000	187,624	195,078	
Banco Santander SA	SEMI-ANN. 5.294% 08/18/2027 600,000	588,312	604,018	
Bank of America Corp	SEMI-ANN. 5.875% 02/07/2042 200,000	216,214	208,877	
Bank of America Corp	SEMI-ANN. 4.875% 04/01/2044 200,000	187,792	183,150	
Bank of America Corp	SEMI-ANN. 4.250% 10/22/2026 300,000	292,089	297,659	
Bank of America Corp	SEMI-ANN. 4.183% 11/25/2027 230,000	229,465	225,749	
Bank of America Corp	SEMI-ANN. 3.419% 12/20/2028 290,000	268,864	277,936	
Bank of America Corp	SEMI-ANN. 4.078% 04/23/2040 210,000	187,452	178,672	
Bank of America Corp	SEMI-ANN. 3.194% 07/23/2030 200,000	180,804	184,339	
Bank of America Corp	SEMI-ANN. 2.496% 02/13/2031 100,000	85,769	87,917	
Bank of America Corp	SEMI-ANN. 2.676% 06/19/2041 200,000	193,128	139,066	
Bank of America Corp	SEMI-ANN. 2.299% 07/21/2032 130,000	106,079	108,452	
Bank of America Corp	SEMI-ANN. 2.572% 10/20/2032 50,000	50,433	42,219	
Bank of New York Mellon Corp/The	SEMI-ANN. 1.050% 10/15/2026 200,000	199,848	188,112	
Bank of New York Mellon Corp/The	SEMI-ANN. 3.300% 08/23/2029 560,000	515,603	520,304	
MUFG Bank Ltd	SEMI-ANN. 4.700% 03/10/2044 200,000	186,292	180,129	
Barclays PLC	SEMI-ANN. 3.650% 03/16/2025 310,000	289,456	309,190	
Becton Dickinson & Co	SEMI-ANN. 4.685% 12/15/2044 300,000	269,172	259,543	
Becton Dickinson & Co	SEMI-ANN. 3.700% 06/06/2027 190,000	178,868	185,492	
Berkshire Hathaway Finance Corp	SEMI-ANN. 4.300% 05/15/2043 500,000	445,310	433,026	
Blackstone Holdings Finance Co LLC	SEMI-ANN. 1.600% 03/30/2031 500,000	456,085	402,297	
BNP Paribas SA	SEMI-ANN. 4.400% 08/14/2028 280,000	269,828	272,068	
BOC Aviation Ltd	SEMI-ANN. 3.875% 04/27/2026 600,000	571,569	592,350	
BOC Aviation Ltd	SEMI-ANN. 2.625% 09/17/2030 200,000	201,010	176,706	
Boeing Co/The	SEMI-ANN. 6.125% 02/15/2033 460,000	560,469	477,856	

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**PLAN NUMBER 554 – EIN# 13/4994650**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024**  
**(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)**

(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
<b>CORPORATE DEBT SECURITIES (CONTINUED):</b>				
	Boeing Co/The	SEMI-ANN. 2.600% 10/30/2025 310,000	288,895	304,061
	Boeing Co/The	SEMI-ANN. 2.950% 02/01/2030 300,000	314,175	267,790
	Boston Properties LP	SEMI-ANN. 3.200% 01/15/2025 250,000	236,970	249,799
	Boston Properties LP	SEMI-ANN. 3.400% 06/21/2029 700,000	722,477	642,230
	BP Capital Markets America Inc	SEMI-ANN. 3.119% 05/04/2026 160,000	150,040	157,142
	Bristol-Myers Squibb Co	SEMI-ANN. 4.125% 06/15/2039 300,000	275,316	259,054
	Bristol-Myers Squibb Co	SEMI-ANN. 2.350% 11/13/2040 600,000	606,012	398,696
	Bristol-Myers Squibb Co	SEMI-ANN. 3.550% 03/15/2042 100,000	82,414	77,368
	British Telecommunications PLC	SEMI-ANN. FLOATING 12/15/2030 260,000	364,629	315,477
	Broadcom Inc	SEMI-ANN. 4.150% 11/15/2030 143,000	162,705	136,784
	Broadcom Inc	SEMI-ANN. 3.137% 11/15/2035 170,000	128,158	138,861
	Broadcom Inc	SEMI-ANN. 3.187% 11/15/2036 7,000	7,965	5,641
	Broadcom Inc	SEMI-ANN. 4.926% 05/15/2037 500,000	441,005	475,825
	Burlington Northern Santa Fe LLC	SEMI-ANN. 4.400% 03/15/2042 200,000	185,060	173,638
	Burlington Resources LLC	SEMI-ANN. 7.200% 08/15/2031 540,000	683,100	598,702
	Cboe Global Markets Inc	SEMI-ANN. 3.650% 01/12/2027 580,000	552,792	569,329
	Cigna Group/The	SEMI-ANN. 4.375% 10/15/2028 280,000	274,296	274,392
	Cigna Group/The	SEMI-ANN. 4.800% 08/15/2038 300,000	293,949	272,061
	Cigna Group/The	SEMI-ANN. 3.250% 04/15/2025 70,000	66,090	69,663
	CK Hutchison International 16 Ltd	SEMI-ANN. 2.750% 10/03/2026 300,000	269,637	290,057
	CK Hutchison International 17 II Ltd	SEMI-ANN. 3.250% 09/29/2027 290,000	267,670	278,961
	CME Group Inc	SEMI-ANN. 3.750% 06/15/2028 280,000	276,536	272,519
	CVS Health Corp	SEMI-ANN. 4.875% 07/20/2035 260,000	255,299	236,217
	CVS Health Corp	SEMI-ANN. 4.300% 03/25/2028 30,000	29,280	29,062
	CVS Health Corp	SEMI-ANN. 4.780% 03/25/2038 410,000	445,836	354,570
	CVS Health Corp	SEMI-ANN. 4.125% 04/01/2040 85,000	97,676	66,672
	Cameron LNG LLC	SEMI-ANN. 2.902% 07/15/2031 300,000	315,372	261,280
	Cameron LNG LLC	SEMI-ANN. 3.402% 01/15/2038 500,000	503,625	415,062
	Canadian Pacific Railway Co	SEMI-ANN. 5.950% 05/15/2037 400,000	550,724	414,699
	Capital One Financial Corp	SEMI-ANN. 4.200% 10/29/2025 300,000	289,488	298,039
	Capital One Financial Corp	SEMI-ANN. 5.268% 05/10/2033 640,000	627,533	623,352
	Cardinal Health Inc	SEMI-ANN. 4.600% 03/15/2043 250,000	215,950	213,081
	Carlyle Holdings II Finance LLC	SEMI-ANN. 5.625% 03/30/2043 200,000	193,872	192,764
	Carnival Corp	SEMI-ANN. 7.000% 08/15/2029 200,000	210,066	208,034
	Carrier Global Corp	SEMI-ANN. 2.722% 02/15/2030 900,000	904,311	804,889
	Caterpillar Inc	SEMI-ANN. 6.050% 08/15/2036 400,000	555,912	430,392
	Caterpillar Inc	SEMI-ANN. 3.803% 08/15/2042 200,000	164,318	162,657
	CenterPoint Energy Houston Electric LLC	SEMI-ANN. 5.050% 03/01/2035 50,000	48,913	48,900
	Charter Communications Operating LLC	SEMI-ANN. 4.908% 07/23/2025 56,000	56,492	55,934
	Charter Communications Operating LLC	SEMI-ANN. 4.200% 03/15/2028 269,000	259,415	260,341
	Charter Communications Operating LLC	SEMI-ANN. 2.800% 04/01/2031 500,000	393,030	421,884
	Chevron USA Inc	SEMI-ANN. 3.850% 01/15/2028 280,000	258,493	276,200
	Chevron Corp	SEMI-ANN. 3.326% 11/17/2025 60,000	58,246	59,443
	Chubb Corp/The	SEMI-ANN. 6.000% 05/11/2037 500,000	748,060	530,554
	Chubb Corp/The	SEMI-ANN. 6.500% 05/15/2038 100,000	117,408	110,342
	Citigroup Inc	SEMI-ANN. 6.625% 06/15/2032 170,000	221,077	181,705
	Citigroup Inc	SEMI-ANN. 5.875% 02/22/2033 530,000	576,926	540,846

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
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**SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024**  
**(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)**

(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	
<b>CORPORATE DEBT SECURITIES (CONTINUED):</b>				
Citigroup Inc	SEMI-ANN. 6.125% 08/25/2036 190,000	210,729	193,674	
Citigroup Inc	SEMI-ANN. 5.875% 01/30/2042 200,000	213,522	204,516	
Citigroup Inc	SEMI-ANN. 5.500% 09/13/2025 240,000	252,463	240,962	
Citigroup Inc	SEMI-ANN. 4.300% 11/20/2026 60,000	58,434	59,453	
Citigroup Inc	SEMI-ANN. 4.750% 05/18/2046 400,000	357,388	351,816	
Citigroup Inc	SEMI-ANN. 4.125% 07/25/2028 340,000	323,046	330,582	
Citigroup Inc	SEMI-ANN. 3.520% 10/27/2028 180,000	166,867	173,224	
Citigroup Inc	SEMI-ANN. 3.878% 01/24/2039 150,000	174,459	125,128	
Citigroup Inc	SEMI-ANN. 5.316% 03/26/2041 200,000	264,394	192,700	
Citizens Financial Group Inc	SEMI-ANN. 4.300% 12/03/2025 300,000	294,660	298,014	
Clorox Co/The	SEMI-ANN. 1.800% 05/15/2030 440,000	436,080	374,292	
Coca-Cola Co/The	SEMI-ANN. 2.500% 06/01/2040 500,000	499,440	350,460	
Coca-Cola Co/The	SEMI-ANN. 2.875% 05/05/2041 500,000	498,260	363,630	
Columbia Pipelines Holding Co LLC	SEMI-ANN. 6.042% 08/15/2028 100,000	103,040	102,417	
Columbia Pipelines Operating Co LLC	SEMI-ANN. 6.497% 08/15/2043 300,000	315,966	311,525	
Comcast Corp	SEMI-ANN. 6.500% 11/15/2035 250,000	299,568	271,504	
Comcast Corp	SEMI-ANN. 4.250% 01/15/2033 540,000	526,824	504,194	
Comcast Corp	SEMI-ANN. 4.200% 08/15/2034 1,470,000	1,396,052	1,345,416	
Comcast Corp	SEMI-ANN. 4.250% 10/15/2030 750,000	742,219	723,121	
Commonwealth Edison Co	SEMI-ANN. 6.450% 01/15/2038 200,000	299,304	216,087	
Commonwealth Edison Co	SEMI-ANN. 3.750% 08/15/2047 300,000	231,330	224,262	
Commonwealth Edison Co	SEMI-ANN. 2.200% 03/01/2030 570,000	568,267	499,759	
Consolidated Edison Co of New York Inc	SEMI-ANN. 5.500% 12/01/2039 500,000	515,210	494,733	
Continental Resources Inc/OK	SEMI-ANN. 4.375% 01/15/2028 100,000	108,602	97,268	
Continental Resources Inc/OK	SEMI-ANN. 5.750% 01/15/2031 500,000	474,990	493,991	
Cooperatieve Rabobank UA	SEMI-ANN. 5.750% 12/01/2043 250,000	250,640	249,727	
Cooperatieve Rabobank UA	SEMI-ANN. 4.375% 08/04/2025 300,000	292,932	298,799	
Cooperatieve Rabobank UA	SEMI-ANN. 5.250% 08/04/2045 840,000	820,050	792,429	
Cooperatieve Rabobank UA	SEMI-ANN. 3.750% 07/21/2026 300,000	279,825	293,939	
Costco Wholesale Corp	SEMI-ANN. 1.600% 04/20/2030 320,000	319,537	273,833	
Credit Agricole SA	SEMI-ANN. 2.811% 01/11/2041 250,000	241,890	169,846	
Credit Agricole SA/London	SEMI-ANN. 4.125% 01/10/2027 290,000	276,785	284,874	
Credit Suisse USA LLC	SEMI-ANN. 7.125% 07/15/2032 550,000	697,401	609,615	
DH Europe Finance II Sarl	SEMI-ANN. 3.250% 11/15/2039 870,000	712,574	678,695	
John Deere Capital Corp	SEMI-ANN. 3.050% 01/06/2028 420,000	393,805	403,508	
Dell International LLC / EMC Corp	SEMI-ANN. 8.100% 07/15/2036 100,000	155,423	118,628	
Deutsche Telekom International Finance BV	SEMI-ANN. FLOATING 06/15/2030 530,000	707,497	616,286	
Deutsche Telekom International Finance BV	SEMI-ANN. 9.250% 06/01/2032 520,000	743,371	644,781	
Devon Energy Corp	SEMI-ANN. 5.850% 12/15/2025 240,000	255,802	241,599	
Devon Energy Corp	SEMI-ANN. 7.875% 09/30/2031 530,000	651,773	597,409	
Diageo Capital PLC	SEMI-ANN. 5.875% 09/30/2036 590,000	772,785	621,793	
Diageo Investment Corp	SEMI-ANN. 4.250% 05/11/2042 200,000	184,808	171,125	
Dignity Health	SEMI-ANN. 4.500% 11/01/2042 400,000	356,388	338,193	
TWDC Enterprises 18 Corp	SEMI-ANN. 7.000% 03/01/2032 530,000	692,609	591,746	
TWDC Enterprises 18 Corp	SEMI-ANN. 3.000% 07/30/2046 500,000	346,400	335,907	
Discovery Communications LLC	SEMI-ANN. 5.000% 09/20/2037 500,000	444,230	415,665	
Dollar Tree Inc	SEMI-ANN. 4.000% 05/15/2025 310,000	297,780	308,850	

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
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**SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024**  
**(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)**

(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	
<b>CORPORATE DEBT SECURITIES (CONTINUED):</b>				
Dollar Tree Inc	SEMI-ANN. 4.200% 05/15/2028 230,000	217,049	223,652	
Duke Energy Carolinas LLC	SEMI-ANN. 6.000% 01/15/2038 200,000	221,124	208,092	
Duke Energy Progress LLC	SEMI-ANN. 4.150% 12/01/2044 400,000	335,864	325,781	
EOG Resources Inc	SEMI-ANN. 3.900% 04/01/2035 260,000	247,216	231,276	
EOG Resources Inc	SEMI-ANN. 4.375% 04/15/2030 540,000	539,784	525,035	
EQT Corp	SEMI-ANN. 3.625% 05/15/2031 400,000	346,324	356,634	
Eaton Corp	SEMI-ANN. 4.000% 11/02/2032 550,000	529,722	513,979	
Kinder Morgan Inc	SEMI-ANN. 7.750% 01/15/2032 550,000	734,454	624,894	
Emerson Electric Co	SEMI-ANN. 5.250% 11/15/2039 200,000	204,682	197,908	
Energy Transfer LP	SEMI-ANN. 6.500% 02/01/2042 200,000	211,922	207,290	
Energy Transfer LP	SEMI-ANN. 5.800% 06/15/2038 100,000	97,079	98,287	
Energy Transfer LP	SEMI-ANN. 4.950% 06/15/2028 220,000	216,040	219,653	
Energy Transfer LP	SEMI-ANN. 2.900% 05/15/2025 300,000	316,563	297,689	
Enterprise Products Operating LLC	SEMI-ANN. 6.875% 03/01/2033 150,000	182,495	165,069	
Enterprise Products Operating LLC	SEMI-ANN. 6.650% 10/15/2034 1,370,000	1,767,953	1,489,795	
MEGlobal BV	SEMI-ANN. 4.250% 11/03/2026 590,000	568,465	576,920	
Constellation Energy Generation LLC	SEMI-ANN. 5.600% 06/15/2042 200,000	201,896	193,095	
Exxon Mobil Corp	SEMI-ANN. 2.995% 08/16/2039 400,000	422,840	302,574	
Exxon Mobil Corp	SEMI-ANN. 4.227% 03/19/2040 500,000	562,085	439,062	
FirstEnergy Transmission LLC	SEMI-ANN. 5.000% 01/15/35 500,000	502,870	483,480	
Florida Power & Light Co	SEMI-ANN. 5.960% 04/01/2039 500,000	562,430	522,937	
Florida Power & Light Co	SEMI-ANN. 4.050% 10/01/2044 300,000	252,081	244,792	
Ford Motor Credit Co LLC	SEMI-ANN. 4.271% 01/09/2027 200,000	191,426	195,884	
Ford Motor Credit Co LLC	SEMI-ANN. 5.125% 06/16/2025 360,000	355,910	359,779	
Fox Corp	SEMI-ANN. 4.709% 01/25/2029 670,000	671,405	662,225	
Orange SA	SEMI-ANN. FLOATING 03/01/2031 530,000	735,126	631,136	
Freeport-McMoRan Inc	SEMI-ANN. 5.450% 03/15/2043 200,000	190,202	188,782	
GLP Capital LP / GLP Financing II Inc	SEMI-ANN. 5.250% 06/01/2025 400,000	449,286	399,908	
GLP Capital LP / GLP Financing II Inc	SEMI-ANN. 4.000% 01/15/2030 140,000	149,163	130,393	
General Dynamics Corp	SEMI-ANN. 4.250% 04/01/2040 400,000	494,276	349,449	
General Dynamics Corp	SEMI-ANN. 2.850% 06/01/2041 400,000	420,784	285,412	
General Electric Co	SEMI-ANN. 5.875% 01/14/2038 200,000	274,178	206,321	
General Electric Co	SEMI-ANN. 6.875% 01/10/2039 440,000	541,917	498,712	
General Motors Co	SEMI-ANN. 6.250% 10/02/2043 300,000	303,738	297,627	
General Motors Co	SEMI-ANN. 5.150% 04/01/2038 100,000	120,329	92,106	
General Motors Financial Co Inc	SEMI-ANN. 3.850% 01/05/2028 280,000	248,674	270,346	
Georgia-Pacific LLC	SEMI-ANN. 7.750% 11/15/2029 540,000	707,346	605,756	
Georgia-Pacific LLC	SEMI-ANN. 8.875% 05/15/2031 530,000	759,699	641,249	
Gilead Sciences Inc	SEMI-ANN. 3.650% 03/01/2026 300,000	291,342	296,399	
Gilead Sciences Inc	SEMI-ANN. 4.600% 09/01/2035 260,000	257,837	245,202	
Gilead Sciences Inc	SEMI-ANN. 4.000% 09/01/2036 350,000	411,845	309,012	
GlaxoSmithKline Capital Inc	SEMI-ANN. 5.375% 04/15/2034 730,000	821,717	745,094	
Glencore Funding LLC	SEMI-ANN. 3.875% 10/27/2027 390,000	363,448	378,915	
Glencore Funding LLC	SEMI-ANN. 2.850% 04/27/2031 420,000	348,932	362,543	
Goldman Sachs Group Inc/The	SEMI-ANN. 6.125% 02/15/2033 710,000	813,441	756,140	
Goldman Sachs Group Inc/The	SEMI-ANN. 5.950% 01/15/2027 280,000	302,800	286,911	
Goldman Sachs Group Inc/The	SEMI-ANN. 6.750% 10/01/2037 400,000	569,908	429,936	

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
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**(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)**

(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	
<b>CORPORATE DEBT SECURITIES (CONTINUED):</b>				
Goldman Sachs Group Inc/The	SEMI-ANN. 4.411% 04/23/2039 840,000	865,064	741,199	
Goldman Sachs Group Inc/The	SEMI-ANN. 6.450% 05/01/2036 190,000	217,514	200,551	
HCA Inc	SEMI-ANN. 4.375% 03/15/2042 200,000	170,588	163,384	
HSBC Holdings PLC	SEMI-ANN. 7.625% 05/17/2032 700,000	872,227	782,723	
Halliburton Co	SEMI-ANN. 4.850% 11/15/2035 260,000	261,578	247,194	
L3Harris Technologies Inc	SEMI-ANN. 3.832% 04/27/2025 310,000	301,776	308,990	
L3Harris Technologies Inc	SEMI-ANN. 4.854% 04/27/2035 260,000	265,951	247,302	
L3Harris Technologies Inc	SEMI-ANN. 4.400% 06/15/2028 280,000	279,188	275,041	
Welltower OP LLC	SEMI-ANN. 4.000% 06/01/2025 250,000	245,458	249,076	
Home Depot Inc/The	SEMI-ANN. 5.875% 12/16/2036 190,000	224,698	199,996	
Home Depot Inc/The	SEMI-ANN. 4.875% 02/15/2044 470,000	441,125	430,294	
Home Depot Inc/The	SEMI-ANN. 3.300% 04/15/2040 200,000	220,148	155,963	
Humana Inc	SEMI-ANN. 3.950% 03/15/2027 290,000	281,561	284,428	
Hutchison Whampoa International 03/33 Ltd	SEMI-ANN. 7.450% 11/24/2033 300,000	393,738	343,879	
Hyundai Capital Services Inc	SEMI-ANN. 3.625% 08/29/2027 580,000	531,268	560,426	
ING Groep NV	SEMI-ANN. 3.950% 03/29/2027 580,000	552,085	569,840	
ING Groep NV	SEMI-ANN. 4.550% 10/02/2028 230,000	226,359	225,704	
ING Groep NV	SEMI-ANN. 3.869% 03/28/2026 200,000	198,396	199,458	
Intel Corp	SEMI-ANN. 4.000% 12/15/2032 670,000	680,760	601,512	
Intercontinental Exchange Inc	SEMI-ANN. 2.650% 09/15/2040 1,100,000	803,868	765,012	
Intesa Sanpaolo SpA	SEMI-ANN. 8.248% 11/21/2033 350,000	395,766	392,646	
Johnson & Johnson	SEMI-ANN. 4.375% 12/05/2033 1,766,000	1,831,643	1,712,168	
Johnson & Johnson	SEMI-ANN. 3.550% 03/01/2036 190,000	177,226	165,968	
Johnson & Johnson	SEMI-ANN. 3.625% 03/03/2037 290,000	272,493	251,576	
KKR Group Finance Co VI LLC	SEMI-ANN. 3.750% 07/01/2029 1,000,000	1,037,220	945,632	
Kenvue Inc	SEMI-ANN. 5.100% 03/22/2043 400,000	390,860	384,077	
Kraft Heinz Foods Co	SEMI-ANN. 5.000% 06/04/2042 200,000	194,120	179,944	
Kraft Heinz Foods Co	SEMI-ANN. 4.625% 10/01/2039 200,000	181,206	178,982	
LPL Holdings Inc	SEMI-ANN. 4.000% 03/15/2029 600,000	563,790	568,440	
LPL Holdings Inc	SEMI-ANN. 6.750% 11/17/2028 310,000	319,182	325,692	
LSEGA Financing PLC	SEMI-ANN. 3.200% 04/06/2041 500,000	508,020	372,730	
L3Harris Technologies Inc	SEMI-ANN. 4.400% 06/15/2028 280,000	279,555	275,041	
Eli Lilly & Co	SEMI-ANN. 5.550% 03/15/2037 400,000	568,260	412,372	
Eli Lilly & Co	SEMI-ANN. 3.700% 03/01/2045 500,000	405,270	394,949	
Eli Lilly & Co	SEMI-ANN. 3.950% 05/15/2047 300,000	246,642	239,939	
Lloyds Banking Group PLC	SEMI-ANN. 4.550% 08/16/2028 230,000	223,613	225,696	
Lloyds Banking Group PLC	SEMI-ANN. 3.750% 01/11/2027 290,000	268,813	283,474	
Lloyds Banking Group PLC	SEMI-ANN. 4.450% 05/08/2025 540,000	535,801	539,021	
Lockheed Martin Corp	SEMI-ANN. 6.150% 09/01/2036 400,000	565,076	431,190	
Lockheed Martin Corp	SEMI-ANN. 3.600% 03/01/2035 260,000	237,136	228,074	
Lockheed Martin Corp	SEMI-ANN. 4.500% 05/15/2036 200,000	259,484	187,715	
Lowe's Cos Inc	SEMI-ANN. 3.375% 09/15/2025 310,000	300,464	307,070	
MPLX LP	SEMI-ANN. 4.875% 06/01/2025 300,000	304,344	299,797	
MPLX LP	SEMI-ANN. 4.500% 04/15/2038 300,000	265,680	261,553	
MPLX LP	SEMI-ANN. 4.800% 02/15/2029 260,000	258,110	257,722	
Mars Inc	SEMI-ANN. 3.200% 04/01/2030 500,000	523,525	461,116	
Mars Inc	SEMI-ANN. 3.600% 04/01/2034 250,000	298,465	219,172	

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**PLAN NUMBER 554 – EIN# 13/4994650**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024**  
**(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)**

(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	
<b>CORPORATE DEBT SECURITIES (CONTINUED):</b>				
Marsh & McLennan Cos Inc	SEMI-ANN. 4.350% 01/30/2047 500,000	430,205	417,772	
McDonald's Corp	SEMI-ANN. 5.700% 02/01/2039 100,000	108,348	101,665	
McDonald's Corp	SEMI-ANN. 3.700% 01/30/2026 370,000	362,855	367,166	
McDonald's Corp	SEMI-ANN. 4.700% 12/09/2035 280,000	283,749	267,049	
Medtronic Inc	SEMI-ANN. 4.375% 03/15/2035 260,000	260,928	244,306	
Merck & Co Inc	SEMI-ANN. 3.600% 09/15/2042 300,000	257,799	233,089	
MetLife Inc	SEMI-ANN. 6.375% 06/15/2034 780,000	932,989	839,615	
MetLife Inc	SEMI-ANN. 5.700% 06/15/2035 510,000	572,985	524,341	
MetLife Inc	SEMI-ANN. 5.875% 02/06/2041 100,000	123,861	102,170	
Microsoft Corp	SEMI-ANN. 4.200% 11/03/2035 80,000	81,896	76,492	
Microsoft Corp	SEMI-ANN. 3.450% 08/08/2036 500,000	554,925	436,010	
Berkshire Hathaway Energy Co	SEMI-ANN. 6.125% 04/01/2036 900,000	1,270,212	947,292	
Mitsubishi UFJ Financial Group Inc	SEMI-ANN. 2.757% 09/13/2026 300,000	271,488	290,683	
Mitsubishi UFJ Financial Group Inc	SEMI-ANN. 4.286% 07/26/2038 200,000	185,242	182,230	
Mitsubishi UFJ Financial Group Inc	SEMI-ANN. 4.050% 09/11/2028 230,000	227,254	224,202	
Mitsubishi UFJ Financial Group Inc	SEMI-ANN. 3.751% 07/18/2039 200,000	230,364	167,833	
Mizuho Financial Group Inc	SEMI-ANN. 2.839% 09/13/2026 300,000	273,039	291,192	
Mizuho Financial Group Inc	SEMI-ANN. 3.170% 09/11/2027 290,000	267,847	278,256	
Molson Coors Beverage Co	SEMI-ANN. 3.000% 07/15/2026 300,000	269,109	292,212	
Morgan Stanley	SEMI-ANN. 5.000% 11/24/2025 240,000	245,909	240,398	
Morgan Stanley	SEMI-ANN. 7.250% 04/01/2032 1,380,000	1,745,062	1,551,015	
Morgan Stanley	SEMI-ANN. 4.457% 04/22/2039 300,000	369,789	268,753	
Morgan Stanley	SEMI-ANN. 3.950% 04/23/2027 290,000	274,775	284,140	
NTT Finance Corp	SEMI-ANN. 2.065% 04/03/2031 340,000	340,000	284,524	
Nasdaq Inc	SEMI-ANN. 2.500% 12/21/2040 500,000	333,995	336,046	
Nestle Holdings Inc	SEMI-ANN. 3.900% 09/24/2038 200,000	186,204	172,355	
Nissan Motor Co Ltd	SEMI-ANN. 4.345% 09/17/2027 240,000	259,685	231,079	
Northrop Grumman Corp	SEMI-ANN. 7.750% 02/15/2031 530,000	693,944	600,692	
NVIDIA Corp	SEMI-ANN. 3.500% 04/01/2040 180,000	179,640	148,962	
Occidental Petroleum Corp	SEMI-ANN. 3.000% 02/15/2027 290,000	270,744	276,849	
Occidental Petroleum Corp	SEMI-ANN. 5.550% 03/15/2026 290,000	303,746	291,012	
Occidental Petroleum Corp	SEMI-ANN. 7.875% 09/15/2031 530,000	647,538	587,438	
Oncor Electric Delivery Co LLC	SEMI-ANN. 5.250% 09/30/2040 400,000	403,456	388,735	
Oncor Electric Delivery Co LLC	SEMI-ANN. 3.750% 04/01/2045 500,000	394,315	384,567	
ONEOK Inc	SEMI-ANN. 5.550% 11/01/2026 100,000	101,618	101,238	
ONEOK Inc	SEMI-ANN. 5.150% 10/15/2043 200,000	184,082	178,703	
ONEOK Partners LP	SEMI-ANN. 6.125% 02/01/2041 100,000	104,923	99,672	
Oracle Corp	SEMI-ANN. 6.500% 04/15/2038 150,000	162,701	161,370	
Oracle Corp	SEMI-ANN. 3.250% 05/15/2030 430,000	401,962	393,501	
PNC Bank NA	SEMI-ANN. 3.100% 10/25/2027 590,000	550,128	565,364	
Pacific Gas and Electric Co	SEMI-ANN. 2.500% 02/01/2031 550,000	435,561	470,446	
PepsiCo Inc	SEMI-ANN. 4.875% 11/01/2040 500,000	489,015	471,239	
Pfizer Inc	SEMI-ANN. 4.100% 09/15/2038 200,000	246,428	174,731	
Pfizer Inc	SEMI-ANN. 3.900% 03/15/2039 300,000	366,036	253,294	
Philip Morris International Inc	SEMI-ANN. 2.750% 02/25/2026 300,000	277,146	293,544	
Philip Morris International Inc	SEMI-ANN. 3.125% 08/17/2027 290,000	271,730	279,507	
Philip Morris International Inc	SEMI-ANN. 3.125% 03/02/2028 570,000	537,858	542,187	

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**PLAN NUMBER 554 – EIN# 13/4994650**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024**  
**(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)**

(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	
<b>CORPORATE DEBT SECURITIES (CONTINUED):</b>				
Barrick Gold Corp	SEMI-ANN. 6.450% 10/15/2035 250,000	283,080	268,215	
Procter & Gamble Co/The	SEMI-ANN. 3.550% 03/25/2040 400,000	497,120	331,533	
Progress Energy Inc	SEMI-ANN. 6.000% 12/01/2039 200,000	212,406	202,279	
Prologis LP	SEMI-ANN. 2.875% 11/15/2029 140,000	123,676	128,150	
Prudential Financial Inc	SEMI-ANN. 5.750% 07/15/2033 70,000	78,483	72,953	
Prudential Financial Inc	SEMI-ANN. 4.600% 05/15/2044 300,000	266,976	262,412	
Raymond James Financial Inc	SEMI-ANN. 4.950% 07/15/2046 500,000	466,400	449,251	
Reliance Standard Life Global Funding II	SEMI-ANN. 2.750% 05/07/2025 450,000	448,043	446,638	
RenaissanceRe Holdings Ltd	SEMI-ANN. 5.750% 06/05/2033 180,000	180,142	180,875	
Republic Services Inc	SEMI-ANN. 3.950% 05/15/2028 230,000	225,708	223,968	
Reynolds American Inc	SEMI-ANN. 5.700% 08/15/2035 260,000	269,259	260,817	
Rogers Communications Inc	SEMI-ANN. 4.500% 03/15/2043 200,000	169,832	166,208	
Rogers Communications Inc	SEMI-ANN. 2.900% 11/15/2026 300,000	274,020	289,688	
NatWest Group PLC	SEMI-ANN. 4.800% 04/05/2026 300,000	296,115	299,889	
AT&T Inc	SEMI-ANN. 6.150% 09/15/2034 520,000	557,492	541,821	
Salesforce Inc	SEMI-ANN. 1.950% 07/15/2031 500,000	425,605	419,726	
San Diego Gas & Electric Co	SEMI-ANN. 3.750% 06/01/2047 300,000	231,939	225,067	
Sands China Ltd	SEMI-ANN. FLOATING 01/08/2026 300,000	294,102	294,220	
Santander Holdings USA Inc	SEMI-ANN. 4.500% 07/17/2025 300,000	293,721	299,088	
Schlumberger Holdings Corp	SEMI-ANN. 4.000% 12/21/2025 310,000	306,761	307,784	
Schlumberger Holdings Corp	SEMI-ANN. 3.900% 05/17/2028 100,000	98,675	97,081	
Charles Schwab Corp/The	SEMI-ANN. 3.200% 01/25/2028 330,000	309,625	315,839	
Charles Schwab Corp/The	SEMI-ANN. 4.000% 02/01/2029 440,000	435,294	426,135	
Shell International Finance BV	SEMI-ANN. 6.375% 12/15/2038 200,000	232,584	217,751	
Shell International Finance BV	SEMI-ANN. 3.250% 05/11/2025 260,000	251,329	258,870	
Shell International Finance BV	SEMI-ANN. 2.875% 05/10/2026 170,000	159,293	166,201	
Shell International Finance BV	SEMI-ANN. 3.875% 11/13/2028 320,000	316,109	310,976	
Shell Finance US Inc	SEMI-ANN. 4.125% 05/11/2035 520,000	507,832	477,166	
Simon Property Group LP	SEMI-ANN. 3.250% 11/30/2026 600,000	563,928	585,053	
Sinopec Group Overseas Development 2018 Ltd	SEMI-ANN. 4.250% 09/12/2028 260,000	256,240	256,857	
SkyMiles IP Ltd/DELTA AIR LINES	QUARTERLY 4.500% 10/20/2025 66,000	69,182	65,586	
Southern California Edison Co	SEMI-ANN. 5.950% 02/01/2038 500,000	529,145	512,154	
Southern California Edison Co	SEMI-ANN. 6.050% 03/15/2039 200,000	210,746	206,929	
Southern Natural Gas Co LLC	SEMI-ANN. 8.000% 03/01/2032 430,000	543,632	484,644	
Sumitomo Mitsui Financial Group Inc	SEMI-ANN. 3.784% 03/09/2026 300,000	292,137	296,924	
Sumitomo Mitsui Financial Group Inc	SEMI-ANN. 3.446% 01/11/2027 290,000	274,729	283,023	
Sumitomo Mitsui Financial Group Inc	SEMI-ANN. 2.296% 01/12/2041 580,000	580,000	384,163	
Sumitomo Mitsui Financial Group Inc	SEMI-ANN. 3.050% 01/14/2042 200,000	156,388	147,037	
Truist Bank	SEMI-ANN. 4.050% 11/03/2025 310,000	309,861	308,600	
Truist Financial Corp	SEMI-ANN. 4.000% 05/01/2025 310,000	307,278	309,262	
Suzano Austria GmbH	SEMI-ANN. 5.000% 01/15/2030 450,000	463,500	432,435	
T-Mobile USA Inc	SEMI-ANN. 4.750% 02/01/2028 300,000	293,907	298,041	
T-Mobile USA Inc	SEMI-ANN. 3.000% 02/15/2041 600,000	596,766	428,478	
TSMC Arizona Corp	SEMI-ANN. 2.500% 10/25/2031 300,000	307,584	256,890	
TSMC Arizona Corp	SEMI-ANN. 3.125% 10/25/2041 240,000	237,355	183,712	
Takeda Pharmaceutical Co Ltd	SEMI-ANN. 3.025% 07/09/2040 400,000	302,848	291,243	
Takeda Pharmaceutical Co Ltd	SEMI-ANN. 5.650% 07/05/2044 300,000	303,945	294,947	

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**PLAN NUMBER 554 – EIN# 13/4994650**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024**  
**(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)**

(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
<b>CORPORATE DEBT SECURITIES (CONTINUED):</b>				
	Target Corp	SEMI-ANN. 6.350% 11/01/2032 540,000	658,757	586,830
	Target Corp	SEMI-ANN. 6.500% 10/15/2037 220,000	261,426	241,740
	Target Corp	SEMI-ANN. 2.350% 02/15/2030 80,000	82,233	71,071
	Teachers Ins & Annuity Assoc of America	SEMI-ANN. 6.850% 12/16/2039 400,000	609,132	443,784
	Teck Resources Ltd	SEMI-ANN. 5.200% 03/01/2042 200,000	187,150	177,088
	Telefonica Emisiones SA	SEMI-ANN. 7.045% 06/20/2036 400,000	551,256	439,847
	3M Co	SEMI-ANN. 5.700% 03/15/2037 500,000	556,510	512,952
	3M Co	SEMI-ANN. 3.625% 09/14/2028 100,000	99,090	96,678
	Time Warner Cable Enterprises LLC	SEMI-ANN. 8.375% 07/15/2033 520,000	640,448	584,969
	Time Warner Cable LLC	SEMI-ANN. 6.550% 05/01/2037 200,000	231,172	193,305
	Travelers Property Casualty Corp	SEMI-ANN. 6.375% 03/15/2033 1,530,000	1,883,340	1,679,217
	UBS Group AG	SEMI-ANN. 3.750% 03/26/2025 310,000	296,639	309,072
	UBS Group AG	SEMI-ANN. 4.550% 04/17/2026 300,000	296,961	298,932
	UDR Inc	SEMI-ANN. 4.400% 01/26/2029 280,000	279,577	272,164
	Union Pacific Corp	SEMI-ANN. 6.250% 05/01/2034 30,000	35,021	31,718
	Union Pacific Corp	SEMI-ANN. 3.375% 02/01/2035 250,000	219,745	216,962
	Union Pacific Corp	SEMI-ANN. 3.600% 09/15/2037 620,000	554,745	520,417
	Union Pacific Corp	SEMI-ANN. 3.550% 08/15/2039 200,000	169,936	162,382
	US Bancorp	SEMI-ANN. 3.150% 04/27/2027 290,000	273,221	280,618
	US Bancorp	SEMI-ANN. 3.950% 11/17/2025 370,000	369,663	368,403
	US Bancorp	SEMI-ANN. 5.100% 07/23/2030 600,000	600,000	599,605
	RTX Corp	SEMI-ANN. 7.500% 09/15/2029 340,000	426,788	375,394
	RTX Corp	SEMI-ANN. 4.150% 05/15/2045 500,000	416,095	403,656
	RTX Corp	SEMI-ANN. 4.450% 11/16/2038 500,000	615,640	445,053
	UnitedHealth Group Inc	SEMI-ANN. 5.800% 03/15/2036 190,000	219,788	196,077
	UnitedHealth Group Inc	SEMI-ANN. 6.625% 11/15/2037 450,000	654,156	495,208
	UnitedHealth Group Inc	SEMI-ANN. 4.625% 07/15/2035 260,000	269,524	245,563
	UnitedHealth Group Inc	SEMI-ANN. 3.375% 04/15/2027 40,000	38,577	38,975
	UnitedHealth Group Inc	SEMI-ANN. 3.700% 05/15/2027 20,000	19,784	19,608
	Vale Overseas Ltd	SEMI-ANN. 6.875% 11/21/2036 200,000	293,300	212,958
	Ventas Realty LP	SEMI-ANN. 4.400% 01/15/2029 560,000	548,962	545,045
	Verizon Communications Inc	SEMI-ANN. 4.400% 11/01/2034 1,280,000	1,219,486	1,186,214
	Verizon Communications Inc	SEMI-ANN. 4.500% 08/10/2033 970,000	944,644	914,350
	Verizon Communications Inc	SEMI-ANN. 2.550% 03/21/2031 550,000	547,740	473,951
	Verizon Communications Inc	SEMI-ANN. 5.850% 09/15/2035 260,000	289,346	267,273
	Visa Inc	SEMI-ANN. 2.050% 04/15/2030 180,000	179,739	157,448
	Vodafone Group PLC	SEMI-ANN. 6.250% 11/30/2032 810,000	884,342	867,273
	Voya Financial Inc	SEMI-ANN. 3.650% 06/15/2026 300,000	281,766	294,959
	WEA Finance LLC	SEMI-ANN. 4.125% 09/20/2028 740,000	727,244	703,547
	Wachovia Corp	SEMI-ANN. 5.500% 08/01/2035 260,000	277,181	259,915
	Walmart Inc	SEMI-ANN. 5.250% 09/01/2035 210,000	236,395	216,359
	Walmart Inc	SEMI-ANN. 4.300% 04/22/2044 230,000	207,782	201,642
	Elevance Health Inc	SEMI-ANN. 4.650% 01/15/2043 200,000	179,170	173,788
	Wells Fargo & Co	SEMI-ANN. 3.000% 04/22/2026 720,000	721,960	704,100
	Wells Fargo & Co	SEMI-ANN. 4.300% 07/22/2027 290,000	284,319	285,916
	Wells Fargo & Co	SEMI-ANN. 4.900% 11/17/2045 500,000	448,350	433,848
	Welltower OP LLC	SEMI-ANN. 4.250% 04/15/2028 280,000	273,487	274,101
	Western Midstream Operating LP	SEMI-ANN. 5.450% 04/01/2044 300,000	273,513	267,090
	Western Midstream Operating LP	SEMI-ANN. FLOATING 02/01/2030 370,000	353,565	347,043
	Williams Cos Inc/The	SEMI-ANN. FLOATING 03/15/2032 530,000	691,041	625,960
	Williams Cos Inc/The	SEMI-ANN. 3.900% 01/15/2025 310,000	300,322	309,873
	Wisconsin Electric Power Co	SEMI-ANN. 3.650% 12/15/2042 200,000	159,596	151,447
	Wyeth LLC	SEMI-ANN. 6.500% 02/01/2034 520,000	639,454	565,971
	<b>TOTAL CORPORATE DEBT SECURITIES</b>		<b>161,459,036</b>	<b>149,301,090</b>

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES**  
**PLAN NUMBER 554 – EIN# 13/4994650**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024**  
**(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)**

(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	
<b>U.S. FEDERAL, STATE, LOCAL &amp; NON-U.S. GOVERNMENT SECURITIES:</b>				
City of Arlington TX Special Tax Revenue	SEMI-ANN. 5.000% 02/15/2048 6,500,000	7,320,105	6,639,042	
California Community Choice Financing Authority	SEMI-ANN. 5.250% 01/01/2054 1,750,000	1,829,993	1,859,003	
Clark County School District	SEMI-ANN. 5.000% 06/15/2032 2,250,000	2,930,220	2,481,905	
Commonwealth Financing Authority	SEMI-ANN. 4.000% 06/01/2039 6,120,000	6,173,672	6,089,092	
State of Connecticut	SEMI-ANN. 5.000% 09/15/2027 5,100,000	5,817,570	5,376,938	
County of Crook OR	SEMI-ANN. 0.000% 12/01/2046 2,590,000	2,481,427	2,467,491	
City of Dallas TX Waterworks & Sewer Sys Rev	SEMI-ANN. 5.000% 10/01/2026 3,660,000	4,326,559	3,792,545	
City & County of Denver CO Excise Tax Rev	SEMI-ANN. 0.000% 08/01/2032 1,000,000	575,420	742,134	
City & County of Denver CO Excise Tax Rev	SEMI-ANN. 0.000% 08/01/2033 2,000,000	1,101,200	1,421,836	
State of Illinois	SEMI-ANN. 5.000% 11/01/2028 6,255,000	6,190,386	6,523,434	
State of Illinois	SEMI-ANN. 5.000% 11/01/2025 2,500,000	2,653,700	2,532,093	
King County School District No 412 Shoreline	SEMI-ANN. 5.000% 12/01/2025 5,000,000	5,852,900	5,090,475	
Larimer County School District No R-1 Poudre	SEMI-ANN. 4.000% 12/15/2035 2,500,000	2,619,875	2,547,810	
State of Maryland Department of Transportation	SEMI-ANN. 5.000% 10/01/2026 5,500,000	6,482,025	5,696,758	
Massachusetts School Building Authority	SEMI-ANN. 4.000% 02/15/2043 4,210,000	4,348,299	4,128,046	
Metropolitan Pier & Exposition Authority	SEMI-ANN. 0.000% 06/15/2043 4,550,000	1,499,635	2,036,900	
Metropolitan Pier & Exposition Authority	SEMI-ANN. 0.000% 06/15/2046 3,500,000	1,011,990	1,333,602	
Metropolitan Pier & Exposition Authority	SEMI-ANN. 0.000% 06/15/2047 8,375,000	2,368,199	3,027,278	
County of Miami-Dade FL Transit System	SEMI-ANN. 4.000% 07/01/2044 3,500,000	3,500,000	3,437,335	
New Jersey Transportation Trust Fund Authority	SEMI-ANN. 5.000% 06/15/2031 3,000,000	3,320,820	3,059,280	
New Jersey Transportation Trust Fund Authority	SEMI-ANN. 0.000% 12/15/2033 8,650,000	4,380,187	6,191,204	
New Jersey Turnpike Authority	SEMI-ANN. 4.500% 01/01/2048 2,500,000	2,444,575	2,589,349	
New York City Transitional Fin Auth Future Tax	SEMI-ANN. 4.000% 08/01/2038 6,895,000	7,052,689	6,917,961	
New York State Dormitory Authority	SEMI-ANN. 4.000% 03/15/2047 6,500,000	6,714,890	6,255,002	
Empire State Development Corp	SEMI-ANN. 4.750% 03/15/2051 4,000,000	3,938,480	4,113,503	
State of North Carolina	SEMI-ANN. 5.000% 06/01/2027 5,550,000	6,643,295	5,835,365	
Ohio Turnpike & Infrastructure Commission	SEMI-ANN. 0.000% 02/15/2038 6,500,000	2,985,385	3,869,818	
Ohio Water Development Authority	SEMI-ANN. 5.000% 06/01/2027 1,475,000	1,763,009	1,547,350	
Ohio Water Development Authority	SEMI-ANN. 5.000% 12/01/2027 1,530,000	1,841,248	1,620,394	
Pennsylvania Turnpike Commission	SEMI-ANN. 5.000% 12/01/2043 6,500,000	7,323,225	6,781,634	
City of Pompano Beach FL	SEMI-ANN. 4.000% 07/01/2038 2,000,000	2,070,180	2,020,096	
Kentucky Public Energy Authority	SEMI-ANN. 4.000% 12/01/2049 2,000,000	2,137,940	2,000,922	
City of St Petersburg FL Public Utility Revenue	SEMI-ANN. 5.000% 10/01/2025 3,905,000	4,546,709	3,962,536	
City of San Antonio TX	SEMI-ANN. 5.000% 02/01/2028 2,450,000	2,858,342	2,525,807	
San Diego County Regional Airport Authority	SEMI-ANN. 5.250% 07/01/2058 2,000,000	1,971,540	2,113,459	
Tennessee Energy Acquisition Corp	SEMI-ANN. 4.000% 11/01/2049 5,000,000	5,291,000	5,012,626	
Texas Water Development Board	SEMI-ANN. 4.875% 10/15/2048 1,300,000	1,300,000	1,368,080	
Texas Water Development Board	SEMI-ANN. 5.000% 10/15/2058 900,000	912,735	957,016	
Tobacco Settlement Financing Corp	SEMI-ANN. 5.000% 06/01/2033 6,000,000	6,480,720	6,239,604	
Tobacco Settlement Financing Corp	SEMI-ANN. 5.000% 06/01/2046 1,875,000	1,913,569	1,872,472	
State of Washington	SEMI-ANN. 5.000% 08/01/2032 6,000,000	7,104,360	6,381,259	
Washington Health Care Facilities Authority	SEMI-ANN. 5.000% 10/01/2026 1,225,000	1,437,734	1,255,308	
West Virginia Hospital Finance Authority	SEMI-ANN. 4.000% 06/01/2051 6,705,000	6,612,806	6,259,038	
Wisconsin Health & Educational Facilities Authority	SEMI-ANN. 4.000% 08/15/2035 3,665,000	3,755,416	3,671,520	
Wisconsin Health & Educational Facilities Authority	SEMI-ANN. 4.000% 08/15/2038 3,775,000	3,833,739	3,743,238	
Korea Development Bank/The	SEMI-ANN. 3.000% 01/13/2026 600,000	560,538	589,666	
Republic of Chile	SEMI-ANN. 3.100% 05/07/2041 500,000	497,000	356,929	
Republic of Chile	SEMI-ANN. 4.340% 03/07/2042 200,000	179,776	167,407	

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES  
PLAN NUMBER 554 – EIN# 13/4994650  
SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024  
(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)**

(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	
<b>U.S. FEDERAL, STATE, LOCAL &amp; NON-U.S.GOVERNMENT SECURITIES (CONTINUED):</b>				
Corp Nacional del Cobre de Chile	SEMI-ANN. 3.750% 01/15/2031 500,000	571,650	446,930	
Republic of Korea	SEMI-ANN. 5.625% 11/03/2025 300,000	334,920	302,007	
Korea Gas Corp	SEMI-ANN. 3.500% 07/21/2025 310,000	298,942	307,416	
Korea Gas Corp	SEMI-ANN. 2.250% 07/18/2026 300,000	262,473	288,471	
Republic of Panama	SEMI-ANN. 6.700% 01/26/2036 400,000	568,560	370,594	
Republic of Peru	SEMI-ANN. 6.550% 03/14/2037 400,000	555,896	416,400	
Alabama Economic Settlement Authority	SEMI-ANN. 4.263% 09/15/2032 1,100,000	1,099,614	1,051,808	
State of California	SEMI-ANN. 7.500% 04/01/2034 1,230,000	1,663,772	1,403,257	
County of Cook IL	SEMI-ANN. 6.360% 11/15/2033 640,000	757,805	669,969	
Dallas Fort Worth International Airport	SEMI-ANN. 2.994% 11/01/2038 500,000	423,470	410,262	
Foothill-De Anza Community College District	SEMI-ANN. 3.223% 08/01/2038 700,000	598,766	583,441	
JobsOhio Beverage System	SEMI-ANN. 3.985% 01/01/2029 85,000	85,075	84,043	
State of Mississippi	SEMI-ANN. 3.971% 11/01/2029 1,100,000	1,109,911	1,075,421	
Port Authority of New York & New Jersey	SEMI-ANN. 6.040% 12/01/2029 335,000	394,754	354,835	
Sales Tax Securitization Corp	SEMI-ANN. 3.372% 01/01/2031 450,000	409,586	415,318	
Swarthmore Borough Authority	SEMI-ANN. 2.200% 09/15/2036 250,000	249,038	185,615	
Swarthmore Borough Authority	SEMI-ANN. 2.250% 09/15/2037 435,000	433,243	315,978	
Swarthmore Borough Authority	SEMI-ANN. 2.300% 09/15/2038 500,000	497,500	355,972	
Regents of the University of California Medical	SEMI-ANN. 6.458% 05/15/2029 960,000	1,102,427	984,271	
United States of America	SEMI-ANN. 4.500% 02/15/2036 700,000	1,008,302	699,316	
United States of America	SEMI-ANN. 4.750% 02/15/2037 850,000	1,120,626	862,584	
United States of America	SEMI-ANN. 3.500% 02/15/2039 740,000	723,986	649,205	
United States of America	SEMI-ANN. 3.875% 08/15/2040 50,000	45,139	45,039	
United States of America	SEMI-ANN. 2.250% 05/15/2041 770,000	669,870	547,061	
United States of America	SEMI-ANN. 3.125% 08/15/2044 580,000	467,691	450,950	
United States of America	SEMI-ANN. 3.000% 11/15/2044 100,000	84,398	75,980	
United States of America	SEMI-ANN. 2.875% 08/15/2045 150,000	111,035	110,766	
United States of America	SEMI-ANN. 2.500% 05/15/2046 1,620,000	1,135,645	1,104,511	
United States of America	SEMI-ANN. 2.750% 08/15/2047 800,000	565,875	563,375	
United States of America	SEMI-ANN. 4.375% 08/15/2043 860,000	843,456	810,046	
United States of America	SEMI-ANN. 3.625% 05/31/2028 20,000	19,558	19,560	
<b>TOTAL U.S. FEDERAL, STATE, LOCAL &amp; NON-U.S.GOVERNMENT SECURITIES</b>		<b>189,168,065</b>	<b>182,461,961</b>	

**JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES  
PLAN NUMBER 554 – EIN# 13/4994650  
SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2024  
(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)**

(A)	(B)	(C)	(D)	(E)
	<b>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</b>	<b>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE</b>	<b>COST</b>	<b>CURRENT VALUE</b>
<b>FUND INVESTMENTS, REGISTERED INVESTMENT COMPANIES AND OTHER:</b>				
	BLKRCK LIQ FD MUNCASH FUND	28,802,017 UNITS	28,804,725	28,804,725
	FIDELITY VAR	5,553,286 UNITS	5,553,286	5,553,286
*	JPMORGAN CORE BOND FUND	77,395 UNITS	880,559	783,237
*	JPMORGAN CORE PLUS BOND	109,762 UNITS	885,601	781,506
*	JPMORGAN EQUITY INCOME FUND	11,157 UNITS	165,859	267,093
*	JPMORGAN GOVERNMENT BOND FUND	35,702 UNITS	367,512	335,596
*	JPMORGAN LARGE CAP GROWTH FUND	5,509 UNITS	211,236	461,363
*	JPMORGAN LARGE CAP VALUE FUND	10,494 UNITS	149,184	207,362
*	JPMORGAN MID CAP GROWTH FUND	3,234 UNITS	110,019	167,275
*	JPMORGAN MID CAP VALUE FUND	3,014 UNITS	94,647	110,770
*	JPMORGAN SHORT DURATION BOND FUND	25,971 UNITS	283,547	280,748
*	JPMORGAN US EQUITY FUND	12,957 UNITS	197,798	323,791
	TOTAL FUND INVESTMENTS, REGISTERED INVESTMENT COMPANIES AND OTHER		37,703,973	38,076,752
	<b>TOTAL INVESTMENTS</b>		<b>\$ 388,331,074</b>	<b>\$ 369,839,803</b>

\* PARTY-IN-INTEREST AS DEFINED BY ERISA