

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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... [X] a single-employer plan... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: BP CORPORATION NORTH AMERICA INC RETIREE WELFARE BENEFITS PLAN II
1b Three-digit plan number (PN): 851
1c Effective date of plan: 10/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan): BP CORPORATION NORTH AMERICA INC.
2b Employer Identification Number (EIN): 36-1812780
2c Plan Sponsor's telephone number: 281-366-2000
2d Business code (see instructions): 324110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor EMPLOYEE BENEFITS PLAN ADMINISTRATOR BP CORPORATION NORTH AMERICA INC. 501 WESTLAKE PARK BLVD HOUSTON, TX 77079	3b Administrator's EIN 74-3259348 3c Administrator's telephone number 281-366-2000
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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
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5 Total number of participants at the beginning of the plan year	5	24825
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits.....	6b	22726
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	22726
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

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

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

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

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

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

<p>A Name of plan BP CORPORATION NORTH AMERICA INC RETIREE WELFARE BENEFITS PLAN II</p>	<p>B Three-digit plan number (PN) ▶ 851</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BP CORPORATION NORTH AMERICA INC.</p>	<p>D Employer Identification Number (EIN) 36-1812780</p>

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF WASHINGTON

(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
91-0511770	95672	0037500	119	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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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 ▶ 0

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)	
	7c(2)	0
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		417793
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan BP CORPORATION NORTH AMERICA INC RETIREE WELFARE BENEFITS PLAN II		B Three-digit plan number (PN) ▶ 851
C Plan sponsor's name as shown on line 2a of Form 5500 BP CORPORATION NORTH AMERICA INC.		D Employer Identification Number (EIN) 36-1812780

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
HEALTHCARE SERVICE CORPORATION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-1236610	70670	H50837	234	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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 0

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)	
	7c(2)	0
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		2570572
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan BP CORPORATION NORTH AMERICA INC RETIREE WELFARE BENEFITS PLAN II	B Three-digit plan number (PN) ▶ 851
C Plan sponsor's name as shown on line 2a of Form 5500 BP CORPORATION NORTH AMERICA INC.	D Employer Identification Number (EIN) 36-1812780

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
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

(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
93-0798039	95540	1057	3	04/01/2023	03/31/2024

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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 ▶ 0

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)	
	7c(2)	0
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		94774
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan BP CORPORATION NORTH AMERICA INC RETIREE WELFARE BENEFITS PLAN II</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>851</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BP CORPORATION NORTH AMERICA INC.</p>	<p>D Employer Identification Number (EIN) 36-1812780</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	38782	61	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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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 ▶ 0

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)	
	7c(2)	0
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		282469
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

(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 ▶ 0

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)	
	7c(2)	0
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		25459111
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
BP CORPORATION NORTH AMERICA INC RETIREE WELFARE BENEFITS PLAN II

B Three-digit plan number (PN) ▶ **851**

C Plan sponsor's name as shown on line 2a of Form 5500
BP CORPORATION NORTH AMERICA INC.

D Employer Identification Number (EIN)
36-1812780

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	103226	44	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 ▶ 0

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)	
	7c(2)	0
	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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		143296
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan BP CORPORATION NORTH AMERICA INC RETIREE WELFARE BENEFITS PLAN II		B Three-digit plan number (PN) ▶ 851
C Plan sponsor's name as shown on line 2a of Form 5500 BP CORPORATION NORTH AMERICA INC.		D Employer Identification Number (EIN) 36-1812780

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
KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	102094	511	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 ▶ 0

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)	
	7c(2)	0
	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)	
	7e(2)	
	7e(3)	
	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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10	Nonexperience-rated contracts:			
a	Total premiums or subscription charges paid to carrier		10a	1917086
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 BP CORPORATION NORTH AMERICA INC RETIREE WELFARE BENEFITS PLAN II	B Three-digit plan number (PN) ▶	851
C Plan sponsor's name as shown on line 2a of Form 5500 BP CORPORATION NORTH AMERICA INC.	D Employer Identification Number (EIN) 36-1812780	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

AETNA LIFE INSURANCE COMPANY

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 50	N/A	3216045	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EXPRESS SCRIPTS, INC

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 50	N/A	3204884	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEBMD HEALTH CORP/WEBMD GLOBAL LLC

20-2783228

(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	N/A	432224	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INSPIRA FINANCIAL HEALTH, INC

91-1774434

(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 15 50	N/A	130460	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JPMORGAN CHASE BANK, N.A.

13-4994650

(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 25 50 62 72	N/A	7103	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6233	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN CHASE BANK, N.A.	72	6233
(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.	
JP MORGAN INVESTMENT MANAGEMENT INC 13-3200244	REVENUE SHARE ON MUTUAL FUNDS, DRUG REBATES AND RELATED ADMINISTRATION FEES	
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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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 BP CORPORATION NORTH AMERICA INC RETIREE WELFARE BENEFITS PLAN II	B Three-digit plan number (PN) ▶ 851
C Plan sponsor's name as shown on line 2a of Form 5500 BP CORPORATION NORTH AMERICA INC.	D Employer Identification Number (EIN) 36-1812780

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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	67272	153104
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	41178153	41062946
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	2737279	18860258
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	43982704	60076308
Liabilities			
g Benefit claims payable.....	1g	18446764	18087541
h Operating payables.....	1h	113036	5516528
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	18559800	23604069
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	25422904	36472239

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)	132500000	
(B) Participants.....	2a(1)(B)	58849719	
(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)		191349719
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	351662	
(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)		351662
(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)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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		191701381

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	143033036	
(2) To insurance carriers for the provision of benefits	2e(2)	30627425	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		173660461
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)	6984482	
(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)		
(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)	7103	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6991585
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		180652046

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11049335
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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.

**BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II**

Financial Statements as of December 31, 2024 and 2023, and for the Year Ended December 31,
2024 with Independent Auditor's Report and Supplemental Schedules

EIN 36-1812780
Plan No. 851

INDEPENDENT AUDITOR'S REPORT

To BP Corporation North America Inc. Retiree Welfare Benefits Plan II

Opinion

We have audited the financial statements of BP Corporation North America Inc. Retiree Welfare Benefits Plan II (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and the benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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.

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

Supplemental Schedules Required by ERISA

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

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

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

Deloitte + Touche LLP

September 25, 2025

**BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2024	2023
Assets:		
Cash	\$ 153,104	\$ 67,272
Investments at fair value -		
JPMorgan U.S. Government Money Market Fund	18,860,258	2,737,279
Rebates and other receivables	41,062,946	41,178,153
Total assets	60,076,308	43,982,704
Liabilities:		
Payable to BP Consolidated Welfare Benefit Plan	5,461,912	36,836
Accrued administrative expenses	54,616	76,200
Total liabilities	5,516,528	113,036
Net assets available for benefits	\$ 54,559,780	\$ 43,869,668

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

**BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2024

Additions to assets attributed to:

Employer contributions	\$ 132,500,000
Participant contributions	58,849,719
Interest income	351,662

Total additions	<u>191,701,381</u>
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Deductions of assets attributed to:

Claim payments	143,392,259
HMO premium payments	5,275,240
Insurance premium payments	25,352,185
Administrative expenses	6,991,585

Total deductions	<u>181,011,269</u>
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Net increase in net assets during the year	10,690,112
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Net assets available for benefits:

Beginning of year	<u>43,869,668</u>
End of year	<u>\$ 54,559,780</u>

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

**BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II**

STATEMENTS OF BENEFIT OBLIGATIONS

	December 31	
	2024	2023
Amounts currently payable to or for participants, beneficiaries, and dependents:		
Claims payable	\$ 7,174,541	\$ 7,331,764
Claims incurred but not reported	10,913,000	11,115,000
Total amounts currently payable	<u>18,087,541</u>	<u>18,446,764</u>
Post-retirement benefit obligations, net of amounts currently payable:		
Current retirees	724,481,803	933,041,136
Other participants fully eligible for benefits	111,423,711	89,457,148
Participants not yet fully eligible for benefits	219,317,192	246,122,793
Total post-retirement benefits obligation	<u>1,055,222,706</u>	<u>1,268,621,077</u>
Total benefit obligations	<u>\$ 1,073,310,247</u>	<u>\$ 1,287,067,841</u>

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

**BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II**

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

Year Ended December 31, 2024

Amounts currently payable to or for participants, beneficiaries, and dependents:

Balance at beginning of year	\$ 18,446,764
Increase/(decrease) during the year attributable to:	
Claims and premiums reported and approved for payment	173,862,461
Claims and premiums paid	(174,019,684)
Claims incurred but not reported	(202,000)
Balance at end of year	<u>18,087,541</u>

Post-retirement benefit obligations, net of amounts currently payable:

Balance at beginning of year	1,268,621,077
Increase/(decrease) during the year attributable to:	
Benefits reclassified to benefits payments	(121,443,564)
Benefits earned	18,619,224
Increase due to passage of time	59,219,720
Updated claim costs, contributions, and aging	(35,283,991)
Changes in actuarial assumptions and other changes	(134,509,760)
Balance at end of year	<u>1,055,222,706</u>

Total benefit obligations at end of year	<u>\$ 1,073,310,247</u>
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The accompanying notes are an integral part of these financial statements.

**BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II**

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The BP Corporation North America Inc. Retiree Welfare Benefits Plan II (the “Plan”), established October 1, 1998, is a welfare plan established for the purpose of paying various benefits to eligible retirees, surviving spouses, dependents, spouses, and domestic partners who meet eligibility requirements as described in the Plan documents.

The following brief description of the Plan provides general information about the Plan’s provisions. Participants should refer to the Plan document and an applicable summary plan description for a more complete description of the Plan’s provisions, copies of which may be obtained from the Plan Administrator.

The Plan is subject to and complies with the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan is sponsored by BP Corporation North America Inc. (the “Company”), an indirect wholly owned subsidiary of BP p.l.c. The Plan Administrator is the Company’s Reward Delivery Manager. Alight Solutions is the benefits administrator responsible for recording and processing participants’ Plan elections.

Cash and investments of the Plan are held in separate accounts within the BP Corporation North America Inc. VEBA Master Trust (the “Trust”). The trustee of the Master Trust is JPMorgan Chase Bank (“the Trustee”).

The Company believes the Plan will continue indefinitely but reserves the right to amend, modify, or terminate the Plan, or any of the programs under the Plan, at any time. In the event of Plan termination, the assets of the Plan will be used to pay outstanding claims, other Plan liabilities, or other welfare plan benefits as determined at the Company’s sole discretion. Under present law and the terms of the Company’s agreement with the trustee, the assets of the Plan may not revert to the Company. The Company will fund benefit payments to the extent there are not sufficient assets in the Trust to pay such benefits.

Medical Benefits

The Plan offers comprehensive medical (including prescription drug) benefit coverage to eligible retirees of the Company and its affiliates that elect to participate (“participating affiliates”) in the Plan. Eligible participants are those retirees of the Company and participating affiliates who meet eligibility requirements defined in summary plan descriptions and pursuant to the policies of the Company and participating affiliates. Benefits are also offered to eligible dependents, spouses, and domestic partners of participants.

BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II

Participant contributions are required for certain retiree and surviving spouse coverage and are made through direct payment according to contribution schedules established periodically by the Plan Administrator. Participant contribution rates vary depending upon a variety of factors, including coverage levels. Retiree contribution levels for the core medical plan are between 30% and 50% of the cost of coverage, based on age and service. Other retiree contribution levels depend upon the benefit structure of a retiree's particular plan. Most heritage plans are non-contributory. For those plans with contributions, the average retiree contribution is between 1% and 30% of the cost of coverage.

Employees hired on April 1, 2004 through December 31, 2019, or later, bear the full cost of medical coverage upon retirement. For those employees, a retiree reimbursement account ("RRA") is credited with an annual fixed-dollar amount for each year of service. At retirement, participants are entitled to offset the cost of any qualifying medical expense with the nominal dollars from their RRA. The estimated obligations for the RRA accounts is included in the postretirement benefit obligations. The plan was amended to eliminate the RRA for participants hired on or after January 1, 2020 and participants will bear the full cost of medical coverage upon retirement if they choose to utilize BP plans.

The medical coverage options under the Plan are generally self-insured. The Company has entered into administrative services contracts with various third-party administrators under which claims processing services are provided. Payments for medical benefits are reviewed by the third-party administrators for propriety of coverage and are funded by the Trust. There are also certain insured coverage options, including several health maintenance organization ("HMO") options. The terms and conditions of benefit payments are described in applicable plan documents, including HMO and insurance policies where relevant.

Effective January 1, 2013, the Company implemented an Employer Group Waiver Plan ("EGWP") for a majority of its Medicare eligible retirees. Under EGWP, the Plan receives subsidy reimbursements from the U.S. government and rebates from manufacturers. EGWP subsidy and rebate receivables at December 31, 2024 and 2023 totaled \$38 million and \$39 million, respectively.

Dental Benefits

The Plan offers dental and orthodontic benefit coverage to certain retirees of the Company and participating affiliates. Eligible participants are retirees of the Company and participating affiliates who meet eligibility requirements defined in summary plan descriptions.

Benefits are also offered to eligible dependents, spouses, and domestic partners of participants.

**BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II**

Participant contributions are made through direct payment according to contribution schedules established periodically by the Plan Administrator. Participant contribution rates vary according to coverage level. The dental plan is self-insured and is administered by a third-party administrator. The terms and conditions of benefit payments are described in applicable plan documents and insurance policies where relevant.

Group Life Benefits

The Plan provides group life insurance coverage that provides benefits to beneficiaries of retirees of the Company and participating affiliates in the event of death. Eligible participants are retirees of the Company and participating affiliates who meet the Plan's eligibility requirements. Coverage under the Plan is provided through insured contracts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting. The accompanying financial statements of the Plan are prepared under the accrual method of accounting in accordance with U.S. generally accepted accounting principles ("US GAAP").

Use of Estimates. The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates and assumptions.

Investment Valuation and Income Recognition. All investment assets held by the Plan are stated at fair value. Further information regarding valuation techniques used to measure fair value by the Plan is included in Fair Value Measurements (Note 7). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned.

Benefit Payments. Claims and premium payments are recorded when paid by the Trust. Amounts due to the third-party administrator for claims that have been paid but not yet reimbursed by the Plan are recorded as claims payable in the accompanying statements of benefit obligations. Rebates from prescription drug programs are recorded when earned and netted with claims paid in the accompanying statement of changes in net assets available for benefits.

Administrative Expenses. Plan related administrative expenses, which consist primarily of fees paid to third-party administrators and the trustee, are paid by the Trust. These expenses are reported on the accompanying statement of changes in net assets available for benefits. All other administrative expenses such as professional fees are paid by the Company on behalf of the Plan.

BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II

Funding. The Company made monthly contributions to fund the Company's estimated portion of the month's benefit and premium payments. The Plan's deficiency of net assets over benefit obligations at December 31, 2024 and 2023, relates primarily to the funding of the postretirement benefit obligation and it is expected that the deficiency will be funded through future increases in the Company's contribution and the participants' contribution rate.

Participant contributions made to a lockbox are automatically deposited into the Plan's trust account. Any contributions subsequently determined to relate to BP Consolidated Welfare Plan participants are recognized as a payable and transferred to the BP Consolidated Welfare Plan on a monthly basis.

Claims Incurred but Not Reported (IBNR). The Plan's liability for current retiree plan participants' health claims incurred but unreported at year-end is estimated using actuarial methods that use historical trend information developed through studies of medical claim lag patterns incurred in the prior years. The estimated liabilities for retired participants' health claims IBNR as of December 31, 2024 and 2023 are amounts currently payable of statement of benefit obligation. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Postretirement Benefits. A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. The postretirement benefit obligation represents the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the plan. The obligations represent the amounts that are expected to be funded by contributions from the Company and from existing assets of the Plan. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the Company. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's independent actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims 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, and to reflect the portion of those costs expected to be borne by Medicare, the retired participants, and other providers.

**BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II**

Subsequent Events. Management evaluated subsequent events for the Plan through September 25, 2025, the date the financial statements were available to be issued.

3. BENEFIT OBLIGATIONS

The following are significant assumptions used in the postretirement benefit obligation valuations as of December 31, 2024 and 2023:

	2024	2023
Weighted-average discount rate	5.50%	4.90%
Mortality	<p>Employees: Pri.H-2012 Employee Headcount Weighted Mortality Table with no collar adjustments for healthy males and females, with 2 year age setbacks, projected forward using the MP-2021 projection scale.</p> <p>Non-Disabled Retirees: Pri.H-2012 Retiree headcount Weighted Mortality Table with no collar adjustments for healthy males and females, with 2 year age setbacks, projected forward using the MP-2021 projection scale.</p>	<p>Employees: Pri.H-2012 Employee Headcount Weighted Mortality Table with no collar adjustments for healthy males and females, with 2 year age setbacks, projected forward using the MP-2021 projection scale.</p> <p>Non-Disabled Retirees: Pri.H-2012 Retiree headcount Weighted Mortality Table with no collar adjustments for healthy males and females, with 2 year age setbacks, projected forward using the MP-2021 projection scale.</p>
Health care cost trend assumed for next year	5.40%	5.60%
Rate to which the cost trend rate is assumed to decline (ultimate trend rate)	4.50%	4.50%
Year that the rate gradually reaches ultimate trend rate	2032	2030
Effect of 1% increase in health care cost trend rates on the postretirement benefit obligations	\$49,624,198	\$68,480,722

The Plan's postretirement benefit obligations do not reflect an amount associated with the Medicare subsidy allowed under the Medicare Prescription Drug Improvement and Modernization Act of 2003, as the Plan is not directly entitled to the Medicare subsidy. The Company has included in its financial statements the effects of the Medicare subsidy in measuring its postretirement benefit obligations and net periodic postretirement benefit cost. As such, the Plan's postretirement benefit obligations differ from that disclosed by the Company. Due to the implementation of EGWP, the Medicare subsidy is received only for a small group of participants.

**BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II**

4. FEDERAL INCOME TAX STATUS

The Trust that funds the Plan has received an exemption letter from the Internal Revenue Service (“IRS”) dated August 14, 2000, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the “Code”) as a Voluntary Employees’ Beneficiary Association. The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the related Trust is tax-exempt. The Company reserves the right to make any amendments necessary to maintain the qualification of the Trust.

5. RISKS AND UNCERTAINTIES

The Plan invests in a money market mutual fund. This investment is exposed to various risks such as interest rate, market volatility, and credit risks. Market risks include global events which could impact the value of investment securities, such as pandemic or international conflict. Due to the level of risk associated with certain underlying investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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 assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Plan holds a money market mutual fund in its investment portfolio at December 31, 2024 and 2023, which is managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions. Fees paid for investment management services were included as a reduction of the return earned on the fund.

**BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II**

7. FAIR VALUE MEASUREMENTS

Accounting Standards Codification Topic 820, *Fair Value Measurement*, established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Inputs broadly refer to the assumptions that market participants use to make pricing decisions, including assumptions about risk. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below.

Level 1 inputs are observable inputs that reflect unadjusted quoted prices for identical assets or liabilities in active markets as of the reporting date. Active markets are those in which transactions for the asset or liability occur in sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 inputs are observable market-based inputs or unobservable inputs that are corroborated by market data. These are inputs other than quoted prices in active markets included within Level 1, which are either directly or indirectly observable at the reporting date.

Level 3 inputs are unobservable inputs that are not corroborated by market data and may be used with internally developed methodologies that result in management's best estimate of fair value.

In measuring fair value, the Plan uses valuation techniques that maximize the use of observable inputs.

The Plan held an investment in a money market mutual fund at December 31, 2024 and 2023, of \$18,860,258 and \$2,737,279, respectively. This investment is classified as Level 1 of the fair value hierarchy. Money market mutual funds are valued using the quoted price in an active market.

Money market mutual funds invest in high-quality, U.S. dollar denominated money market instruments with short-term maturities that emphasize maintaining liquidity and preservation of capital. Redemptions can be made daily with no notice period required.

**BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II**

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	December 31	
	2024	2023
Net assets available for benefits as stated in the financial statements	\$ 54,559,780	\$ 43,869,668
Less: Claims payable	(7,174,541)	(7,331,764)
Less: Claims incurred but not reported	(10,913,000)	(11,115,000)
Net assets available for benefits per the Plan's Form 5500	<u>\$ 36,472,239</u>	<u>\$ 25,422,904</u>

The following is a reconciliation of claims and premiums paid for the Year Ended December 31, 2024, per the financial statements to the Form 5500:

Claims payments as stated in the financial statements	\$ 143,392,259
HMO premium payments as stated in the financial statements	5,275,240
Insurance premium payments as stated in the financial statements	25,352,185
Claims payable at December 31, 2024	7,174,541
Claims premiums payable at December 31, 2023	(7,331,764)
Claims incurred but not reported at December 31, 2024	10,913,000
Claims incurred but not reported at December 31, 2023	(11,115,000)
Benefits paid as stated in the Plan's Form 5500	<u>\$ 173,660,461</u>

Claims that have been processed and approved for payment, but not yet paid at year-end, and claims incurred but not reported are not presented as liabilities or claims paid in the statements of net assets available for benefits in accordance with US GAAP, but are recorded on the Form 5500 as benefits payable.

**BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
* JPMorgan Chase Bank	JPMorgan U.S. Government Money Market Fund - Capital Shares	\$ 18,860,258	\$ 18,860,258

* Indicates party-in-interest.

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 268,393 01/03/24 SELL 19011	100.0000	0	268,393	268,393	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 582,426 01/05/24 SELL 19028	100.0000	0	582,426	582,426	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 3,929,036 01/08/24 BUY 19032	100.0000	0	3,929,036	3,929,036	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 302,576 01/09/24 SELL 19035	100.0000	0	302,576	302,576	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 358,243 01/10/24 SELL 19038	100.0000	0	358,243	358,243	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 166,249 01/11/24 SELL 19041	100.0000	0	166,249	166,249	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 4,981,819 01/12/24 BUY 19047	100.0000	0	4,981,819	4,981,819	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 465,505 01/16/24 SELL 19051	100.0000	0	465,505	465,505	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,559,478 01/17/24 BUY 19054	100.0000	0	1,559,478	1,559,478	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 230,557 01/18/24 SELL 19059	100.0000	0	230,557	230,557	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,717,437 01/19/24 BUY 19064	100.0000	0	2,717,437	2,717,437	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 389,954 01/22/24 SELL 19068	100.0000	0	389,954	389,954	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 7,714,985 01/23/24 SELL 19076	100.0000	0	7,714,985	7,714,985	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 5,093,301 01/24/24 BUY 19079	100.0000	0	5,093,301	5,093,301	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 212,264 01/25/24 SELL 19083	100.0000	0	212,264	212,264	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 6,205,762 01/26/24 SELL 19089	100.0000	0	6,205,762	6,205,762	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	PURCHASE PRICE	BASED ON MARKET VALUE OF EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 419,770 01/29/24 SELL 19093	100.0000	0	419,770	419,770	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,774,987 01/30/24 BUY 19104	100.0000	0	2,774,987	2,774,987	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 309,716 01/31/24 SELL 19109	100.0000	0	309,716	309,716	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 4,829,978 02/02/24 BUY 19147	100.0000	0	4,829,978	4,829,978	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 242,718 02/05/24 SELL 19151	100.0000	0	242,718	242,718	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 4,063,143 02/06/24 SELL 19165	100.0000	0	4,063,143	4,063,143	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 180,646 02/07/24 SELL 19169	100.0000	0	180,646	180,646	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 259,439 02/09/24 SELL 19175	100.0000	0	259,439	259,439	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 418,697 02/12/24 SELL 19179	100.0000	0	418,697	418,697	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 338,551 02/13/24 SELL 19182	100.0000	0	338,551	338,551	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 460,089 02/14/24 SELL 19185	100.0000	0	460,089	460,089	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 6,953,318 02/16/24 BUY 19195	100.0000	0	6,953,318	6,953,318	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,889,715 02/20/24 SELL 19202	100.0000	0	1,889,715	1,889,715	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 7,404,808 02/21/24 SELL 19209	100.0000	0	7,404,808	7,404,808	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 200,202 02/22/24 SELL 19211	100.0000	0	200,202	200,202	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,860,951 02/23/24 BUY 19216	100.0000	0	1,860,951	1,860,951	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 345,406 02/26/24 SELL 19220	100.0000	0	345,406	345,406	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 315,040 02/27/24 SELL 19225	100.0000	0	315,040	315,040	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 696,273 02/28/24 SELL 19235	100.0000	0	696,273	696,273	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 399,229 02/29/24 SELL 19239	100.0000	0	399,229	399,229	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 209,823 03/01/24 SELL 19244	100.0000	0	209,823	209,823	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 8,353,667 03/05/24 BUY 19271	100.0000	0	8,353,667	8,353,667	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,404,456 03/06/24 SELL 19287	100.0000	0	2,404,456	2,404,456	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 141,015 03/07/24 SELL 19289	100.0000	0	141,015	141,015	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 424,562 03/08/24 SELL 19300	100.0000	0	424,562	424,562	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 433,216 03/11/24 SELL 19304	100.0000	0	433,216	433,216	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 353,211 03/12/24 SELL 19307	100.0000	0	353,211	353,211	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 391,446 03/13/24 SELL 19310	100.0000	0	391,446	391,446	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 161,383 03/14/24 SELL 19314	100.0000	0	161,383	161,383	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,490,850 03/15/24 BUY 19320	100.0000	0	2,490,850	2,490,850	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 10,443,856 03/18/24 BUY 19324	100.0000	0	10,443,856	10,443,856	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 346,971 03/19/24 SELL 19333	100.0000	0	346,971	346,971	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	283,036 03/20/24 SELL 19336	100.0000	0	283,036	283,036	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	197,466 03/21/24 SELL 19339	100.0000	0	197,466	197,466	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	10,723,047 03/22/24 SELL 19347	100.0000	0	10,723,047	10,723,047	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	422,486 03/25/24 SELL 19351	100.0000	0	422,486	422,486	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	369,485 03/26/24 SELL 19354	100.0000	0	369,485	369,485	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	628,856 03/27/24 SELL 19366	100.0000	0	628,856	628,856	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	1,139,538 04/01/24 BUY 19385	100.0000	0	1,139,538	1,139,538	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	7,627,675 04/02/24 BUY 19395	100.0000	0	7,627,675	7,627,675	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 189,672 04/03/24 SELL 19418	100.0000	0	189,672	189,672	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 7,785,161 04/05/24 SELL 19429	100.0000	0	7,785,161	7,785,161	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 3,901,209 04/08/24 BUY 19433	100.0000	0	3,901,209	3,901,209	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 516,711 04/09/24 SELL 19442	100.0000	0	516,711	516,711	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 217,811 04/10/24 SELL 19445	100.0000	0	217,811	217,811	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 194,565 04/11/24 SELL 19448	100.0000	0	194,565	194,565	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 281,817 04/12/24 SELL 19451	100.0000	0	281,817	281,817	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 518,678 04/15/24 SELL 19455	100.0000	0	518,678	518,678	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 295,054 04/16/24 SELL 19458	100.0000	0	295,054	295,054	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 245,251 04/17/24 SELL 19462	100.0000	0	245,251	245,251	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,814,882 04/18/24 BUY 19465	100.0000	0	1,814,882	1,814,882	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 6,020,923 04/19/24 SELL 19478	100.0000	0	6,020,923	6,020,923	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 297,815 04/22/24 SELL 19481	100.0000	0	297,815	297,815	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 181,512 04/23/24 SELL 19485	100.0000	0	181,512	181,512	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 6,153,132 04/25/24 BUY 19491	100.0000	0	6,153,132	6,153,132	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 247,756 04/26/24 SELL 19497	100.0000	0	247,756	247,756	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 725,986 04/29/24 SELL 19510	100.0000	0	725,986	725,986	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 363,770 04/30/24 SELL 19513	100.0000	0	363,770	363,770	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 269,168 05/06/24 SELL 19556	100.0000	0	269,168	269,168	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,943,701 05/07/24 SELL 19564	100.0000	0	2,943,701	2,943,701	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 163,377 05/09/24 SELL 19570	100.0000	0	163,377	163,377	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 430,149 05/10/24 SELL 19579	100.0000	0	430,149	430,149	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 614,693 05/14/24 SELL 19586	100.0000	0	614,693	614,693	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 152,284 05/15/24 SELL 19589	100.0000	0	152,284	152,284	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	307,957 05/16/24 SELL 19591	100.0000	0	307,957	307,957	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	4,681,054 05/17/24 BUY 19600	100.0000	0	4,681,054	4,681,054	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	269,260 05/20/24 SELL 19605	100.0000	0	269,260	269,260	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	7,434,216 05/21/24 SELL 19612	100.0000	0	7,434,216	7,434,216	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	253,993 05/22/24 SELL 19616	100.0000	0	253,993	253,993	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	2,254,642 05/23/24 BUY 19621	100.0000	0	2,254,642	2,254,642	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	1,838,474 05/24/24 BUY 19627	100.0000	0	1,838,474	1,838,474	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND					
	MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS					
	618,956 05/28/24 SELL 19631	100.0000	0	618,956	618,956	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 8,036,003 05/29/24 BUY 19641	100.0000	0	8,036,003	8,036,003	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 231,454 05/30/24 SELL 19648	100.0000	0	231,454	231,454	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 166,725 06/03/24 SELL 19658	100.0000	0	166,725	166,725	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 6,022,856 06/05/24 SELL 19696	100.0000	0	6,022,856	6,022,856	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 4,095,091 06/06/24 BUY 19699	100.0000	0	4,095,091	4,095,091	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 393,765 06/07/24 SELL 19708	100.0000	0	393,765	393,765	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 274,716 06/10/24 SELL 19712	100.0000	0	274,716	274,716	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 292,756 06/11/24 SELL 19715	100.0000	0	292,756	292,756	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,330,218 06/12/24 SELL 19720	100.0000	0	2,330,218	2,330,218	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,835,139 06/14/24 BUY 19726	100.0000	0	1,835,139	1,835,139	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,265,230 06/17/24 BUY 19732	100.0000	0	2,265,230	2,265,230	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 493,918 06/18/24 SELL 19737	100.0000	0	493,918	493,918	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 252,219 06/20/24 SELL 19740	100.0000	0	252,219	252,219	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,824,827 06/21/24 BUY 19745	100.0000	0	2,824,827	2,824,827	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 7,892,086 06/24/24 SELL 19753	100.0000	0	7,892,086	7,892,086	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 356,419 06/25/24 SELL 19758	100.0000	0	356,419	356,419	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 142,075 06/26/24 SELL 19761	100.0000	0	142,075	142,075	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 615,760 06/27/24 SELL 19771	100.0000	0	615,760	615,760	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,792,851 06/28/24 BUY 19777	100.0000	0	1,792,851	1,792,851	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 283,813 07/01/24 SELL 19782	100.0000	0	283,813	283,813	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 183,344 07/03/24 SELL 19816	100.0000	0	183,344	183,344	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 4,015,774 07/05/24 SELL 19831	100.0000	0	4,015,774	4,015,774	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 3,227,272 07/08/24 BUY 19835	100.0000	0	3,227,272	3,227,272	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 232,823 07/10/24 SELL 19841	100.0000	0	232,823	232,823	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 465,479 07/11/24 BUY 19844	100.0000	0	465,479	465,479	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 852,358 07/12/24 BUY 19848	100.0000	0	852,358	852,358	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 399,487 07/15/24 SELL 19853	100.0000	0	399,487	399,487	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,154,638 07/16/24 BUY 19856	100.0000	0	2,154,638	2,154,638	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 252,541 07/17/24 SELL 19861	100.0000	0	252,541	252,541	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,734,118 07/19/24 BUY 19870	100.0000	0	2,734,118	2,734,118	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 3,666,056 07/22/24 BUY 19874	100.0000	0	3,666,056	3,666,056	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 168,119 07/23/24 SELL 19878	100.0000	0	168,119	168,119	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 5,742,522 07/24/24 SELL 19886	100.0000	0	5,742,522	5,742,522	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 8,622,549 07/25/24 BUY 19889	100.0000	0	8,622,549	8,622,549	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 6,196,865 07/26/24 BUY 19894	100.0000	0	6,196,865	6,196,865	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 429,320 07/29/24 SELL 19900	100.0000	0	429,320	429,320	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,320,398 07/30/24 SELL 19912	100.0000	0	1,320,398	1,320,398	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 6,955,460 07/31/24 SELL 19924	100.0000	0	6,955,460	6,955,460	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 407,165 08/05/24 SELL 19974	100.0000	0	407,165	407,165	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 3,997,380 08/06/24 SELL 19981	100.0000	0	3,997,380	3,997,380	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 303,267 08/07/24 SELL 19984	100.0000	0	303,267	303,267	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 3,564,606 08/08/24 SELL 19988	100.0000	0	3,564,606	3,564,606	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 255,095 08/09/24 SELL 19991	100.0000	0	255,095	255,095	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 413,055 08/12/24 SELL 19995	100.0000	0	413,055	413,055	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 306,127 08/13/24 SELL 19998	100.0000	0	306,127	306,127	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 311,139 08/14/24 SELL 20001	100.0000	0	311,139	311,139	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 5,320,229 08/16/24 BUY 20011	100.0000	0	5,320,229	5,320,229	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 415,711 08/19/24 SELL 20018	100.0000	0	415,711	415,711	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 316,205 08/20/24 SELL 20021	100.0000	0	316,205	316,205	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,828,341 08/23/24 SELL 20035	100.0000	0	2,828,341	2,828,341	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,324,374 08/26/24 SELL 20039	100.0000	0	1,324,374	1,324,374	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 808,811 08/27/24 SELL 20052	100.0000	0	808,811	808,811	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,843,330 08/30/24 BUY 20065	100.0000	0	2,843,330	2,843,330	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 393,348 09/03/24 SELL 20076	100.0000	0	393,348	393,348	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,363,043 09/04/24 BUY 20109	100.0000	0	2,363,043	2,363,043	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 3,355,065 09/06/24 SELL 20119	100.0000	0	3,355,065	3,355,065	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 278,888 09/09/24 SELL 20124	100.0000	0	278,888	278,888	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 293,969 09/10/24 SELL 20127	100.0000	0	293,969	293,969	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 166,547 09/11/24 SELL 20130	100.0000	0	166,547	166,547	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,349,246 09/13/24 BUY 20137	100.0000	0	1,349,246	1,349,246	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 467,250 09/16/24 SELL 20141	100.0000	0	467,250	467,250	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,891,271 09/17/24 BUY 20145	100.0000	0	1,891,271	1,891,271	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 163,701 09/18/24 SELL 20150	100.0000	0	163,701	163,701	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 262,208 09/19/24 SELL 20153	100.0000	0	262,208	262,208	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 7,122,368 09/20/24 BUY 20160	100.0000	0	7,122,368	7,122,368	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 288,412 09/23/24 SELL 20164	100.0000	0	288,412	288,412	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 8,481,383 09/24/24 SELL 20171	100.0000	0	8,481,383	8,481,383	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 158,032 09/25/24 SELL 20174	100.0000	0	158,032	158,032	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 10,302,650 09/30/24 BUY 20201	100.0000	0	10,302,650	10,302,650	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 4,270,612 10/04/24 SELL 20243	100.0000	0	4,270,612	4,270,612	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 194,057 10/07/24 SELL 20247	100.0000	0	194,057	194,057	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 4,166,496 10/08/24 SELL 20254	100.0000	0	4,166,496	4,166,496	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 183,353 10/10/24 SELL 20269	100.0000	0	183,353	183,353	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 154,506 10/11/24 SELL 20272	100.0000	0	154,506	154,506	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 655,177 10/15/24 SELL 20276	100.0000	0	655,177	655,177	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,881,339 10/17/24 BUY 20282	100.0000	0	1,881,339	1,881,339	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 5,279,701 10/18/24 BUY 20292	100.0000	0	5,279,701	5,279,701	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 277,316 10/21/24 SELL 20296	100.0000	0	277,316	277,316	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 342,947 10/22/24 SELL 20299	100.0000	0	342,947	342,947	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 186,358 10/23/24 SELL 20302	100.0000	0	186,358	186,358	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 8,023,927 10/24/24 SELL 20309	100.0000	0	8,023,927	8,023,927	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,508,996 10/25/24 BUY 20313	100.0000	0	1,508,996	1,508,996	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 261,063 10/28/24 SELL 20319	100.0000	0	261,063	261,063	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 608,559 10/29/24 SELL 20329	100.0000	0	608,559	608,559	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 5,120,474 11/01/24 BUY 20341	100.0000	0	5,120,474	5,120,474	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 3,852,344 11/06/24 BUY 20379	100.0000	0	3,852,344	3,852,344	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 311,525 11/07/24 SELL 20387	100.0000	0	311,525	311,525	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 7,692,701 11/08/24 SELL 20396	100.0000	0	7,692,701	7,692,701	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 609,580 11/12/24 SELL 20401	100.0000	0	609,580	609,580	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,754,482 11/13/24 BUY 20404	100.0000	0	1,754,482	1,754,482	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 153,905 11/14/24 SELL 20407	100.0000	0	153,905	153,905	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 141,033 11/15/24 SELL 20413	100.0000	0	141,033	141,033	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 480,499 11/18/24 SELL 20419	100.0000	0	480,499	480,499	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 450,949 11/19/24 SELL 20422	100.0000	0	450,949	450,949	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 226,222 11/20/24 SELL 20427	100.0000	0	226,222	226,222	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 581,242 11/21/24 SELL 20430	100.0000	0	581,242	581,242	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,327,190 11/22/24 BUY 20437	100.0000	0	1,327,190	1,327,190	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 284,524 11/26/24 SELL 20443	100.0000	0	284,524	284,524	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 618,251 11/29/24 SELL 20459	100.0000	0	618,251	618,251	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 336,956 12/02/24 SELL 20467	100.0000	0	336,956	336,956	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 4,787,140 12/04/24 BUY 20499	100.0000	0	4,787,140	4,787,140	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 156,124 12/05/24 SELL 20503	100.0000	0	156,124	156,124	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,271,628 12/06/24 BUY 20518	100.0000	0	1,271,628	1,271,628	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 298,687 12/09/24 SELL 20522	100.0000	0	298,687	298,687	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 302,225 12/10/24 SELL 20525	100.0000	0	302,225	302,225	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 199,223 12/13/24 SELL 20534	100.0000	0	199,223	199,223	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 428,503 12/16/24 SELL 20538	100.0000	0	428,503	428,503	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 343,695 12/17/24 SELL 20541	100.0000	0	343,695	343,695	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 1,139,856 12/18/24 BUY 20544	100.0000	0	1,139,856	1,139,856	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 4,113,166 12/19/24 SELL 20549	100.0000	0	4,113,166	4,113,166	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 6,804,713 12/20/24 BUY 20553	100.0000	0	6,804,713	6,804,713	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 366,367 12/23/24 SELL 20561	100.0000	0	366,367	366,367	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 8,569,677 12/24/24 SELL 20568	100.0000	0	8,569,677	8,569,677	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 2,409,577 12/26/24 BUY 20572	100.0000	0	2,409,577	2,409,577	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 15,957,174 12/27/24 BUY 20577	100.0000	0	15,957,174	15,957,174	0
46699A9A6	JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS 570,721 12/30/24 SELL 20588	100.0000	0	570,721	570,721	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	SELLING PRICE	EXPENSES	2,814,300 COST OF ASSET	5% VALUE OF CURRENT VALUE	140,715 NET GAIN OR (LOSS)
46699A9A6	JPMORGAN US GOVT MMT FUND CAPITAL SHARES - FUND						
	MONTHLY VARIABLE 12/31/2049						
BROKER 0800003	MEMO-MASTER NOTES/POOLED FUNDS						
	122,581 01/02/24 S SELL	18981	100.0000	0	122,581	122,581	0
	268,393 01/03/24 S SELL	19011	100.0000	0	268,393	268,393	0
	27,215 01/04/24 B BUY	19014	100.0000	0	27,215	27,215	0
	582,426 01/05/24 S SELL	19028	100.0000	0	582,426	582,426	0
	3,929,036 01/08/24 B BUY	19032	100.0000	0	3,929,036	3,929,036	0
	302,576 01/09/24 S SELL	19035	100.0000	0	302,576	302,576	0
	358,243 01/10/24 S SELL	19038	100.0000	0	358,243	358,243	0
	166,249 01/11/24 S SELL	19041	100.0000	0	166,249	166,249	0
	4,981,819 01/12/24 B BUY	19047	100.0000	0	4,981,819	4,981,819	0
	465,505 01/16/24 S SELL	19051	100.0000	0	465,505	465,505	0
	1,559,478 01/17/24 B BUY	19054	100.0000	0	1,559,478	1,559,478	0
	230,557 01/18/24 S SELL	19059	100.0000	0	230,557	230,557	0
	2,717,437 01/19/24 B BUY	19064	100.0000	0	2,717,437	2,717,437	0
	389,954 01/22/24 S SELL	19068	100.0000	0	389,954	389,954	0
	7,714,985 01/23/24 S SELL	19076	100.0000	0	7,714,985	7,714,985	0
	5,093,301 01/24/24 B BUY	19079	100.0000	0	5,093,301	5,093,301	0
	212,264 01/25/24 S SELL	19083	100.0000	0	212,264	212,264	0
	6,205,762 01/26/24 S SELL	19089	100.0000	0	6,205,762	6,205,762	0
	419,770 01/29/24 S SELL	19093	100.0000	0	419,770	419,770	0
	2,774,987 01/30/24 B BUY	19104	100.0000	0	2,774,987	2,774,987	0
	309,716 01/31/24 S SELL	19109	100.0000	0	309,716	309,716	0
	59,304 02/01/24 S SELL	19113	100.0000	0	59,304	59,304	0
	4,829,978 02/02/24 B BUY	19147	100.0000	0	4,829,978	4,829,978	0
	242,718 02/05/24 S SELL	19151	100.0000	0	242,718	242,718	0
	4,063,143 02/06/24 S SELL	19165	100.0000	0	4,063,143	4,063,143	0
	180,646 02/07/24 S SELL	19169	100.0000	0	180,646	180,646	0
	116,260 02/08/24 S SELL	19172	100.0000	0	116,260	116,260	0
	259,439 02/09/24 S SELL	19175	100.0000	0	259,439	259,439	0
	418,697 02/12/24 S SELL	19179	100.0000	0	418,697	418,697	0
	338,551 02/13/24 S SELL	19182	100.0000	0	338,551	338,551	0
	460,089 02/14/24 S SELL	19185	100.0000	0	460,089	460,089	0
	8,249 02/15/24 B BUY	19187	100.0000	0	8,249	8,249	0
	6,953,318 02/16/24 B BUY	19195	100.0000	0	6,953,318	6,953,318	0
	1,889,715 02/20/24 S SELL	19202	100.0000	0	1,889,715	1,889,715	0
	7,404,808 02/21/24 S SELL	19209	100.0000	0	7,404,808	7,404,808	0
	200,202 02/22/24 S SELL	19211	100.0000	0	200,202	200,202	0
	1,860,951 02/23/24 B BUY	19216	100.0000	0	1,860,951	1,860,951	0
	345,406 02/26/24 S SELL	19220	100.0000	0	345,406	345,406	0
	315,040 02/27/24 S SELL	19225	100.0000	0	315,040	315,040	0
	696,273 02/28/24 S SELL	19235	100.0000	0	696,273	696,273	0
	399,229 02/29/24 S SELL	19239	100.0000	0	399,229	399,229	0
	209,823 03/01/24 S SELL	19244	100.0000	0	209,823	209,823	0
	83,821 03/04/24 S SELL	19267	100.0000	0	83,821	83,821	0
	8,353,667 03/05/24 B BUY	19271	100.0000	0	8,353,667	8,353,667	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		2,814,300	5% VALUE OF	140,715	
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
		SELLING PRICE					
2,404,456	03/06/24 S SELL	19287	100.0000	0	2,404,456	2,404,456	0
141,015	03/07/24 S SELL	19289	100.0000	0	141,015	141,015	0
424,562	03/08/24 S SELL	19300	100.0000	0	424,562	424,562	0
433,216	03/11/24 S SELL	19304	100.0000	0	433,216	433,216	0
353,211	03/12/24 S SELL	19307	100.0000	0	353,211	353,211	0
391,446	03/13/24 S SELL	19310	100.0000	0	391,446	391,446	0
161,383	03/14/24 S SELL	19314	100.0000	0	161,383	161,383	0
2,490,850	03/15/24 B BUY	19320	100.0000	0	2,490,850	2,490,850	0
10,443,856	03/18/24 B BUY	19324	100.0000	0	10,443,856	10,443,856	0
346,971	03/19/24 S SELL	19333	100.0000	0	346,971	346,971	0
283,036	03/20/24 S SELL	19336	100.0000	0	283,036	283,036	0
197,466	03/21/24 S SELL	19339	100.0000	0	197,466	197,466	0
10,723,047	03/22/24 S SELL	19347	100.0000	0	10,723,047	10,723,047	0
422,486	03/25/24 S SELL	19351	100.0000	0	422,486	422,486	0
369,485	03/26/24 S SELL	19354	100.0000	0	369,485	369,485	0
628,856	03/27/24 S SELL	19366	100.0000	0	628,856	628,856	0
98,629	03/28/24 S SELL	19371	100.0000	0	98,629	98,629	0
1,139,538	04/01/24 B BUY	19385	100.0000	0	1,139,538	1,139,538	0
7,627,675	04/02/24 B BUY	19395	100.0000	0	7,627,675	7,627,675	0
189,672	04/03/24 S SELL	19418	100.0000	0	189,672	189,672	0
101,235	04/04/24 S SELL	19421	100.0000	0	101,235	101,235	0
7,785,161	04/05/24 S SELL	19429	100.0000	0	7,785,161	7,785,161	0
3,901,209	04/08/24 B BUY	19433	100.0000	0	3,901,209	3,901,209	0
516,711	04/09/24 S SELL	19442	100.0000	0	516,711	516,711	0
217,811	04/10/24 S SELL	19445	100.0000	0	217,811	217,811	0
194,565	04/11/24 S SELL	19448	100.0000	0	194,565	194,565	0
281,817	04/12/24 S SELL	19451	100.0000	0	281,817	281,817	0
518,678	04/15/24 S SELL	19455	100.0000	0	518,678	518,678	0
295,054	04/16/24 S SELL	19458	100.0000	0	295,054	295,054	0
245,251	04/17/24 S SELL	19462	100.0000	0	245,251	245,251	0
1,814,882	04/18/24 B BUY	19465	100.0000	0	1,814,882	1,814,882	0
6,020,923	04/19/24 S SELL	19478	100.0000	0	6,020,923	6,020,923	0
297,815	04/22/24 S SELL	19481	100.0000	0	297,815	297,815	0
181,512	04/23/24 S SELL	19485	100.0000	0	181,512	181,512	0
105,328	04/24/24 S SELL	19488	100.0000	0	105,328	105,328	0
6,153,132	04/25/24 B BUY	19491	100.0000	0	6,153,132	6,153,132	0
247,756	04/26/24 S SELL	19497	100.0000	0	247,756	247,756	0
725,986	04/29/24 S SELL	19510	100.0000	0	725,986	725,986	0
363,770	04/30/24 S SELL	19513	100.0000	0	363,770	363,770	0
31,015	05/01/24 S SELL	19517	100.0000	0	31,015	31,015	0
44,740	05/02/24 B BUY	19549	100.0000	0	44,740	44,740	0
64,903	05/03/24 S SELL	19552	100.0000	0	64,903	64,903	0
269,168	05/06/24 S SELL	19556	100.0000	0	269,168	269,168	0
2,943,701	05/07/24 S SELL	19564	100.0000	0	2,943,701	2,943,701	0
9,218	05/08/24 B BUY	19567	100.0000	0	9,218	9,218	0
163,377	05/09/24 S SELL	19570	100.0000	0	163,377	163,377	0
430,149	05/10/24 S SELL	19579	100.0000	0	430,149	430,149	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		2,814,300	5% VALUE OF	140,715	
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
		SELLING PRICE					
97,694	05/13/24 S SELL	19582	100.0000	0	97,694	97,694	0
614,693	05/14/24 S SELL	19586	100.0000	0	614,693	614,693	0
152,284	05/15/24 S SELL	19589	100.0000	0	152,284	152,284	0
307,957	05/16/24 S SELL	19591	100.0000	0	307,957	307,957	0
4,681,054	05/17/24 B BUY	19600	100.0000	0	4,681,054	4,681,054	0
269,260	05/20/24 S SELL	19605	100.0000	0	269,260	269,260	0
7,434,216	05/21/24 S SELL	19612	100.0000	0	7,434,216	7,434,216	0
253,993	05/22/24 S SELL	19616	100.0000	0	253,993	253,993	0
2,254,642	05/23/24 B BUY	19621	100.0000	0	2,254,642	2,254,642	0
1,838,474	05/24/24 B BUY	19627	100.0000	0	1,838,474	1,838,474	0
618,956	05/28/24 S SELL	19631	100.0000	0	618,956	618,956	0
8,036,003	05/29/24 B BUY	19641	100.0000	0	8,036,003	8,036,003	0
231,454	05/30/24 S SELL	19648	100.0000	0	231,454	231,454	0
15,196	05/31/24 S SELL	19653	100.0000	0	15,196	15,196	0
166,725	06/03/24 S SELL	19658	100.0000	0	166,725	166,725	0
115,618	06/04/24 S SELL	19688	100.0000	0	115,618	115,618	0
6,022,856	06/05/24 S SELL	19696	100.0000	0	6,022,856	6,022,856	0
4,095,091	06/06/24 B BUY	19699	100.0000	0	4,095,091	4,095,091	0
393,765	06/07/24 S SELL	19708	100.0000	0	393,765	393,765	0
274,716	06/10/24 S SELL	19712	100.0000	0	274,716	274,716	0
292,756	06/11/24 S SELL	19715	100.0000	0	292,756	292,756	0
2,330,218	06/12/24 S SELL	19720	100.0000	0	2,330,218	2,330,218	0
117,470	06/13/24 S SELL	19722	100.0000	0	117,470	117,470	0
1,835,139	06/14/24 B BUY	19726	100.0000	0	1,835,139	1,835,139	0
2,265,230	06/17/24 B BUY	19732	100.0000	0	2,265,230	2,265,230	0
493,918	06/18/24 S SELL	19737	100.0000	0	493,918	493,918	0
252,219	06/20/24 S SELL	19740	100.0000	0	252,219	252,219	0
2,824,827	06/21/24 B BUY	19745	100.0000	0	2,824,827	2,824,827	0
7,892,086	06/24/24 S SELL	19753	100.0000	0	7,892,086	7,892,086	0
356,419	06/25/24 S SELL	19758	100.0000	0	356,419	356,419	0
142,075	06/26/24 S SELL	19761	100.0000	0	142,075	142,075	0
615,760	06/27/24 S SELL	19771	100.0000	0	615,760	615,760	0
1,792,851	06/28/24 B BUY	19777	100.0000	0	1,792,851	1,792,851	0
283,813	07/01/24 S SELL	19782	100.0000	0	283,813	283,813	0
127,119	07/02/24 S SELL	19813	100.0000	0	127,119	127,119	0
183,344	07/03/24 S SELL	19816	100.0000	0	183,344	183,344	0
4,015,774	07/05/24 S SELL	19831	100.0000	0	4,015,774	4,015,774	0
3,227,272	07/08/24 B BUY	19835	100.0000	0	3,227,272	3,227,272	0
107,027	07/09/24 S SELL	19838	100.0000	0	107,027	107,027	0
232,823	07/10/24 S SELL	19841	100.0000	0	232,823	232,823	0
465,479	07/11/24 B BUY	19844	100.0000	0	465,479	465,479	0
852,358	07/12/24 B BUY	19848	100.0000	0	852,358	852,358	0
399,487	07/15/24 S SELL	19853	100.0000	0	399,487	399,487	0
2,154,638	07/16/24 B BUY	19856	100.0000	0	2,154,638	2,154,638	0
252,541	07/17/24 S SELL	19861	100.0000	0	252,541	252,541	0
122,397	07/18/24 S SELL	19864	100.0000	0	122,397	122,397	0
2,734,118	07/19/24 B BUY	19870	100.0000	0	2,734,118	2,734,118	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		2,814,300	5% VALUE OF	140,715	
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
		SELLING PRICE					
3,666,056	07/22/24 B BUY	19874	100.0000	0	3,666,056	3,666,056	0
168,119	07/23/24 S SELL	19878	100.0000	0	168,119	168,119	0
5,742,522	07/24/24 S SELL	19886	100.0000	0	5,742,522	5,742,522	0
8,622,549	07/25/24 B BUY	19889	100.0000	0	8,622,549	8,622,549	0
6,196,865	07/26/24 B BUY	19894	100.0000	0	6,196,865	6,196,865	0
429,320	07/29/24 S SELL	19900	100.0000	0	429,320	429,320	0
1,320,398	07/30/24 S SELL	19912	100.0000	0	1,320,398	1,320,398	0
6,955,460	07/31/24 S SELL	19924	100.0000	0	6,955,460	6,955,460	0
58,899	08/01/24 B BUY	19929	100.0000	0	58,899	58,899	0
136,201	08/02/24 S SELL	19963	100.0000	0	136,201	136,201	0
407,165	08/05/24 S SELL	19974	100.0000	0	407,165	407,165	0
3,997,380	08/06/24 S SELL	19981	100.0000	0	3,997,380	3,997,380	0
303,267	08/07/24 S SELL	19984	100.0000	0	303,267	303,267	0
3,564,606	08/08/24 S SELL	19988	100.0000	0	3,564,606	3,564,606	0
255,095	08/09/24 S SELL	19991	100.0000	0	255,095	255,095	0
413,055	08/12/24 S SELL	19995	100.0000	0	413,055	413,055	0
306,127	08/13/24 S SELL	19998	100.0000	0	306,127	306,127	0
311,139	08/14/24 S SELL	20001	100.0000	0	311,139	311,139	0
137,385	08/15/24 S SELL	20004	100.0000	0	137,385	137,385	0
5,320,229	08/16/24 B BUY	20011	100.0000	0	5,320,229	5,320,229	0
415,711	08/19/24 S SELL	20018	100.0000	0	415,711	415,711	0
316,205	08/20/24 S SELL	20021	100.0000	0	316,205	316,205	0
98,661	08/21/24 S SELL	20023	100.0000	0	98,661	98,661	0
63,624	08/22/24 S SELL	20027	100.0000	0	63,624	63,624	0
2,828,341	08/23/24 S SELL	20035	100.0000	0	2,828,341	2,828,341	0
1,324,374	08/26/24 S SELL	20039	100.0000	0	1,324,374	1,324,374	0
808,811	08/27/24 S SELL	20052	100.0000	0	808,811	808,811	0
71,085	08/28/24 S SELL	20055	100.0000	0	71,085	71,085	0
979	08/29/24 S SELL	20059	100.0000	0	979	979	0
2,843,330	08/30/24 B BUY	20065	100.0000	0	2,843,330	2,843,330	0
393,348	09/03/24 S SELL	20076	100.0000	0	393,348	393,348	0
2,363,043	09/04/24 B BUY	20109	100.0000	0	2,363,043	2,363,043	0
15,335	09/05/24 B BUY	20113	100.0000	0	15,335	15,335	0
3,355,065	09/06/24 S SELL	20119	100.0000	0	3,355,065	3,355,065	0
278,888	09/09/24 S SELL	20124	100.0000	0	278,888	278,888	0
293,969	09/10/24 S SELL	20127	100.0000	0	293,969	293,969	0
166,547	09/11/24 S SELL	20130	100.0000	0	166,547	166,547	0
117,169	09/12/24 S SELL	20133	100.0000	0	117,169	117,169	0
1,349,246	09/13/24 B BUY	20137	100.0000	0	1,349,246	1,349,246	0
467,250	09/16/24 S SELL	20141	100.0000	0	467,250	467,250	0
1,891,271	09/17/24 B BUY	20145	100.0000	0	1,891,271	1,891,271	0
163,701	09/18/24 S SELL	20150	100.0000	0	163,701	163,701	0
262,208	09/19/24 S SELL	20153	100.0000	0	262,208	262,208	0
7,122,368	09/20/24 B BUY	20160	100.0000	0	7,122,368	7,122,368	0
288,412	09/23/24 S SELL	20164	100.0000	0	288,412	288,412	0
8,481,383	09/24/24 S SELL	20171	100.0000	0	8,481,383	8,481,383	0
158,032	09/25/24 S SELL	20174	100.0000	0	158,032	158,032	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		2,814,300	5% VALUE OF	140,715	
		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
		SELLING PRICE					
46,035	09/26/24 S SELL	20177	100.0000	0	46,035	46,035	0
87,951	09/27/24 B BUY	20192	100.0000	0	87,951	87,951	0
10,302,650	09/30/24 B BUY	20201	100.0000	0	10,302,650	10,302,650	0
71,092	10/01/24 B BUY	20205	100.0000	0	71,092	71,092	0
22,490	10/02/24 B BUY	20228	100.0000	0	22,490	22,490	0
111,781	10/03/24 S SELL	20231	100.0000	0	111,781	111,781	0
4,270,612	10/04/24 S SELL	20243	100.0000	0	4,270,612	4,270,612	0
194,057	10/07/24 S SELL	20247	100.0000	0	194,057	194,057	0
4,166,496	10/08/24 S SELL	20254	100.0000	0	4,166,496	4,166,496	0
81,250	10/09/24 S SELL	20257	100.0000	0	81,250	81,250	0
183,353	10/10/24 S SELL	20269	100.0000	0	183,353	183,353	0
154,506	10/11/24 S SELL	20272	100.0000	0	154,506	154,506	0
655,177	10/15/24 S SELL	20276	100.0000	0	655,177	655,177	0
113,484	10/16/24 S SELL	20279	100.0000	0	113,484	113,484	0
1,881,339	10/17/24 B BUY	20282	100.0000	0	1,881,339	1,881,339	0
5,279,701	10/18/24 B BUY	20292	100.0000	0	5,279,701	5,279,701	0
277,316	10/21/24 S SELL	20296	100.0000	0	277,316	277,316	0
342,947	10/22/24 S SELL	20299	100.0000	0	342,947	342,947	0
186,358	10/23/24 S SELL	20302	100.0000	0	186,358	186,358	0
8,023,927	10/24/24 S SELL	20309	100.0000	0	8,023,927	8,023,927	0
1,508,996	10/25/24 B BUY	20313	100.0000	0	1,508,996	1,508,996	0
261,063	10/28/24 S SELL	20319	100.0000	0	261,063	261,063	0
608,559	10/29/24 S SELL	20329	100.0000	0	608,559	608,559	0
58,184	10/30/24 S SELL	20335	100.0000	0	58,184	58,184	0
27,068	10/31/24 B BUY	20337	100.0000	0	27,068	27,068	0
5,120,474	11/01/24 B BUY	20341	100.0000	0	5,120,474	5,120,474	0
19,987	11/04/24 S SELL	20374	100.0000	0	19,987	19,987	0
124,464	11/05/24 S SELL	20377	100.0000	0	124,464	124,464	0
3,852,344	11/06/24 B BUY	20379	100.0000	0	3,852,344	3,852,344	0
311,525	11/07/24 S SELL	20387	100.0000	0	311,525	311,525	0
7,692,701	11/08/24 S SELL	20396	100.0000	0	7,692,701	7,692,701	0
609,580	11/12/24 S SELL	20401	100.0000	0	609,580	609,580	0
1,754,482	11/13/24 B BUY	20404	100.0000	0	1,754,482	1,754,482	0
153,905	11/14/24 S SELL	20407	100.0000	0	153,905	153,905	0
141,033	11/15/24 S SELL	20413	100.0000	0	141,033	141,033	0
480,499	11/18/24 S SELL	20419	100.0000	0	480,499	480,499	0
450,949	11/19/24 S SELL	20422	100.0000	0	450,949	450,949	0
226,222	11/20/24 S SELL	20427	100.0000	0	226,222	226,222	0
581,242	11/21/24 S SELL	20430	100.0000	0	581,242	581,242	0
1,327,190	11/22/24 B BUY	20437	100.0000	0	1,327,190	1,327,190	0
111,091	11/25/24 S SELL	20440	100.0000	0	111,091	111,091	0
284,524	11/26/24 S SELL	20443	100.0000	0	284,524	284,524	0
136,857	11/27/24 S SELL	20446	100.0000	0	136,857	136,857	0
618,251	11/29/24 S SELL	20459	100.0000	0	618,251	618,251	0
336,956	12/02/24 S SELL	20467	100.0000	0	336,956	336,956	0
114,102	12/03/24 S SELL	20495	100.0000	0	114,102	114,102	0
4,787,140	12/04/24 B BUY	20499	100.0000	0	4,787,140	4,787,140	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	SELLING PRICE	BASED ON MARKET VALUE OF		2,814,300	5% VALUE OF	140,715
			PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
	156,124 12/05/24 S SELL	20503	100.0000	0	156,124	156,124	0
	1,271,628 12/06/24 B BUY	20518	100.0000	0	1,271,628	1,271,628	0
	298,687 12/09/24 S SELL	20522	100.0000	0	298,687	298,687	0
	302,225 12/10/24 S SELL	20525	100.0000	0	302,225	302,225	0
	135,700 12/11/24 S SELL	20528	100.0000	0	135,700	135,700	0
	138,788 12/12/24 S SELL	20531	100.0000	0	138,788	138,788	0
	199,223 12/13/24 S SELL	20534	100.0000	0	199,223	199,223	0
	428,503 12/16/24 S SELL	20538	100.0000	0	428,503	428,503	0
	343,695 12/17/24 S SELL	20541	100.0000	0	343,695	343,695	0
	1,139,856 12/18/24 B BUY	20544	100.0000	0	1,139,856	1,139,856	0
	4,113,166 12/19/24 S SELL	20549	100.0000	0	4,113,166	4,113,166	0
	6,804,713 12/20/24 B BUY	20553	100.0000	0	6,804,713	6,804,713	0
	366,367 12/23/24 S SELL	20561	100.0000	0	366,367	366,367	0
	8,569,677 12/24/24 S SELL	20568	100.0000	0	8,569,677	8,569,677	0
	2,409,577 12/26/24 B BUY	20572	100.0000	0	2,409,577	2,409,577	0
	15,957,174 12/27/24 B BUY	20577	100.0000	0	15,957,174	15,957,174	0
	570,721 12/30/24 S SELL	20588	100.0000	0	570,721	570,721	0
	38,486 12/31/24 B BUY	20600	100.0000	0	38,486	38,486	0
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218,865,254		65	TOTAL BUYS	0	218,865,254	218,865,254	0
202,742,268		185	TOTAL SELLS	0	202,742,268	202,742,268	0
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421,607,522			SECURITY TOTAL	0	421,607,522	421,607,522	0

**BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
* JPMorgan Chase Bank	JPMorgan U.S. Government Money Market Fund - Capital Shares	\$ 18,860,258	\$ 18,860,258

* Indicates party-in-interest.