

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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	
1a	Name of plan BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 01/01/1997
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BURLINGTON NORTHERN SANTA FE, LLC 2301 LOU MENK DRIVE FORT WORTH, TX 76131-2828	2b Employer Identification Number (EIN) 27-1754839 2c Plan Sponsor's telephone number 817-352-1667 2d Business code (see instructions) 482110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	JUDY K. CARTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor SVP AND CHIEF HUMAN RESOURCES OFFICER BNSF RAILWAY COMPANY 2301 LOU MENK DRIVE FORT WORTH, TX 76131-2828	3b Administrator's EIN 06-1795272
	3c Administrator's telephone number 817-352-1667
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 9009
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 5541 6a(2) 5008 6b 3432 6c 28 6d 8468 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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 4F 4H 4L 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☒ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☒ 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)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 9
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan	B Three-digit plan number (PN)	501
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BURLINGTON NORTHERN SANTA FE, LLC	27-1754839	

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.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONAL UNION FIRE INS. CO. OF PITTSBURGH

(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
25-0687550	19445	GTP 0009158533	4863	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan	B Three-digit plan number (PN)	501
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BURLINGTON NORTHERN SANTA FE, LLC	27-1754839	

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.
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1 Coverage Information:

(a) Name of insurance carrier

AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	0727796	536	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
7865	0

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

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

AON CORPORATION 29840 NETWORK PLACE CHICAGO, IL 60673

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7865			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	238638
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan	B Three-digit plan number (PN)	501
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BURLINGTON NORTHERN SANTA FE, LLC	27-1754839	

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.
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1 Coverage Information:

(a) Name of insurance carrier
EYEMED VISION CARE

(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
43-0949844	71870	SEE BELOW*	12082	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)..... ▶	7c(5)	
	(6)Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)..... ▶	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	888619
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BURLINGTON NORTHERN SANTA FE, LLC	D Employer Identification Number (EIN) 27-1754839

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.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN 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
13-5581829	65978	0105210	17	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
583	455

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
HEWITT INS BROKERAGE LLC
39030 TREASURY CTR
CHICAGO, IL 60694-9000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
583	455	SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	27336
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BURLINGTON NORTHERN SANTA FE, LLC	D Employer Identification Number (EIN) 27-1754839

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.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN 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
13-5581829	65978	0095509	101	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 504	(b) Total amount of fees paid 270
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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
HEWITT INS BROKERAGE LLC
39030 TREASURY CTR
CHICAGO, IL 60694-9000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
504	270	SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	18100
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BURLINGTON NORTHERN SANTA FE, LLC	D Employer Identification Number (EIN) 27-1754839	

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.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN 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
13-5581829	65978	0253604	323	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	340119
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan	B Three-digit plan number (PN)	501
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BURLINGTON NORTHERN SANTA FE, LLC	27-1754839	

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.
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1 Coverage Information:

(a) Name of insurance carrier					
METROPOLITAN 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
13-5581829	65978	0253603	847	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
3346	2150

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
AON CONSULTING INC
29840 NETWORK PL
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3346	2150	NON MONETARY COMPENSATION SUPPLEMENTAL COMPENSATION PRODUCER SERVICE FEES MARKETING FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	146207
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BURLINGTON NORTHERN SANTA FE, LLC	D Employer Identification Number (EIN) 27-1754839	

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
METROPOLITAN 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
13-5581829	65978	0028200	14989	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 138931	(b) Total amount of fees paid 161566
--	---

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
HEWITT INS BROKERAGE LLC
39030 TREASURY CTR
CHICAGO, IL 60694-9000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
138931	161566	SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	11378386
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan	B Three-digit plan number (PN)	501
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BURLINGTON NORTHERN SANTA FE, LLC	27-1754839	

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.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN 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
13-5581829	65978	0091910	71	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	412042
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BURLINGTON NORTHERN SANTA FE, LLC	D Employer Identification Number (EIN) 27-1754839

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

X

YesNo
- 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
NORTHERN TRUST COMPANY	
36-2723087	

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

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

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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)

BLUECROSS BLUESHIELD OF ILLINOIS

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	1998659	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIGHT SOLUTIONS

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	682251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARCHIMEDES

3001 N ROCKY POINT DR E
TAMPA, FL 33607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	428965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	327300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMBOLD HEALTH INC.

82-1812939

(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	238416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
12 13 50	NONE	166065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ACCESS HOPE

1500 E DUARTE RD
DUARTE, CA 91010

(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	NONE	115563	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTH ADVOCATE

23-3080019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	105534	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXTEND HEALTH

26-0775680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	92300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TELADOC

04-3705970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	72752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACE SOLUTIONS

7 OLD BLACKSTOCK RD
SPARTANBURG, SC 29301

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	40718	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	22705	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CIGNA

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	NONE	21816	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62	NONE	20000	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

EMPLOYER DIRECT

45-3780484

(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	13203	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BURLINGTON NORTHERN SANTA FE, LLC	D Employer Identification Number (EIN) 27-1754839

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8574067	10278829
(2) Participant contributions.....	1b(2)	240556	260481
(3) Other	1b(3)	18156	32013
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7735356	11306850
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	209593	209593

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16777728	22087766
Liabilities			
g Benefit claims payable	1g	18505809	22562389
h Operating payables	1h	156874	159267
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	18662683	22721656
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	-1884955	-633890

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	91755101	
(B) Participants	2a(1)(B)	28667866	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		120422967
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	224990	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		224990
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		120647957

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	96411482	
(2) To insurance carriers for the provision of benefits	2e(2)	18639162	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		115050644
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	4285529	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	20000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	40719	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4346248
j Total expenses. Add all expense amounts in column (b) and enter total	2j		119396892

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1251065
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **WHITLEY PENN LLP**

(2) EIN: **75-2393478**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**BURLINGTON NORTHERN SANTA FE
GROUP BENEFITS PLAN**

**Financial Statements and Supplemental Schedules
As of December 31, 2024 and 2023 and
For the Year Ended December 31, 2024**

Burlington Northern Santa Fe Group Benefits Plan
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REPORT OF INDEPENDENT AUDITORS

To the Participants and Administrator of the
Burlington Northern Santa Fe Group Benefits Plan

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

We have performed audits of the financial statements of the Burlington Northern Santa Fe Group Benefits Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (“ERISA Section 103(a)(3)(C) audit”). The financial statements comprise the statements of net assets available for benefits and statements of benefit obligations as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and statement of changes in benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions as of or for the year ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Whitley Penn LLP

Fort Worth, Texas
October 13, 2025

Burlington Northern Santa Fe Group Benefits Plan
Statements of Net Assets Available for Benefits
(In thousands)

	December 31, 2024	December 31, 2023
ASSETS		
Investment, at fair value:		
Cash and equivalents	\$ 11,307	\$ 7,735
Receivables:		
Dividends/interest receivable	32	18
Employer contributions receivable	10,279	8,574
Participant contributions receivable	260	241
Total receivables	10,571	8,833
Deposit with provider for participant benefits	210	210
Total assets	22,088	16,778
LIABILITIES		
Accounts payable	159	157
Net assets available for benefits	\$ <u>21,929</u>	\$ <u>16,621</u>

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

Burlington Northern Santa Fe Group Benefits Plan
Statement of Changes in Net Assets Available for Benefits
(In thousands)

	Year Ended December 31, 2024
ADDITIONS	
Investment income	\$ 225
Contributions:	
Employer contributions	91,755
Participant contributions	28,668
Total contributions	120,423
Total additions	120,648
DEDUCTIONS	
Payments to participants or beneficiaries	92,355
Insurance premiums	18,639
Administrative expenses	4,346
Total deductions	115,340
Net increase in net assets available for benefits	5,308
Net assets available for benefits:	
Beginning of year	16,621
End of year	\$ 21,929

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

Burlington Northern Santa Fe Group Benefits Plan
Statements of Benefit Obligations
(In thousands)

	December 31, 2024	December 31, 2023
Amounts currently payable:		
Health claims payable	\$ 10,120	\$ 8,417
Claims incurred but not reported	12,443	10,089
	<u>22,563</u>	<u>18,506</u>
Postemployment benefit obligations:		
Long-term disability benefits	5,932	6,126
Postretirement benefit obligations:		
Retired participants	118,940	130,712
Other participants fully eligible for benefits	8,121	7,257
Participants not yet fully eligible for benefits	10,967	10,838
	<u>138,028</u>	<u>148,807</u>
Total benefit obligations	\$ <u>166,523</u>	\$ <u>173,439</u>

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

Burlington Northern Santa Fe Group Benefits Plan
Statement of Changes in Benefit Obligations
(In thousands)

	Year Ended December 31, 2024
Amounts currently payable:	
Balance at beginning of year	\$ 18,506
Claims reported and approved for payment	112,697
Claims and insurance premiums paid (including disability)	(110,994)
Increase in claims incurred but not reported	2,354
Balance at end of year	22,563
Postemployment obligations:	
Balance at beginning of year	6,126
Decrease in long-term disability benefit obligations	(194)
Balance at end of year	5,932
Postretirement benefit obligations:	
Balance at beginning of year	148,807
Increase (decrease) during the year attributable to:	
Benefits accumulated and other actuarial gains and losses	5,058
Interest	6,965
Changes in actuarial assumptions	(5,887)
Benefits reclassified to amounts currently payable	(16,915)
Balance at end of year	138,028
Total benefit obligations at end of year	\$ 166,523

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

Burlington Northern Santa Fe Group Benefits Plan

Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Burlington Northern Santa Fe Group Benefits Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established by Burlington Northern Santa Fe Corporation on January 1, 1997. Upon the formation of the Plan, several health and welfare benefit plans sponsored by Burlington Northern Santa Fe Corporation or its subsidiaries were merged into the Plan. A trust agreement, established as a funding medium for assets of the Plan, was amended and restated January 1, 1997 and April 1, 2003.

On February 12, 2010, Burlington Northern Santa Fe Corporation, which was the sponsor of the Plan, merged with and into a wholly-owned, indirect subsidiary of Berkshire Hathaway Inc., which subsidiary is now named Burlington Northern Santa Fe, LLC. As a result, Burlington Northern Santa Fe, LLC (BNSF) became the sponsor of the Plan as successor to Burlington Northern Santa Fe Corporation.

The Plan provides medical, dental and vision benefits, health care and dependent care flexible benefits, employee assistance benefits, life insurance coverage, short-term and long-term disability benefits, and death benefits to participants, their beneficiaries, and covered dependents. Certain retired and active employees of the former Santa Fe Pacific Corporation and its subsidiaries (SFP) are entitled to similar health and life insurance benefits during retirement. Certain retired and active employees of the former Burlington Northern Inc. and its subsidiaries (BNI) are entitled to similar health and life insurance benefits during retirement. The Plan allows active participants to contribute pre-tax earnings for future reimbursement of certain health care and dependent care costs. The Plan also allows participants to purchase benefits subsequent to the termination of their employment with BNSF for a specified period of time, as required by the Consolidated Omnibus Budget Reconciliation Act of 1986.

Pursuant to the terms of the Plan, regularly assigned salaried employees of the majority of BNSF's subsidiaries that have employees are eligible for coverage, including employees on approved leaves of absence, employees on long-term disability, and certain retired employees and their covered dependents.

Portions of the Plan are self-insured, with the Plan paying an administrative service fee to certain carriers. Other portions of the Plan are fully insured, with current health claims of active and retired participants and their dependents and beneficiaries provided under group contracts, which are experience rated after the anniversary dates of the policies.

Administration

The Burlington Northern Santa Fe Welfare Benefit Trust (the Trust), a tax-exempt voluntary employees' beneficiary association, is the vehicle through which BNSF funds certain benefits of the Plan. The Trust is governed by a trust agreement with The Northern Trust Company (the Trustee). The Trustee manages the assets of the Plan held in the Trust.

The Senior Vice President and Chief Human Resources Officer (Plan Administrator) is responsible for administration of the Plan. The administration of benefits, health care claims, flexible spending account claims, life insurance claims, and short-term and long-term disability claims is primarily performed by Alight Solutions, Aetna Life Insurance Company, Blue Cross Blue Shield of Illinois, Health Equity, Via Benefits, Caremark Inc., Metropolitan Life Insurance Company and EyeMed.

Burlington Northern Santa Fe Group Benefits Plan

Notes to Financial Statements (continued)

Contributions

Employees and certain former employees and retirees are required to contribute to the Plan, based on certain elections, at rates determined by BNSF. Such contributions for active employees are made pursuant to salary reduction elections by the participants. BNSF makes monthly contributions to the Plan at a rate necessary to provide for anticipated current benefits.

Flexible Spending Account

A portion of the assets of the Plan are contained in a flexible spending account. A flexible spending account is offered as part of a cafeteria plan and designed to provide participants with a method of reimbursing themselves for certain health care and dependent care expenses not covered by insurance with pre-tax dollars. The benefits a participant will receive are limited to the amount they have elected to contribute during the Plan year. Participants have up to three months after the end of a Plan year to submit claims for reimbursement. For 2024, participants can carryover unused health care flexible spending dollars up to \$640 to the immediately following Plan year. The balance in the flexible spending account at December 31, 2024 and 2023, was \$281 thousand and \$268 thousand, respectively. Any forfeited contributions are applied to the administrative expenses of the Plan. The amount of contributions forfeited by participants at December 31, 2024 and 2023 was \$99 thousand and \$74 thousand, respectively.

Plan Amendment and Termination

It is anticipated that the Plan will continue. However, BNSF reserves the right to amend, terminate, or discontinue the Plan, and participating companies may withdraw from the Plan at any time. Upon termination, the assets then remaining in the Trust shall be subject to the applicable provisions of the Trust then in effect and shall be used until exhausted to pay benefits to employees in the order of their entitlement.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies, which conform with accounting principles generally accepted in the United States of America (GAAP) and with the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), have been used consistently in the preparation of the Plan's financial statements.

Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with GAAP.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, actuarial present value of postretirement and postemployment benefit obligations, and changes therein, incurred but not reported claims, health claims payable, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates.

Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded when earned.

Burlington Northern Santa Fe Group Benefits Plan

Notes to Financial Statements (continued)

Risks and Uncertainties

The Trust invests in a money market portfolio that invests in securities carrying full faith and credit of the U.S. government. The investment is exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with this investment, it is at least reasonably possible that changes in the values of the investment will occur in the near term and that such changes could affect the amount reported in the Plan's financial statements.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Benefit Payments to Participants

Benefits are recorded when paid.

Postemployment Benefits

Plan obligations at year-end for future disability payments to participants considered permanently disabled at December 31, 2024 and 2023, are estimated by the Plan's actuaries in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying Statements of Benefit Obligations at present value, based on a 5.46 percent discount rate at December 31, 2024 and 4.93 percent discount rate at December 31, 2023.

Postretirement Benefits

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to eligible employee service rendered to December 31, 2024 and 2023. Postretirement benefit obligations are reduced by the actuarial present value of future contributions expected to be received from current plan participants. Postretirement benefits include future benefits expected to be paid to or for active, retired or terminated employees of the former SFP and BNI and their beneficiaries and dependents after retirement from service with BNSF. Employees beginning salaried employment with BNSF subsequent to September 22, 1995, are not eligible for medical benefits during retirement. Prior to an active employee's eligibility date for postretirement benefits, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date. Postretirement benefits are not pre-funded during the working careers of employees.

There was a net decrease of approximately \$6 million in the actuarial present value of the benefit obligation primarily due to the increase in discount rate from 4.93 to 5.46 percent in 2024.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Administrative expenses expected to be paid by the Plan that are associated with providing the Plan's benefits are reflected as a percentage of claims.

Burlington Northern Santa Fe Group Benefits Plan

Notes to Financial Statements (continued)

For measurement purposes at December 31, 2024, a 7.5 percent annual rate of increase for both managed care and non-managed care medical costs was assumed for 2025. The rate was assumed to decrease gradually to 4.1 percent by 2048, and to remain at that level thereafter.

For measurement purposes at December 31, 2023, a 7.6 percent annual rate of increase for both managed care and non-managed care medical costs was assumed for 2024. The rate was assumed to decrease gradually to 4.1 percent by 2048, and to remain at that level thereafter.

The following were other significant assumptions used in the valuations at December 31:

	2024	2023
Weighted-average discount rate	5.46%	4.93%
Average retirement age	62	62
Mortality Table	PRI-2012	PRI-2012
Mortality Projection	Projected with MP2021 scale modified by Mercer	Projected with MP2021 scale modified by Mercer

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

The amount of the Plan's estimated costs of providing postretirement benefits funded by retiree contributions at December 31, 2024 and 2023 was approximately \$3 million.

Expenses of the Plan

Expenses incurred in the administration of the Plan are charged against Plan assets. Administration expenses included in the Statement of Changes in Net Assets Available for Benefits primarily represent fees charged for administration, processing of claims and trustee and actuarial services.

NOTE 3: VALUATION

Various inputs are used to determine the fair value of the Plan's investments. These inputs are summarized in the three broad levels listed below:

Level 1 - Quoted prices for identical assets or liabilities in active markets that BNSF has the ability to access at the measurement date.

Level 2 - Other inputs that are observable for the asset or liability, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, and model-derived valuations in which all significant inputs are observable.

Level 3 - Valuations derived from valuation techniques in which one or more significant inputs are unobservable.

Burlington Northern Santa Fe Group Benefits Plan

Notes to Financial Statements (continued)

The short-term cash equivalent investments in a money market fund are valued at the quoted net asset value of the shares held in the fund. Net asset value is considered a Level 1 input if net asset value is computed daily and redemptions at this value are available to all shareholders without restriction.

The following table presents the fair value of the Plan's investments as of December 31, 2024 (in thousands):

	Total	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Cash and equivalents	\$ 11,307	\$ 11,307	\$ —	\$ —
Total	\$ 11,307	\$ 11,307	\$ —	\$ —

The following table presents the fair value of the Plan's investments as of December 31, 2023 (in thousands):

	Total	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Cash and equivalents	\$ 7,735	\$ 7,735	\$ —	\$ —
Total	\$ 7,735	\$ 7,735	\$ —	\$ —

NOTE 4: BENEFIT OBLIGATIONS

The Plan's deficiency of net assets compared to benefit obligations at December 31, 2024 and 2023, relates primarily to the long-term disability benefit obligations and postretirement benefit obligations. BNSF's policy is to fund long-term disability and postretirement benefit obligations under the Plan as they become due.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reporting in the accompanying financial statements. If the assumed rates increase by one percentage point in each year, it would increase the obligation at December 31, 2024 and 2023, by approximately \$7.2 million and \$7.6 million, respectively.

NOTE 5: RELATED PARTY TRANSACTIONS

The short-term cash equivalent investment held in the Trust is managed by the Trustee. The Trust recorded purchases of \$119 million and sales of \$114 million of the investment during the year ended December 31, 2024. Transactions in this investment qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

NOTE 6: INFORMATION CERTIFIED BY THE TRUSTEE

Certified Investments

Management has received from the Trustee certification of financial information and data disclosed in the accompanying financial statements and ERISA-required supplemental schedules in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The data certified has not been audited, which includes total investments as of December 31, 2024 and 2023 and investment income for the year ended December 31, 2024. The Plan Administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Burlington Northern Santa Fe Group Benefits Plan

Notes to Financial Statements (continued)

NOTE 7: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits from the financial statements to the Form 5500 (in thousands):

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Net assets available for benefits from the financial statements	\$ 21,929	\$ 16,621
Benefit obligations currently payable	<u>(22,563)</u>	<u>(18,506)</u>
Liabilities in excess of net assets available for benefits from Form 5500	<u>\$ (634)</u>	<u>\$ (1,885)</u>

The following is a reconciliation of benefit payments to participants from the financial statements to the Form 5500 (in thousands):

	<u>Year Ended</u> <u>December 31, 2024</u>
Benefits paid to participants from the financial statements	\$ 92,355
Amounts currently payable at December 31, 2024	22,563
Amounts currently payable at December 31, 2023	<u>(18,506)</u>
Benefits paid to participants from the Form 5500	<u>\$ 96,412</u>

Benefits payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment and estimated to be incurred but not reported prior to December 31, 2024, but not yet paid as of that date. Benefits are recorded in the Statement of Changes in Net Assets Available for Benefits when paid.

NOTE 8: TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501 (c)(9) of the Internal Revenue Code (IRC), and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax-exemption letter dated April 27, 1982 from the IRS and BNSF believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9: SUBSEQUENT EVENTS

In preparing the Plan's financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through October 13, 2025, the date the financial statements were available for issuance.

5500 Supplemental Schedules

31 DEC 24

Account Name BNSF WELFARE BENEFIT TRUST CON

Account number BNVEBA

Burlington Northern Santa Fe Group Benefits Plan 501 EIN: 27-1754839

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Schedule of Assets Held for Investment Purposes Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a) Security Description / Asset ID	(b) Shares/Par Value	(c) Historical Cost	(d) Current Value
<i>Value of Interest in Registered Investment Companies</i>			
United States - USD			
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	11,306,850.270	11,306,850.27	11,306,850.27
Total United States - USD		11,306,850.27	11,306,850.27
Total Value of Interest in Registered Investment Com		11,306,850.27	11,306,850.27
Total		11,306,850.27	11,306,850.27

** All or a portion of this security participates in Securities Lending.

(a) - Identity of issuer, borrower, lessor, or similar entity

(b) - Description of investment including maturity date, rate of interest, collateral, par or maturity value

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name BNSF WELFARE BENEFIT TRUST CON

Account number BNVEBA

◆ 5% Report - Part A

Burlington Northern Santa Fe Group Benefits Plan 501 EIN: 27-1754839

Schedule H, Line 4j - Schedule of Reportable Transactions

Single Transaction in Excess of 5%

Identity of Party Involved		Description of Asset		Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
(a)	(b)											
Value of Interest in Registered Investment Companies												
United States - USD												
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		408,848.510	4 Jan 24	1.0000					0.00	408,848.51	408,848.51	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		516,995.530	4 Jan 24	1.0000					0.00	516,995.53	516,995.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		2,800,986.850	9 Jan 24	1.0000					0.00	2,800,986.85	2,800,986.85	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		2,556,220.010	11 Jan 24	1.0000					0.00	2,556,220.01	2,556,220.01	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		1,726,203.490	30 Jan 24	1.0000					0.00	1,726,203.49	1,726,203.49	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		688,215.340	6 Feb 24	1.0000					0.00	688,215.34	688,215.34	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		3,237,849.710	12 Feb 24	1.0000					0.00	3,237,849.71	3,237,849.71	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		842,709.290	22 Feb 24	1.0000					0.00	842,709.29	842,709.29	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		4,019,716.920	4 Mar 24	1.0000					0.00	4,019,716.92	4,019,716.92	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		1,128,723.350	6 Mar 24	1.0000					0.00	1,128,723.35	1,128,723.35	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		2,000,000.000	12 Mar 24	1.0000					0.00	2,000,000.00	2,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		979,708.990	21 Mar 24	1.0000					0.00	979,708.99	979,708.99	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		2,000,000.000	27 Mar 24	1.0000					0.00	2,000,000.00	2,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		564,274.910	1 Apr 24	1.0000					0.00	564,274.91	564,274.91	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

Northern Trust - Dol

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5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name BNSF WELFARE BENEFIT TRUST CON

Account number BNVEBA

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	940,556.940	4 Apr 24	1.0000			0.00	940,556.94	940,556.94	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,134,867.690	10 Apr 24	1.0000			0.00	1,134,867.69	1,134,867.69	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,990,353.800	17 Apr 24	1.0000			0.00	3,990,353.80	3,990,353.80	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	980,243.680	19 Apr 24	1.0000			0.00	980,243.68	980,243.68	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	485,411.670	22 Apr 24	1.0000			0.00	485,411.67	485,411.67	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,994,194.050	23 Apr 24	1.0000			0.00	1,994,194.05	1,994,194.05	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,117,222.240	2 May 24	1.0000			0.00	1,117,222.24	1,117,222.24	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,929,017.040	6 May 24	1.0000			0.00	3,929,017.04	3,929,017.04	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	948,838.040	15 May 24	1.0000			0.00	948,838.04	948,838.04	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	5,836,006.230	20 May 24	1.0000			0.00	5,836,006.23	5,836,006.23	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	454,991.260	6 Jun 24	1.0000			0.00	454,991.26	454,991.26	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	6,251,937.480	10 Jun 24	1.0000			0.00	6,251,937.48	6,251,937.48	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	487,418.820	21 Jun 24	1.0000			0.00	487,418.82	487,418.82	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,000,000.000	25 Jun 24	1.0000			0.00	3,000,000.00	3,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	802,497.410	2 Jul 24	1.0000			0.00	802,497.41	802,497.41	0.00

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	900,896.530	5 Jul 24	1.0000			0.00	900,896.53	900,896.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,258,336.400	16 Jul 24	1.0000			0.00	1,258,336.40	1,258,336.40	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,000,000.000	18 Jul 24	1.0000			0.00	3,000,000.00	3,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	914,904.000	19 Jul 24	1.0000			0.00	914,904.00	914,904.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	6,657,875.820	29 Jul 24	1.0000			0.00	6,657,875.82	6,657,875.82	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	6,124,937.310	9 Aug 24	1.0000			0.00	6,124,937.31	6,124,937.31	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	910,149.450	21 Aug 24	1.0000			0.00	910,149.45	910,149.45	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,849,841.620	26 Aug 24	1.0000			0.00	2,849,841.62	2,849,841.62	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,685,763.310	6 Sep 24	1.0000			0.00	3,685,763.31	3,685,763.31	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,994,025.080	18 Sep 24	1.0000			0.00	2,994,025.08	2,994,025.08	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	741,735.420	20 Sep 24	1.0000			0.00	741,735.42	741,735.42	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,079,639.550	3 Oct 24	1.0000			0.00	1,079,639.55	1,079,639.55	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	771,394.090	4 Oct 24	1.0000			0.00	771,394.09	771,394.09	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,117,432.320	10 Oct 24	1.0000			0.00	3,117,432.32	3,117,432.32	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	895,335.220	21 Oct 24	1.0000			0.00	895,335.22	895,335.22	0.00

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,000,000.000	24 Oct 24	1.0000			0.00	3,000,000.00	3,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,544,182.330	6 Nov 24	1.0000			0.00	2,544,182.33	2,544,182.33	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,799,592.540	15 Nov 24	1.0000			0.00	2,799,592.54	2,799,592.54	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	867,277.120	21 Nov 24	1.0000			0.00	867,277.12	867,277.12	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,366,573.010	26 Nov 24	1.0000			0.00	1,366,573.01	1,366,573.01	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	895,776.420	5 Dec 24	1.0000			0.00	895,776.42	895,776.42	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,032,530.600	6 Dec 24	1.0000			0.00	2,032,530.60	2,032,530.60	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	5,830,107.890	16 Dec 24	1.0000			0.00	5,830,107.89	5,830,107.89	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,000,000.000	19 Dec 24	1.0000			0.00	3,000,000.00	3,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	649,905.300	20 Dec 24	1.0000			0.00	649,905.30	649,905.30	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	719,619.850	23 Dec 24	1.0000			0.00	719,619.85	719,619.85	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,811,747.140	2 Jan 24		1.0000		0.00	3,811,747.14	3,811,747.14	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,118,270.670	3 Jan 24		1.0000		0.00	1,118,270.67	1,118,270.67	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,938,441.480	10 Jan 24		1.0000		0.00	3,938,441.48	3,938,441.48	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-638,752.050	16 Jan 24		1.0000		0.00	638,752.05	638,752.05	0.00

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,012,101.600	29 Jan 24		1.0000		0.00	1,012,101.60	1,012,101.60	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-741,804.020	5 Feb 24		1.0000		0.00	741,804.02	741,804.02	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-767,507.660	7 Feb 24		1.0000		0.00	767,507.66	767,507.66	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,275,279.030	13 Feb 24		1.0000		0.00	1,275,279.03	1,275,279.03	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-926,716.120	15 Feb 24		1.0000		0.00	926,716.12	926,716.12	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,191,130.310	20 Feb 24		1.0000		0.00	1,191,130.31	1,191,130.31	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,163,074.330	27 Feb 24		1.0000		0.00	1,163,074.33	1,163,074.33	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,985,869.100	5 Mar 24		1.0000		0.00	1,985,869.10	1,985,869.10	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,648,015.930	7 Mar 24		1.0000		0.00	1,648,015.93	1,648,015.93	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,756,570.520	11 Mar 24		1.0000		0.00	1,756,570.52	1,756,570.52	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,173,998.000	18 Mar 24		1.0000		0.00	1,173,998.00	1,173,998.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,238,530.500	26 Mar 24		1.0000		0.00	1,238,530.50	1,238,530.50	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,115,238.170	2 Apr 24		1.0000		0.00	1,115,238.17	1,115,238.17	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,002,805.460	9 Apr 24		1.0000		0.00	1,002,805.46	1,002,805.46	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,134,867.690	15 Apr 24		1.0000		0.00	1,134,867.69	1,134,867.69	0.00

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Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-990,353.800	16 Apr 24		1.0000		0.00	990,353.80	990,353.80	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,055,469.830	18 Apr 24		1.0000		0.00	2,055,469.83	2,055,469.83	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,679,040.530	24 Apr 24		1.0000		0.00	1,679,040.53	1,679,040.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,102,571.530	1 May 24		1.0000		0.00	1,102,571.53	1,102,571.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,939,005.350	3 May 24		1.0000		0.00	1,939,005.35	1,939,005.35	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-855,004.450	7 May 24		1.0000		0.00	855,004.45	855,004.45	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,037,849.350	8 May 24		1.0000		0.00	1,037,849.35	1,037,849.35	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-404,053.890	10 May 24		1.0000		0.00	404,053.89	404,053.89	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-948,838.040	14 May 24		1.0000		0.00	948,838.04	948,838.04	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,112,231.890	17 May 24		1.0000		0.00	1,112,231.89	1,112,231.89	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,072,428.070	21 May 24		1.0000		0.00	2,072,428.07	2,072,428.07	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,516,360.670	22 May 24		1.0000		0.00	1,516,360.67	1,516,360.67	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-988,122.710	30 May 24		1.0000		0.00	988,122.71	988,122.71	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,180,908.930	4 Jun 24		1.0000		0.00	1,180,908.93	1,180,908.93	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-707,208.010	7 Jun 24		1.0000		0.00	707,208.01	707,208.01	0.00

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Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-4,285,507.150	11 Jun 24		1.0000		0.00	4,285,507.15	4,285,507.15	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,144,025.020	18 Jun 24		1.0000		0.00	1,144,025.02	1,144,025.02	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-886,051.610	20 Jun 24		1.0000		0.00	886,051.61	886,051.61	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,332,866.470	26 Jun 24		1.0000		0.00	1,332,866.47	1,332,866.47	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,508,598.980	10 Jul 24		1.0000		0.00	2,508,598.98	2,508,598.98	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,000,000.000	17 Jul 24		1.0000		0.00	3,000,000.00	3,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-688,142.530	22 Jul 24		1.0000		0.00	688,142.53	688,142.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,208,978.950	23 Jul 24		1.0000		0.00	1,208,978.95	1,208,978.95	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-4,207,124.730	30 Jul 24		1.0000		0.00	4,207,124.73	4,207,124.73	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-544,379.750	2 Aug 24		1.0000		0.00	544,379.75	544,379.75	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-923,103.730	6 Aug 24		1.0000		0.00	923,103.73	923,103.73	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-977,932.560	7 Aug 24		1.0000		0.00	977,932.56	977,932.56	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,123,524.230	12 Aug 24		1.0000		0.00	3,123,524.23	3,123,524.23	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,443,632.200	13 Aug 24		1.0000		0.00	1,443,632.20	1,443,632.20	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,988,767.250	20 Aug 24		1.0000		0.00	1,988,767.25	1,988,767.25	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

Northern Trust - Dol

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5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name BNSF WELFARE BENEFIT TRUST CON

Account number BNVEBA

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,691,164.170	27 Aug 24		1.0000		0.00	1,691,164.17	1,691,164.17	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,124,833.020	5 Sep 24		1.0000		0.00	2,124,833.02	2,124,833.02	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-955,929.850	9 Sep 24		1.0000		0.00	955,929.85	955,929.85	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,280,357.360	11 Sep 24		1.0000		0.00	1,280,357.36	1,280,357.36	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,868,933.680	17 Sep 24		1.0000		0.00	1,868,933.68	1,868,933.68	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,601,943.400	24 Sep 24		1.0000		0.00	1,601,943.40	1,601,943.40	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,227,296.950	9 Oct 24		1.0000		0.00	3,227,296.95	3,227,296.95	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,033,038.740	16 Oct 24		1.0000		0.00	1,033,038.74	1,033,038.74	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-473,510.730	17 Oct 24		1.0000		0.00	473,510.73	473,510.73	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,627,574.530	22 Oct 24		1.0000		0.00	1,627,574.53	1,627,574.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,686,896.110	29 Oct 24		1.0000		0.00	1,686,896.11	1,686,896.11	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,091,463.370	7 Nov 24		1.0000		0.00	1,091,463.37	1,091,463.37	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,006,936.050	13 Nov 24		1.0000		0.00	2,006,936.05	2,006,936.05	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,941,505.360	20 Nov 24		1.0000		0.00	1,941,505.36	1,941,505.36	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

Northern Trust - Dol

Generated by Northern Trust from periodic data on 24 Feb 25

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,919,566.100	3 Dec 24		1.0000		0.00	1,919,566.10	1,919,566.10	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,006,851.230	11 Dec 24		1.0000		0.00	2,006,851.23	2,006,851.23	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,203,788.970	17 Dec 24		1.0000		0.00	2,203,788.97	2,203,788.97	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,342,852.790	24 Dec 24		1.0000		0.00	1,342,852.79	1,342,852.79	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	Total acquisitions	118	118,630,110.94		0.00	118,630,110.94	118,630,110.94
	Total dispositions	171			0.00	114,384,155.48	114,384,155.48

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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
1a	Name of plan BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/1997
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BURLINGTON NORTHERN SANTA FE, LLC 2301 LOU MENK DRIVE FORT WORTH TX 76131-2828
2b	Employer Identification Number (EIN) 27-1754839
2c	Plan Sponsor's telephone number 817-352-1667
2d	Business code (see instructions) 482110

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

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

SIGN HERE	DocuSigned by: Judy K. Carter 6CAE5611C78D41E...	10/13/2025	JUDY K. CARTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Form 5500 (2024)		Page 2	
3a Plan administrator's name and address ☐ Same as Plan Sponsor SVP AND CHIEF HUMAN RESOURCES OFFICER BNSF RAILWAY COMPANY 2301 LOU MENK DRIVE FORT WORTH TX 76131-2828		3b Administrator's EIN 06-1795272	
		3c Administrator's telephone number 817-352-1667	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	9,009
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....			
		6a(1)	5,541
		6a(2)	5,008
		6b	3,432
		6c	28
		6d	8,468
		6e	
		6f	
		6g(1)	
		6g(2)	
		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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 4F 4H 4L 4Q			

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☒ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☒ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>9</u> (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name BNSF WELFARE BENEFIT TRUST CON

Account number BNVEBA

◆ 5% Report - Part A

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Burlington Northern Santa Fe Group Benefits Plan 501 EIN: 27-1754839

Schedule H, Line 4j - Schedule of Reportable Transactions

Single Transaction in Excess of 5%

Identity of Party Involved		Description of Asset		Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
(a)	(b)											
Value of Interest in Registered Investment Companies												
United States - USD												
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		408,848.510	4 Jan 24	1.0000					0.00	408,848.51	408,848.51	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		516,995.530	4 Jan 24	1.0000					0.00	516,995.53	516,995.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		2,800,986.850	9 Jan 24	1.0000					0.00	2,800,986.85	2,800,986.85	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		2,556,220.010	11 Jan 24	1.0000					0.00	2,556,220.01	2,556,220.01	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		1,726,203.490	30 Jan 24	1.0000					0.00	1,726,203.49	1,726,203.49	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		688,215.340	6 Feb 24	1.0000					0.00	688,215.34	688,215.34	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		3,237,849.710	12 Feb 24	1.0000					0.00	3,237,849.71	3,237,849.71	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		842,709.290	22 Feb 24	1.0000					0.00	842,709.29	842,709.29	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		4,019,716.920	4 Mar 24	1.0000					0.00	4,019,716.92	4,019,716.92	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		1,128,723.350	6 Mar 24	1.0000					0.00	1,128,723.35	1,128,723.35	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		2,000,000.000	12 Mar 24	1.0000					0.00	2,000,000.00	2,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		979,708.990	21 Mar 24	1.0000					0.00	979,708.99	979,708.99	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		2,000,000.000	27 Mar 24	1.0000					0.00	2,000,000.00	2,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873		564,274.910	1 Apr 24	1.0000					0.00	564,274.91	564,274.91	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

Northern Trust

- Dol

Generated by Northern Trust from periodic data on 24 Feb 25

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name BNSF WELFARE BENEFIT TRUST CON

Account number BNVEBA

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	940,556.940	4 Apr 24	1.0000			0.00	940,556.94	940,556.94	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,134,867.690	10 Apr 24	1.0000			0.00	1,134,867.69	1,134,867.69	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,990,353.800	17 Apr 24	1.0000			0.00	3,990,353.80	3,990,353.80	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	980,243.680	19 Apr 24	1.0000			0.00	980,243.68	980,243.68	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	485,411.670	22 Apr 24	1.0000			0.00	485,411.67	485,411.67	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,994,194.050	23 Apr 24	1.0000			0.00	1,994,194.05	1,994,194.05	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,117,222.240	2 May 24	1.0000			0.00	1,117,222.24	1,117,222.24	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,929,017.040	6 May 24	1.0000			0.00	3,929,017.04	3,929,017.04	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	948,838.040	15 May 24	1.0000			0.00	948,838.04	948,838.04	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	5,836,006.230	20 May 24	1.0000			0.00	5,836,006.23	5,836,006.23	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	454,991.260	6 Jun 24	1.0000			0.00	454,991.26	454,991.26	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	6,251,937.480	10 Jun 24	1.0000			0.00	6,251,937.48	6,251,937.48	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	487,418.820	21 Jun 24	1.0000			0.00	487,418.82	487,418.82	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,000,000.000	25 Jun 24	1.0000			0.00	3,000,000.00	3,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	802,497.410	2 Jul 24	1.0000			0.00	802,497.41	802,497.41	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

Northern Trust - Dol

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5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name BNSF WELFARE BENEFIT TRUST CON

Account number BNVEBA

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	900,896.530	5 Jul 24	1.0000			0.00	900,896.53	900,896.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,258,336.400	16 Jul 24	1.0000			0.00	1,258,336.40	1,258,336.40	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,000,000.000	18 Jul 24	1.0000			0.00	3,000,000.00	3,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	914,904.000	19 Jul 24	1.0000			0.00	914,904.00	914,904.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	6,657,875.820	29 Jul 24	1.0000			0.00	6,657,875.82	6,657,875.82	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	6,124,937.310	9 Aug 24	1.0000			0.00	6,124,937.31	6,124,937.31	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	910,149.450	21 Aug 24	1.0000			0.00	910,149.45	910,149.45	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,849,841.620	26 Aug 24	1.0000			0.00	2,849,841.62	2,849,841.62	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,685,763.310	6 Sep 24	1.0000			0.00	3,685,763.31	3,685,763.31	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,994,025.080	18 Sep 24	1.0000			0.00	2,994,025.08	2,994,025.08	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	741,735.420	20 Sep 24	1.0000			0.00	741,735.42	741,735.42	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,079,639.550	3 Oct 24	1.0000			0.00	1,079,639.55	1,079,639.55	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	771,394.090	4 Oct 24	1.0000			0.00	771,394.09	771,394.09	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,117,432.320	10 Oct 24	1.0000			0.00	3,117,432.32	3,117,432.32	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	895,335.220	21 Oct 24	1.0000			0.00	895,335.22	895,335.22	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

Northern Trust - Dol

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Account Name BNSF WELFARE BENEFIT TRUST CON

Account number BNVEBA

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,000,000.000	24 Oct 24	1.0000			0.00	3,000,000.00	3,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,544,182.330	6 Nov 24	1.0000			0.00	2,544,182.33	2,544,182.33	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,799,592.540	15 Nov 24	1.0000			0.00	2,799,592.54	2,799,592.54	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	867,277.120	21 Nov 24	1.0000			0.00	867,277.12	867,277.12	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,366,573.010	26 Nov 24	1.0000			0.00	1,366,573.01	1,366,573.01	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	895,776.420	5 Dec 24	1.0000			0.00	895,776.42	895,776.42	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,032,530.600	6 Dec 24	1.0000			0.00	2,032,530.60	2,032,530.60	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	5,830,107.890	16 Dec 24	1.0000			0.00	5,830,107.89	5,830,107.89	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,000,000.000	19 Dec 24	1.0000			0.00	3,000,000.00	3,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	649,905.300	20 Dec 24	1.0000			0.00	649,905.30	649,905.30	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	719,619.850	23 Dec 24	1.0000			0.00	719,619.85	719,619.85	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,811,747.140	2 Jan 24		1.0000		0.00	3,811,747.14	3,811,747.14	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,118,270.670	3 Jan 24		1.0000		0.00	1,118,270.67	1,118,270.67	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,938,441.480	10 Jan 24		1.0000		0.00	3,938,441.48	3,938,441.48	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-638,752.050	16 Jan 24		1.0000		0.00	638,752.05	638,752.05	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

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1 JAN 24 - 31 DEC 24

Account Name BNSF WELFARE BENEFIT TRUST CON

Account number BNVEBA

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,012,101.600	29 Jan 24		1.0000		0.00	1,012,101.60	1,012,101.60	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-741,804.020	5 Feb 24		1.0000		0.00	741,804.02	741,804.02	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-767,507.660	7 Feb 24		1.0000		0.00	767,507.66	767,507.66	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,275,279.030	13 Feb 24		1.0000		0.00	1,275,279.03	1,275,279.03	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-926,716.120	15 Feb 24		1.0000		0.00	926,716.12	926,716.12	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,191,130.310	20 Feb 24		1.0000		0.00	1,191,130.31	1,191,130.31	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,163,074.330	27 Feb 24		1.0000		0.00	1,163,074.33	1,163,074.33	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,985,869.100	5 Mar 24		1.0000		0.00	1,985,869.10	1,985,869.10	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,648,015.930	7 Mar 24		1.0000		0.00	1,648,015.93	1,648,015.93	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,756,570.520	11 Mar 24		1.0000		0.00	1,756,570.52	1,756,570.52	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,173,998.000	18 Mar 24		1.0000		0.00	1,173,998.00	1,173,998.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,238,530.500	26 Mar 24		1.0000		0.00	1,238,530.50	1,238,530.50	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,115,238.170	2 Apr 24		1.0000		0.00	1,115,238.17	1,115,238.17	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,002,805.460	9 Apr 24		1.0000		0.00	1,002,805.46	1,002,805.46	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,134,867.690	15 Apr 24		1.0000		0.00	1,134,867.69	1,134,867.69	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

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Account Name BNSF WELFARE BENEFIT TRUST CON

Account number BNVEBA

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-990,353.800	16 Apr 24		1.0000		0.00	990,353.80	990,353.80	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,055,469.830	18 Apr 24		1.0000		0.00	2,055,469.83	2,055,469.83	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,679,040.530	24 Apr 24		1.0000		0.00	1,679,040.53	1,679,040.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,102,571.530	1 May 24		1.0000		0.00	1,102,571.53	1,102,571.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,939,005.350	3 May 24		1.0000		0.00	1,939,005.35	1,939,005.35	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-855,004.450	7 May 24		1.0000		0.00	855,004.45	855,004.45	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,037,849.350	8 May 24		1.0000		0.00	1,037,849.35	1,037,849.35	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-404,053.890	10 May 24		1.0000		0.00	404,053.89	404,053.89	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-948,838.040	14 May 24		1.0000		0.00	948,838.04	948,838.04	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,112,231.890	17 May 24		1.0000		0.00	1,112,231.89	1,112,231.89	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,072,428.070	21 May 24		1.0000		0.00	2,072,428.07	2,072,428.07	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,516,360.670	22 May 24		1.0000		0.00	1,516,360.67	1,516,360.67	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-988,122.710	30 May 24		1.0000		0.00	988,122.71	988,122.71	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,180,908.930	4 Jun 24		1.0000		0.00	1,180,908.93	1,180,908.93	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-707,208.010	7 Jun 24		1.0000		0.00	707,208.01	707,208.01	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

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Account number BNVEBA

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-4,285,507.150	11 Jun 24		1.0000		0.00	4,285,507.15	4,285,507.15	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,144,025.020	18 Jun 24		1.0000		0.00	1,144,025.02	1,144,025.02	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-886,051.610	20 Jun 24		1.0000		0.00	886,051.61	886,051.61	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,332,866.470	26 Jun 24		1.0000		0.00	1,332,866.47	1,332,866.47	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,508,598.980	10 Jul 24		1.0000		0.00	2,508,598.98	2,508,598.98	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,000,000.000	17 Jul 24		1.0000		0.00	3,000,000.00	3,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-688,142.530	22 Jul 24		1.0000		0.00	688,142.53	688,142.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,208,978.950	23 Jul 24		1.0000		0.00	1,208,978.95	1,208,978.95	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-4,207,124.730	30 Jul 24		1.0000		0.00	4,207,124.73	4,207,124.73	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-544,379.750	2 Aug 24		1.0000		0.00	544,379.75	544,379.75	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-923,103.730	6 Aug 24		1.0000		0.00	923,103.73	923,103.73	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-977,932.560	7 Aug 24		1.0000		0.00	977,932.56	977,932.56	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,123,524.230	12 Aug 24		1.0000		0.00	3,123,524.23	3,123,524.23	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,443,632.200	13 Aug 24		1.0000		0.00	1,443,632.20	1,443,632.20	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,988,767.250	20 Aug 24		1.0000		0.00	1,988,767.25	1,988,767.25	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

Northern Trust - Dol

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Account Name BNSF WELFARE BENEFIT TRUST CON

Account number BNVEBA

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,691,164.170	27 Aug 24		1.0000		0.00	1,691,164.17	1,691,164.17	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,124,833.020	5 Sep 24		1.0000		0.00	2,124,833.02	2,124,833.02	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-955,929.850	9 Sep 24		1.0000		0.00	955,929.85	955,929.85	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,280,357.360	11 Sep 24		1.0000		0.00	1,280,357.36	1,280,357.36	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,868,933.680	17 Sep 24		1.0000		0.00	1,868,933.68	1,868,933.68	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,601,943.400	24 Sep 24		1.0000		0.00	1,601,943.40	1,601,943.40	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,227,296.950	9 Oct 24		1.0000		0.00	3,227,296.95	3,227,296.95	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,033,038.740	16 Oct 24		1.0000		0.00	1,033,038.74	1,033,038.74	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-473,510.730	17 Oct 24		1.0000		0.00	473,510.73	473,510.73	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,627,574.530	22 Oct 24		1.0000		0.00	1,627,574.53	1,627,574.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,686,896.110	29 Oct 24		1.0000		0.00	1,686,896.11	1,686,896.11	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,091,463.370	7 Nov 24		1.0000		0.00	1,091,463.37	1,091,463.37	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,006,936.050	13 Nov 24		1.0000		0.00	2,006,936.05	2,006,936.05	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,941,505.360	20 Nov 24		1.0000		0.00	1,941,505.36	1,941,505.36	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

Northern Trust - Dol

Generated by Northern Trust from periodic data on 24 Feb 25

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,919,566.100	3 Dec 24		1.0000		0.00	1,919,566.10	1,919,566.10	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,006,851.230	11 Dec 24		1.0000		0.00	2,006,851.23	2,006,851.23	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,203,788.970	17 Dec 24		1.0000		0.00	2,203,788.97	2,203,788.97	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,342,852.790	24 Dec 24		1.0000		0.00	1,342,852.79	1,342,852.79	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	Total acquisitions	118	118,630,110.94		0.00	118,630,110.94	118,630,110.94
	Total dispositions	171			0.00	114,384,155.48	114,384,155.48

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 7,753,512.14

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31 DEC 24

Account Name BNSF WELFARE BENEFIT TRUST CON

Account number BNVEBA

Burlington Northern Santa Fe Group Benefits Plan 501 EIN: 27-1754839

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Schedule of Assets Held for Investment Purposes Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value	
<i>Value of Interest in Registered Investment Companies</i>				
United States - USD				
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	11,306,850.270	11,306,850.27	11,306,850.27	
Total United States - USD		11,306,850.27	11,306,850.27	
Total Value of Interest in Registered Investment Com		11,306,850.27	11,306,850.27	
Total		11,306,850.27	11,306,850.27	

** All or a portion of this security participates in Securities Lending.

(a) - Identity of issuer, borrower, lessor, or similar entity

(b) - Description of investment including maturity date, rate of interest, collateral, par or maturity value