Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 08/01/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [ ] an amended return/report
- [X] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN OF MARATHON OIL COMPANY

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1936

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MARATHON OIL COMPANY

935 NORTH ELDRIDGE PARKWAY
HOUSTON, TX 77079

2b Employer Identification Number (EIN)
25-1410539

2c Plan Sponsor's telephone number
281-293-1000

2d Business code (see instructions)
211120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/21/2026	DAN J. MECHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

CONOCOPHILLIPS COMPANY BENEFITS COMMITTEE

PO BOX 4783
HOUSTON, TX 77210

3b Administrator's EIN: 30-0838101

3c Administrator's telephone number: 918-661-6199

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2595
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)**	1051
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**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C 3F 3H

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

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 08/01/2025

A Name of plan
RETIREMENT PLAN OF MARATHON OIL COMPANY

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1410539

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
EQUITABLE FINANCIAL 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
13-5570651	62944	AC1547-A	0	01/01/2025	08/01/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year		7b	6194847
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	114640	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6) Total additions		7c(6)	114640
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	6309487
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	15371	
	(2) Administration charge made by carrier	7e(2)	15916	
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶ TRANSFERS	7e(4)	6278200	
	(5) Total deductions		7e(5)	6309487
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 08/01/2025

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
RETIREMENT PLAN OF MARATHON OIL COMPANY

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1410539

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	237385147
b Actuarial value	**2b**	234737252

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	397	22444113	22444113
b For terminated vested participants	1147	95734748	95734748
c For active participants	1051	118994400	121192241
d Total	2595	237173261	239371102

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

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

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9536693
b Expected plan-related expenses	**6b**	167193
c Target normal cost	**6c**	9703886

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

02/27/2026
Date

CARL GILLETTE
Type or print name of actuary

23-07739
Most recent enrollment number

AON CONSULTING, INC.
Firm name

281-882-1000
Telephone number (including area code)

MSC# 17866 P.O. BOX 803507
DALLAS, TX 75380
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	7227815
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7227815
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.13 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		37164702
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.00 %		1496844
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		370787
	c Total available at beginning of current plan year to add to prefunding balance		39032333
	d Portion of (c) to be added to prefunding balance		19300000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19300000

Part III Funding Percentages

14	Funding target attainment percentage	14	90.00 %
15	Adjusted funding target attainment percentage	15	90.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	55

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	9703886
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	23933850	1442659
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	11146545

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	11146545	11146545

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 08/01/2025

A Name of plan
RETIREMENT PLAN OF MARATHON OIL COMPANY

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1410539

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MERCER INVESTMENT MANAGEMENT

32-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	N/A	127079	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	112818	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SCHNEIDER DOWNS & CO, INC.

25-1408703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	N/A	23310	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

DLJ REAL ESTATE CAPITAL PARTNERS

13-4075345

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	N/A	10542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 08/01/2025

A Name of plan
RETIREMENT PLAN OF MARATHON OIL COMPANY

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MARATHON OIL COMPANY

D Employer Identification Number (EIN)
25-1410539

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE LONG CORP FIXED INC

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6178743-004	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER EMERGING MARKETS EQUITY

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-6219484-017	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER GLOBAL LOW VOLATILITY EQUITY

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-7004395-018	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER LONG STRIPS FIXED INCOME

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
80-6243236-019	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ULTRA LONG DURATION

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-2461327-047	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER NON-US CORE EQUITY

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0566617-009	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US LARGE CAP PASSIVE EQUITY

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
03-0566613-005	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US SMALL-MID CAP GROWTH EQ

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN 87-3206185-049	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF OPPORTUNISTIC FIXED INCOME

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 90-6110062-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ERISA HEDGE FUND INVESTORS

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN 47-2199849-021	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 08/01/2025

A Name of plan
RETIREMENT PLAN OF MARATHON OIL COMPANY

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1410539

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	244704	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	45700000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	168837	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2189522	0
(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)	984	0
(5) Partnership/joint venture interests	1c(5)	2684687	0
(6) Real estate (other than employer real property)	1c(6)	2612699	0
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	181574587	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5828563	0
(15) Other	1c(15)	79163	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	241083746	0
Liabilities			
1g Benefit claims payable	1g	251450	0
1h Operating payables	1h	1080000	0
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1331450	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	239752296	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	267602	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	-1115	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		268717
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	-153448	
(B) Other	2b(5)(B)	-359848	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-513296

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		12858010
(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)		424810
c Other income	2c		205744
d Total income. Add all **income** amounts in column (b) and enter total	2d		13243985
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27410252	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		27410252
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	137621	
(6) Bank or trust company trustee/custodial fees	2i(6)	112818	
(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)	116873	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		367312
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		27777564
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-14533579
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		225218717

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MCCONNELL AND JONES LLP **(2)** EIN: 76-0488832

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
CONOCOPHILLIPS RETIREMENT PLAN	73-0400345	021

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583156.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 08/01/2025

A Name of plan
RETIREMENT PLAN OF MARATHON OIL COMPANY

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1410539

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 04-3275867

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 118

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

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

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

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

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

b Enter the amount contributed by the employer to the plan for this plan year **6b**

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

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 24.0 % Private Equity: 3.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 67.0 %
High-Yield Debt: 0.0 % Real Assets: 3.0 % Cash or Cash Equivalents: 0.0 % Other: 3.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Retirement Plan of
Marathon Oil Company
Financial Statements and
Independent Auditor's Report
August 1, 2025 and December 31, 2024

Retirement Plan of Marathon Oil Company

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August 1, 2025 and December 31, 2024

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

McConnell Jones

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
Retirement Plan of Marathon Oil Company

Opinion on the Financial Statements

We have audited the financial statements of the Retirement Plan of Marathon Oil Company (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 as of August 1, 2025, and December 31, 2024, and the related statements of changes in net assets available for benefits for the period from January 1, 2025 to August 1, 2025, and for the year ended December 31, 2024, respectively, and the related notes to the financial statements (collectively, the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of August 1, 2025, and December 31, 2024, and the changes in net assets available for benefits for the period from January 1, 2025 to August 1, 2025, and for the year ended December 31, 2024, respectively, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Basis for Opinion

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

Plan management (Management) is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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.

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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 U.S. 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 U.S. 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.

Other Matter – Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of assets (held at end of year) as of August 1, 2025, and schedule of reportable transactions, for the period from January 1, 2025 to August 1, 2025, (collectively, supplemental schedules), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures

applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. 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 supplemental 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.

McConnell & Jones LLP

Houston, Texas
May 18, 2026

Retirement Plan of Marathon Oil Company
Statements of Net Assets Available for Benefits
August 1, 2025 and December 31, 2024

Assets	2025	2024
Investments, at fair value	$ 193,686,229	$ 194,970,205
Total investments	193,686,229	194,970,205
Receivables		
Employer's contributions	31,900,000	45,700,000
Accrued interest and dividends	374,468	168,837
Investment sales	332,437	—
Total receivables	32,606,905	45,868,837
Cash		
Disbursement account for benefit payments	237,461	—
At broker	19,572	244,704
Total cash	257,033	244,704
Total assets	226,550,167	241,083,746
Liabilities		
Accrued expenses	1,080,000	1,080,000
Total liabilities	1,080,000	1,080,000
Net assets available for benefits	$ 225,470,167	$ 240,003,746

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

Retirement Plan of Marathon Oil Company

Statements of Changes in Net Assets Available for Benefits

For the Period January 1, 2025 to August 1, 2025 and Year Ended December 31, 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 12,819,175	$ 10,466,936
Interest	424,810	227,599
Net investment income	13,243,985	10,694,535
Contributions from plan sponsor (Note 6)	—	49,600,000
Total additions	13,243,985	60,294,535
Deductions		
Benefits paid directly to participants	27,410,252	12,029,482
Administrative expenses	367,312	2,576,460
Total deductions	27,777,564	14,605,942
Net (decrease)/ increase	(14,533,579)	45,688,593
Net assets available for benefits:		
Beginning of year	240,003,746	194,315,153
End of year	$ 225,470,167	$ 240,003,746

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

1. Description of the Retirement Plan of Marathon Oil Company

The following description of the Retirement Plan of Marathon Oil Company (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

General

The Plan was adopted on January 1, 1936. Effective at the end of the day on August 1, 2025, the Plan was merged into the ConocoPhillips Retirement Plan. The Plan was a non-contributory defined benefit pension plan covering eligible employees of participating employers which were Marathon Oil Company, Marathon Oil Corporation and Marathon Service Company.

The Plan was sponsored by Marathon Oil Company (the "Company" or "MOC"). The Plan's "Plan Year" is the calendar year. Effective as of November 22, 2024, the Plan Administrator is the ConocoPhillips Company Benefits Committee. The Plan's record keeper is Fidelity Workplace Services LLC ("Fidelity") and the Plan's Trustee is Bank of New York Mellon ("BNY Mellon" or the "Trustee"). Investment management services for the Plan were transitioned from Wellington Management Group to Mercer Investments LLC ("Mercer") in 2023. Mercer was engaged effective September 8, 2023, as the Plan's investment manager, to provide discretionary investment management services for the Plan's assets, except for the Plan's investments in private equity, real estate, and timber and in the Contract with The Equitable (as such terms are defined below). Mercer also provided non-discretionary investment consulting services for the Plan. Investment decisions related to the Plan's investments were made by the applicable investment committee of the Plan or by Mercer to the extent in scope of its discretionary investment management engagement.

The Company amended and restated the Plan, effective as of August 21, 2020, incorporating prior amendments and making certain governance updates. Effective beginning in 2020, the starting age for required minimum distributions increased to age 72 for participants reaching age 70 ½ in 2020 or a later year in accordance with the Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act"). Also, in accordance with the SECURE 2.0 Act of 2022, the starting age for required minimum distributions increased to age 73 for participants reaching age 72 after December 31, 2022, and before January 1, 2033. Additionally, the Plan was amended effective November 22, 2024, to incorporate certain governance and administrative changes in connection with the acquisition of Marathon Oil Corporation by ConocoPhillips (the "November 2024 Amendment"). A November 2024 Amendment modified the Plan to reflect that effective November 22, 2024, the ConocoPhillips Company Benefits Committee is the Plan Administrator, and the ConocoPhillips Company Retirement Plan Investment Committee is the Plan's investment committee.

Pension Benefits

Regular full-time or part-time employees, as defined by the Plan, were eligible to participate in the Plan prior to December 31, 2011 upon meeting the following eligibility requirements: attainment of age 21 and one year

of service; not a non-resident alien with no U.S. source income; and not participating in another retirement plan towards which a participating employer makes contributions. Beginning January 1, 2012, employees are immediately eligible upon hire. The one year of service and attainment of age 21 is no longer required. Prior to January 1, 2010, employees vest at the earlier of attainment of the normal retirement age of 65 or after completion of five years of vesting service, as defined by the Plan. Effective January 1, 2010, vesting service for current eligible employees changed to three years. Early retirement benefits payable under the Plan are reduced proportionately based on the early retirement factors as defined by the Plan. The Plan provides a normal form of benefit of a single life annuity for unmarried participants or a joint and 50 percent survivor annuity for married participants who have attained normal retirement age of 65 or who are not eligible to retire under the terms of the Plan. The normal form of benefit for a participant who is eligible for early retirement under the Plan is a single life annuity payable until age 65, with the option to elect a different annuity form of benefit at age 65. The Plan also provides other optional forms of benefit including lump-sum. Early and surviving spouse retirement benefits are also provided.

Effective January 1, 2010, the Plan was amended such that a cash balance design was implemented, and retirement benefits began to accrue under the cash balance design. Eligible active employees participating in the Plan on or after January 1, 2010 are eligible for a cash balance benefit. The cash balance on any date equals the sum of the opening cash balance, the pay credits, and the interest credits that have been added to the cash balance through that date. Pay credits are based on the participant's attained points (age plus service) and range from 7-11 percent. The interest credit includes a monthly interest crediting rate tied to the 30-year Treasury securities with a 3 percent minimum which satisfies interest credit rate requirements under Treasury Regulations Section 1.411(b).

Prior to January 1, 2010, the Plan benefit design ("legacy benefits") was based on a final average pay formula, as discussed below. Effective December 31, 2009, new participation in the legacy benefits was discontinued, and Plan participation service was frozen for the legacy benefits. Participants who were active employees and participating in the Plan prior to January 1, 2010, remain eligible for the legacy benefits, with application of compensation updates generally through July 5, 2015, as discussed below, and continued age growth. Legacy benefits are generally reduced for benefit commencement prior to the normal retirement age of 65. Early retirement factors apply if a participant is eligible for early retirement; actuarial factors apply otherwise. Age at separation from employment determines early retirement eligibility, and the applicable reduction factor is based on age at benefit commencement.

The amount of the monthly retirement legacy benefit of a participant who retires on his or her normal retirement date or thereafter with at least 37 years and 6 months of Plan participation service is equal to 60 percent of the participant's "final average pay" less 50 percent of his or her "primary social security benefit". Final average pay is the highest total gross pay (as defined by the Plan) of a participant for any consecutive 36-month period in the applicable 10-year period of active employment, divided by 36. For those participants who terminated employment prior to July 5, 2015, the applicable 10-year period shall generally be their final 10 years of employment. For those participants who remain employed after July 5, 2015, the applicable 10-year period shall generally be the 10-year period ending on July 5, 2015. No changes in a participant's gross

pay or primary social security benefit after July 5, 2015 shall be taken into account in determining the final average pay. Primary social security benefit is the participant's estimated social security benefit based on the social security law and benefit levels in effect at the participant's retirement, death or termination of employment.

Certain enhancements may apply in determining the value of the legacy benefit for a participant who has an involuntary termination of employment within twenty-four months after the effective date of a change in control (as defined in the Plan) and meets other eligibility requirements for application of the enhancements.

Partial Plan Termination
Following closing of the acquisition of Marathon Oil Corporation by ConocoPhillips on November 22, 2024 (the "Acquisition"), the Plan's participating employers implemented a series of workforce reductions in connection with the Acquisition that created a reduction in Plan participation in excess of 20% of employees participating in the Plan for the applicable period beginning on November 22, 2024, and ending on August 1, 2025. Therefore, a partial termination of the Plan occurred under IRS rules, and employees affected by the partial termination who had a severance from employment during the applicable period automatically became fully vested in their Plan benefit in accordance with and subject to applicable law.

2. Significant Accounting Policies

Basis of Accounting
The accompanying financial statements of the Plan were prepared on the accrual basis of accounting in accordance with accounting standards generally accepted in the United States of America (U.S. GAAP).

As disclosed in Note 1, the Plan merged into the ConocoPhillips Retirement Plan effective August 1, 2025. Accordingly, the Plan's Statement of Net Assets Available for Benefits is presented as of August 1, 2025, with comparative information as of December 31, 2024. The Plan's Statement of Changes in Net Assets Available for Benefits is presented for the period from January 1, 2025 through August 1, 2025. Because the prior year represents a full plan year, comparative information is presented for the year ended December 31, 2024

Investment Valuation and Income Recognition
Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes gains and losses on investments bought and sold as well as held during the period or year, as applicable.

Contributions
Contributions to the Plan are recorded in the period to which the Plan's actuary determines they relate except

that a contribution receivable is recorded to the extent that amounts due are pursuant to formal commitments as well as legal or contractual requirements in existence at the end of the Plan Year.

Payment of Benefits
Benefits are recorded when paid.

Administrative Expenses
Expenses incurred in the administration of the Plan are paid out of Plan assets unless the Company, in its discretion, pays such expenses.

Use of Estimates
The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the dates of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual amounts could differ from those estimates.

Risks and Uncertainties
The Plan invests in various investment securities. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

3. Fair Value Measurements

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. There are three approaches for measuring the fair value of assets and liabilities: the market approach, the income approach and the cost approach, each of which includes multiple valuation techniques. This hierarchy consists of three broad levels:

- Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and liabilities and have the highest priority;

- Level 2 inputs consist of quoted prices for similar assets or liabilities in active markets, or quoted prices for identical or similar assets or liabilities in inactive markets, or inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means;
- Level 3 inputs are unobservable and significant to the fair value measurement and have the lowest priority.

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan's Investment Committee believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following provides a description of the valuation techniques employed for each major plan asset class. Methodologies were consistently applied for the 2025 and 2024 Plan Years.

- Cash and cash equivalents - Mutual funds include an investment in a money market fund that invests mainly in short-term instruments and cash, both of which are valued using a market approach and are considered Level 1. The money market fund is valued at the net asset value ("NAV") of shares held.

- Equity securities - Investments in common stock are valued using a market approach at the closing price reported in an active market and are therefore considered Level 1. Private equity investments include interests in limited partnerships which are valued based on the sum of the estimated fair values of the investments held by each partnership, determined using a combination of market, income and cost approaches, plus working capital, adjusted for liabilities, currency translation and estimated performance incentives. These private equity investments are considered Level 3.

- Insurance contract - The investment in an unallocated annuity contract is valued using a market approach based on the experience of the assets held in an insurer's general account. The majority of the general account is invested in a well-diversified portfolio of high-quality fixed income securities, primarily consisting of investment-grade bonds. Investment income is allocated among pension plans participating in the general account based on the investment year method. Due to the lack of transparency in the use of investment year method earnings rates, this asset is considered Level 3. See Note 4 for additional information.

- Real estate - Real estate investments are valued based on the income approach using discounted cash flows, comparable sales, outside appraisals, price per square foot or some combinations thereof and therefore are considered Level 3.

- Timber - Timber is composed of an investment in one limited liability company ("LLC") with no public market. The LLC was formed to acquire timberland in the northwest and other properties. The

value of the LLC is determined using a cost approach based on historical cost less depletion for timber previously harvested. This asset is considered Level 3.

- Commingled Funds - The investment in the commingled fund is valued using the NAV of units held. The commingled funds are reported in the fair value table without leveling pursuant to adoption of ASU 2015-07 in 2016. This accounting standard removed the requirement to include investments in the fair value hierarchy for which fair value is measured using the NAV per share practical expedient under accounting standards codification ASC 820. The commingled funds consists of an equity and fixed income portfolio with underlying investments held in U.S. and non-U.S. securities.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of:

As of August 1, 2025	Level 1	Level 2	Level 3	Total
Cash & Cash Equivalents	$ 86,886,458	$ —	$ —	$ 86,886,458
Equity Securities				
Private Equity	—	—	2,329,704	2,329,704
Other				
Real estate	—	—	2,325,895	2,325,895
Insurance contract	—	—	5,993,299	5,993,299
Timber	—	—	62,607	62,607
Investments measured at net asset value:				
Commingled funds	—	—	—	96,088,266
Total plan assets	**$ 86,886,458**	**$ —**	**$ 10,711,505**	**$ 193,686,229**

As of December 31, 2024	Level 1	Level 2	Level 3	Total
Cash & Cash Equivalents	$ 2,189,522	$ —	$ —	$ 2,189,522
Equity Securities				
Common stock	984	—	—	984
Private Equity	—	—	2,684,687	2,684,687
Other				
Real estate	—	—	2,612,699	2,612,699
Insurance contract	—	—	5,828,563	5,828,563
Timber	—	—	79,163	79,163
Investments measured at net asset value:				
Commingled funds	—	—	—	181,574,587
Total plan assets	**$ 2,190,506**	**$ —**	**$ 11,205,112**	**$ 194,970,205**

The following tables set forth the summary of purchases and sales of the Plan's level 3 investments:

	For the Period Ended August 1, 2025			
	Private Equity	**Real Estate**	**Insurance Contract**	**Timber**
Purchases	—	6,694	—	—
Sales	(350,615)	(47,827)	(15,371)	—

	For the Year Ended December 31, 2024			
	Private Equity	**Real Estate**	**Insurance Contract**	**Timber**
Purchases	—	9,716	—	—
Sales	(776,562)	(260,449)	(28,055)	(940,325)

The following table sets forth a summary of the Plan's investments with reported NAV:

	Fair Value Using NAV per Share As of August 1, 2025				
	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
MGI US SMALL/MID CAP GROWTH	2,829,907	None	Daily	None	None
MGI US LARGE CAP PASSIVE	21,889,634	None	Daily	None	None
MERCER EMERGING MARKETS EQUITY	4,144,977	None	Daily	None	None
OPPORTUNISTIC FIXED INCOME CT	13,677,537	None	Daily	None	None
MERCER ACTIVE LONG CORP INV	25,209,489	None	Daily	None	None
MGI NON-US CORE EQUITY CT	10,375,933	None	Daily	None	None
MERCER LONG STRIPS FIXED	17,960,789	None	Daily	None	None
	$96,088,266				

	Fair Value Using NAV per Share As of December 31, 2024				
	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
MGI US SMALL/MID CAP GROWTH	8,273,745	None	Daily	None	None
MGI US LARGE CAP PASSIVE	48,444,020	None	Daily	None	None
MERCER EMERGING MARKETS EQUITY	9,222,845	None	Daily	None	None
MERCER GLOBAL LOW VOLATILITY	3,679,174	None	Daily	None	None
OPPORTUNISTIC FIXED INCOME CT	30,510,282	None	Daily	None	None

MERCER ACTIVE LONG CORP INV	26,673,616	None	Daily	None	None
MGI NON-US CORE EQUITY CT	21,577,781	None	Daily	None	None
MERCER ERISA HEDGE FUND	13,101,271	None	Quarterly	Can be subject to pass-through liquidity of the underlying investments	100 days
MERCER LONG STRIPS FIXED	18,831,996	None	Daily	None	None
MERCER ULTRA LONG DURATION	1,259,857	None	Daily	None	None
	$181,574,587				

4. Insurance Contract

The Plan's investments include an immediate participation guaranteed unallocated annuity contract (the "Contract") with The Equitable Life Assurance Society ("The Equitable"). The Contract funds a portion of the benefits of employees who retired prior to July 1, 1976, or participated in the Plan prior to January 1, 1960. The funds are valued in the Plan financial statements at fair value. At August 1, 2025 and December 31, 2024 the fair value of the annuity contract was $5,993,299 and $5,828,563, respectively. The Contract participates immediately in the income experience of the general assets of The Equitable. The minimum rate of interest for 2025 and 2024 was 2.50 percent. The investment return is the greater of the rate of such actual investment return or if applicable, the minimum rate. Actual investment return rates were 1.84 and 2.84 percent for 2025 and 2024, respectively.

5. Accumulated Plan Benefits

An enrolled actuary determines the actuarial present value of accumulated Plan benefits. The amount results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for termination after becoming vested, death, disability, withdrawal and retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in determining accumulated Plan benefits as of January 1, 2025 are as follows:

Interest rate	6.50 %
Mortality rates	Base Table: Pri-2012; Projection Scale: MP-2021
Assumed average retirement age	55 years

The interest rate assumption used to value accrued benefits was 6.50 percent for 2025 and 6.25 percent for 2024. In general, the changes in rates from 2024 to 2025 reflect the variations in expected returns, the volatility of rates, and correlations across various asset classes. The actuarial assumptions are based on the presumption that Plan benefits will continue, either on a standalone basis or under a merged plan. If the Plan is terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The accumulated Plan benefits information at the beginning of the Plan Year as of January 1, 2025 is as follows:

Actuarial present value of accumulated Plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 20,799,369
Other participants	204,281,225
Total vested benefits	225,080,594
Non-vested benefits	2,082,001
Total actuarial present value of accumulated Plan benefits	$ 227,162,595

The change in the actuarial present value of accumulated Plan benefits from last actuarial valuation, to current actuarial valuation date, is attributed to the following:

Actuarial present value of accumulated Plan benefits at January 1, 2024	$ 192,526,013
(Decrease)/increase during the year attributable to:	
Benefit payments	(12,029,482)
Interest accumulation	11,662,652
Actuarial assumptions	6,063,780
Other Changes[1]	28,939,632
Net increase	34,636,582
Actuarial present value of accumulated Plan benefits at January 1, 2025	$ 227,162,595

[1]The Other Changes" component includes a $10,621,571 increase due to ConocoPhillips' acquisition of Marathon Oil Corporation on November 22, 2024, which triggered the change in control benefit enhancements of the Plan, as well as $106,564 increase for 13 participants who terminated in 2024 with an unvested benefit who were fully vested due to partial plan termination. The remainder of the amount in "Other Changes" represents the normal operation of the plan consisting of ongoing benefit accruals and plan experience not associated with plan asset performance.

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6. Funding Policy

The actuarial cost method used for funding of the Plan is the "standard unit credit" method of actuarial valuation. The funding policy provides that the Company will contribute amounts necessary to maintain the Plan on a sound actuarial basis and in accordance with the minimum funding requirements of ERISA plus any additional amounts which may be approved by management from time to time. A 2024 Plan Year cash contribution of $31.9 million was made on August 8, 2025, and was reflected as a receivable as of August 1, 2025. The excess contributions to 2024 Plan Year increased the pre-funding balance which was used to satisfy the $11.1MM minimum funding requirement for 2025 Plan Year. The 2025 Plan Year funding reflects the August 1, 2025 merger of the Retirement Plan of Marathon Oil Company into the ConocoPhillips Retirement Plan.

The minimum funding requirement was $16.4 million for the 2024 Plan Year. Actual cash contributions made were $49.6 million of which $45.7 million was reflected as a receivable from the Company as of December 31, 2024.

7. Reconciliation of Financial Statements to Form 5500

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

	2025	2024
Net assets available for benefits per the financial statements	225,470,167	240,003,746
Amounts allocated to withdrawing participants	—	(251,450)
Carry forward of amounts allocated to withdrawing participants at December 31, 2024	(251,450)	
Transfer to ConocoPhillips Retirement Plan due to Plan Merger	(225,218,717)	—
Net assets per the Form 5500	**—**	**239,752,296**

The following is a reconciliation of net decrease in net assets available for benefits per the financial statements to the Form 5500 for the period ended August 1:

	2025
Net decrease per the financial statements	(14,533,579)
Transfer of assets out of the Plan due to merger	(225,218,717)
Net income and transfer of assets from this Plan	**(239,752,296)**

8. Party-In-Interest Transactions

The Company, Fidelity, The Equitable, Mercer and BNY Mellon have all been identified as parties-in-interest and Plan transactions with these entities were exempt from the prohibited transaction rules.

Fees paid by the Plan to the Trustee and the investment managers were $0.3 million for the period ended August 1, 2025 and $1.2 million for the year ended December 31, 2024.

9. Plan Termination

The Company has retained the right to amend and modify the Plan, solely at the discretion of the Company. Further, although it has not expressed any current intent to do so, the Company has retained the right to terminate, as well as, modify the Plan, to discontinue the contributions thereto, at any time, solely at the discretion of the Company. In the event of the termination of the Plan, the assets thereof shall be distributed in accordance with Section 4044 of ERISA. The Plan is a covered plan, under the plan termination insurance

provisions of ERISA, and the Pension Benefit Guaranty Corporation ("PBGC") guarantees the payments of certain benefits thereunder. Should the Plan terminate at some future time, its net assets generally will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document. Whether a particular participant's accumulated Plan benefits will be paid depends on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

10. Income Tax Status

The IRS has determined and informed the Plan Administrator by letter dated March 1, 2021, that the Plan, as amended, meets the requirements of Internal Revenue Code ("Code") Section 401(a), and the trust is not subject to tax under present income tax law. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan, as amended, is designed and is currently being operated in compliance with applicable requirements of the Code.

U.S. GAAP requires the Plan Administrator to evaluate uncertain tax positions taken by the Plan. The Plan is required to recognize a tax liability if the position does not meet the more likely than not criteria based on its technical merit. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of August 1, 2025, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

11. Commitments

At August 1, 2025 and December 31, 2024, the Plan had additional funding commitments related to various real estate and partnership investments amounting to $2.3 million.

12. Subsequent Events

Events and transactions subsequent to the balance sheet date have been evaluated through May 18, 2026, the date these financial statements were issued for potential recognition or disclosure in the financial statements. Effective August 1, 2025, the Plan was merged into the ConocoPhillips Retirement Plan.

In addition, on September 10, 2025, Marathon Oil Company LLC, a Texas limited liability company, succeeded (in all respects material to the financial statements presented herein) the now-former sponsor of the Plan, Marathon Oil Company, an Ohio corporation, pursuant to a statutory conversion under Texas law.

Retirement Plan of Marathon Oil Company

Plan Number 001 EIN 25-1410539

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of August 1, 2025

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
	AEA INVESTORS 2006 FUND LP	PARTNERSHIP/JOINT VENTURE INTEREST		74,464	2,868
	AETOS CAPITAL ASIA II LP	REAL ESTATE		597,333	33,737
	AETOS CAPITAL ASIA III LP	REAL ESTATE		1,593,853	86,774
	AURORA EQUITY PARTNERS IV LP	PARTNERSHIP/JOINT VENTURE INTEREST		516	32,334
	AVANTI STRATEGIC LAND IV -	REAL ESTATE	PASSIVE	7,722	11,000
	AVANTI STRATEGIC LAND V	REAL ESTATE		689,183	193,220
	AVANTI STRATEGIC LAND VI	REAL ESTATE		650,883	688,224
	AXA EQUITABLE LIFE INSURANCE	POOLED SEPARATE ACCOUNTS	COMPANY AC1547A	4,299,147	5,993,299
	BLACKSTONE RE VI	PARTNERSHIP/JOINT VENTURE INTEREST		56,963	653
	BLACKSTONE REAL ESTATE	REAL ESTATE	PARTNERS V LP	73,545	2,258
	CLAYTON DUBILIER & RICE VIII	PARTNERSHIP/JOINT VENTURE INTEREST	LP	29,333	4,415
	CLAYTON DUBILIER RICE VI LP	PARTNERSHIP/JOINT VENTURE INTEREST		69,837	28
	CPI CCP EU-T SCOTS LP	REAL ESTATE		1,044,136	31,990
	CPI CP ASIA T E L P	REAL ESTATE		527,269	58,560
	DEVON PARK BIOVENTURES LP	PARTNERSHIP/JOINT VENTURE INTEREST		32,985	70,784
	DLJ REAL ESTATE CAPITAL	PARTNERSHIP/JOINT VENTURE INTEREST	PARTNERS III LP	1,153,757	132,555
	DLJ REAL ESTATE IV	PARTNERSHIP/JOINT VENTURE INTEREST		2,086,664	894,100
	FOURTH CINVEN FUND TRUST	PARTNERSHIP/JOINT VENTURE INTEREST	LIMITED PARTNERSHIP	430,627	960
	GEAM INTERNATIONAL PRIVATE EQU	PARTNERSHIP/JOINT VENTURE INTEREST	ITY FUND LP	37,570	24,672
	LASALLE MEXICO FUND I LP	PARTNERSHIP/JOINT VENTURE INTEREST		992,600	115,730
	ROCKPOINT RE FUND III	REAL ESTATE		392,050	77,094
	TCI TIMBER COMPANY - SHASTA	PARTNERSHIP/JOINT VENTURE INTEREST		1,135,210	62,607
	TENAYA CAPITAL VI LP	PARTNERSHIP/JOINT VENTURE INTEREST		1,373,186	960,226

Retirement Plan of Marathon Oil Company

Plan Number 001 EIN 25-1410539

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of August 1, 2025

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
	TENAYA CAPITAL V-P LP	PARTNERSHIP/JOINT VENTURE INTEREST		226,132	91,664
	THIRD CINVEN FUND US (NO 3) LP	PARTNERSHIP/JOINT VENTURE INTEREST		142,780	8,015
	TRIDENT V STONE POINT LP	PARTNERSHIP/JOINT VENTURE INTEREST		680,023	1,114,854
	WARBURG PINCUS PRIVATE EQUITY	PARTNERSHIP/JOINT VENTURE INTEREST	IX LP	21,208	1,042
	WARBURG PINCUS X	PARTNERSHIP/JOINT VENTURE INTEREST		196,539	17,842
*	MGI US SMALL/MID CAP GROWTH	COMMON/COLLECTIVE TRUST	EQUITY CT	2,286,639	2,829,907
*	MGI US LARGE CAP PASSIVE	COMMON/COLLECTIVE TRUST	EQUITY CT	16,310,272	21,889,634
*	MERCER EMERGING MARKETS EQUITY	COMMON/COLLECTIVE TRUST	CT	3,386,579	4,144,977
*	OPPORTUNISTIC FIXED INCOME CT	COMMON/COLLECTIVE TRUST		12,021,228	13,677,537
*	MERCER ACTIVE LONG CORP INV	COMMON/COLLECTIVE TRUST	PORTFOLIO	22,149,869	25,209,489
*	MGI NON-US CORE EQUITY CT	COMMON/COLLECTIVE TRUST		7,453,475	10,375,933
*	MERCER LONG STRIPS FIXED	COMMON/COLLECTIVE TRUST	INCOME PORTFOLIO	18,673,658	17,960,789
	STATE STREET INSTL TREAS PLUS	REGISTERED INVESTMENT COMPANIES		86,886,458	86,886,458
	Total Investments			187,783,693	193,686,229

* Indicates party-in-interest.

Retirement Plan of Marathon Oil Company
Plan Number 001 EIN 25-1410539
Schedule H, Line 4j – Schedule of Reportable Transactions For the Period January 1, 2025 to August 1, 2025

(a) Identity of Issue, borrower, lessor, or similar	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain or (loss)
	Series of Transactions in Excess of 5% of Plan Assets:							
	MGI NON-US CORE EQUITY CT	205,008				205,008	205,008	
	MGI NON-US CORE EQUITY CT		16,253,681			11,793,439		4,460,242
	MGI US LARGE CAP PASSIVE EQUITY CT	3,756,840				3,756,840	3,756,840	
	MGI US LARGE CAP PASSIVE EQUITY CT		33,994,847			25,790,771		8,204,076
	OPPORTUNISTIC FIXED INCOME CT		18,606,178			16,484,039		2,122,139
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	41,394,455				41,394,455	41,394,455	
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97		41,394,455			41,394,455		
	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	84,551,296				84,551,296	84,551,296	
	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12		86,683,997			86,683,997		
	MERCER ERISA HEDGE FUND INVESTORS PORTFOLIO		13,297,486			12,308,000		989,486
	STATE STREET INSTL TREAS PLUS	87,813,118				87,813,118	87,813,118	

(a) Identity of Issue, borrower, lessor, or similar	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain or (loss)
	STATE STREET INSTL TREAS PLUS		926,661			926,661		
	Single Transactions in Excess of 5% of Plan Assets:							
	MGI US LARGE CAP PASSIVE EQUITY CT		12,969,735			9,881,375		3,088,360
	MGI US LARGE CAP PASSIVE EQUITY CT		11,511,288			8,732,564		2,778,724
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	12,965,049				12,965,049	12,965,049	
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97		12,965,049			12,965,049		
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	27,297,052				27,297,052	27,297,052	
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97		27,300,000			27,300,000		
	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	12,728,886				12,728,886	12,728,886	
	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	27,328,483				27,328,483	27,328,483	
	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	27,300,000				27,300,000	27,300,000	
	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12		60,422,106			60,422,106		

Retirement Plan of Marathon Oil Company
Plan Number 001 EIN 25-1410539
Schedule H, Line 4j – Schedule of Reportable Transactions For the Period January 1, 2025 to August 1, 2025

(a) Identity of Issue, borrower, lessor, or similar	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain or (loss)
	MERCER ERISA HEDGE FUND INVESTORS PORTFOLIO		13,297,486			12,308,000		989,486
	STATE STREET INSTL TREAS PLUS	60,422,106				60,422,106	60,422,106	
	STATE STREET INSTL TREAS PLUS	25,981,996				25,981,996	25,981,996	

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan of Marathon Oil Company
EIN: 25-1410539 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants, Average Compensation, and Average Cash Balance

Attained	Years of Credited Service									
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	5	12	2							
25-29	6	55 $16,345 $107,574	6							
30-34	8	62 $19,845 $120,317	39 $57,733 $127,159	20 $103,229 $147,768						
35-39	8	74 $19,712 $135,361	63 $65,391 $148,663	59 $131,743 $176,336	16					
40-44	9	66 $25,934 $159,805	63 $77,007 $167,091	45 $151,187 $186,568	24 $190,979 $198,345	8				
45-49	4	35 $28,233 $166,495	31 $95,681 $187,399	34 $160,461 $178,574	21 $237,548 $212,707	10	7			
50-54	3	11	42 $80,941 $155,922	34 $155,531 $169,331	12	8	7	4		
55-59	2	21 $36,745 $153,017	14	26 $170,047 $159,628	3	4	1	2	3	
60-64		8	13	11	8	3	1		1	1
65-69		4	2	7	1				1	
70+		1								

N-1,051

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan of Marathon Oil Company
EIN: 25-1410539 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Pay Increases	0% for 2025 for non-bonus pay. Future bonus payout of 200% of target for bonus paid in 2025.
Cash Balance Interest Crediting Rate	2025-2026 = 4.60% 2027-2028 = 4.40% 2029+ = 4.20%
Benefit Payment Form and Timing	
Retirement Eligible	98% elect immediate lump sum and 2% elect immediate annuity
Terminations Prior to Retirement Eligibility and Not on Involuntary Termination List	50% elect immediate lump sum. For the remaining 50% who defer, 98% will elect lump sum based on commencement at assumed retirement date using the retirement rates for active employees, and 2% will elect an annuity at age 65.
Terminations Prior to Retirement Eligibility and on Involuntary Termination List	75% elect immediate lump sum. For the remaining 25% who defer, 98% will elect lump sum based on commencement at assumed retirement date using the retirement rates for active employees, and 2% will elect an annuity at age 65.
Annuity Conversion Basis for Cash Balance Benefits	The mortality table required under 417(e) for 2025 and the underlying liability interest rates

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan of Marathon Oil Company
EIN: 25-1410539 PN: 001

Lump Sum Basis for Frozen Final Average Pay Benefits	The RP-2000 combined healthy mortality table weighted 75% male/25% female, an immediate interest rate of 3.00%, and a deferral interest rate of 4.00%. The lump sum factor produced by the preceding assumptions shall be no less than the lump sum factor produced by the Annuity Conversion Basis for Cash Balance Benefits assumptions.
Retirement Rates	See Table 1. 100% of retirement-eligible employees identified by Marathon Oil Company as involuntary terminations were assumed to retire on their involuntary termination date provided by Marathon Oil Company.
Mortality Rates	
Healthy and Disabled	Generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2. 100% of non-retirement-eligible employees identified by Marathon Oil Company as involuntary terminations were assumed to terminate on their involuntary termination date provided by Marathon Oil Company.
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements with 100% retirement occurring at beginning of year
Marital Status	
Percent Married	65% of males and 60% of females
Spouse Age Difference	Husbands are two years older than their wives
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan of Marathon Oil Company
EIN: 25-1410539 PN: 001

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.00%, limited to 5.74%
2024 Plan Year	6.25%, limited to 5.59%
2025 Plan Year	6.50%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	$167,193 for 2025 Target Normal Cost. Due to the August 1, 2025 merger date, only expenses expected to be paid through August 1 are included.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates

Age	Rate
50	10.0%
51	12.5%
52-54	15.0%
55-57	20.0%
58	25.0%
59-63	30.0%
64-69	35.0%
70+	100.0%

Table 2

Withdrawal Rates

	Years of Service	
Age	**0-2**	**3+**
15-29	15.0%	13.0%
30-34	15.0%	12.5%
35	15.0%	12.0%
36	15.0%	11.5%
37	15.0%	11.0%
38	15.0%	10.5%
39	15.0%	10.0%
40	15.0%	9.5%
41-53	15.0%	9.0%
54	15.0%	9.5%
55-59	15.0%	10.0%
60-64	15.0%	15.0%
65+	0.0%	0.0%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan of Marathon Oil Company
EIN: 25-1410539 PN: 001

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
20	0.0357%	0.0357%	50	0.3927%	0.4760%
21	0.0357%	0.0357%	51	0.4641%	0.5236%
22	0.0357%	0.0357%	52	0.5474%	0.5831%
23	0.0357%	0.0357%	53	0.6307%	0.6426%
24	0.0357%	0.0357%	54	0.7259%	0.7021%
25	0.0357%	0.0357%	55	0.8211%	0.7616%
26	0.0357%	0.0357%	56	0.9163%	0.8211%
27	0.0357%	0.0357%	57	1.0234%	0.8806%
28	0.0357%	0.0476%	58	1.1305%	0.9520%
29	0.0357%	0.0476%	59	1.2495%	1.0115%
30	0.0357%	0.0476%	60	1.3685%	1.0710%
31	0.0357%	0.0595%	61	1.4994%	1.1424%
32	0.0357%	0.0595%	62	1.6422%	1.2019%
33	0.0357%	0.0714%	63	1.7969%	1.2495%
34	0.0357%	0.0714%	64	1.9516%	1.2971%
35	0.0476%	0.0833%	65+	0.0000%	0.0000%
36	0.0476%	0.0952%			
37	0.0595%	0.1071%			
38	0.0714%	0.1190%			
39	0.0833%	0.1428%			
40	0.0952%	0.1547%			
41	0.1071%	0.1785%			
42	0.1190%	0.2023%			
43	0.1428%	0.2261%			
44	0.1666%	0.2618%			
45	0.1904%	0.2856%			
46	0.2142%	0.3213%			
47	0.2499%	0.3570%			
48	0.2975%	0.3927%			
49	0.3332%	0.4284%			

Retirement Plan of Marathon Oil Company
Plan Number 001 EIN 25-1410539
Schedule H, Line 4j – Schedule of Reportable Transactions For the Period January 1, 2025 to August 1, 2025

(a) Identity of Issue, borrower, lessor, or similar	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain or (loss)
	Series of Transactions in Excess of 5% of Plan Assets:							
	MGI NON-US CORE EQUITY CT	205,008				205,008	205,008	
	MGI NON-US CORE EQUITY CT		16,253,681			11,793,439		4,460,242
	MGI US LARGE CAP PASSIVE EQUITY CT	3,756,840				3,756,840	3,756,840	
	MGI US LARGE CAP PASSIVE EQUITY CT		33,994,847			25,790,771		8,204,076
	OPPORTUNISTIC FIXED INCOME CT		18,606,178			16,484,039		2,122,139
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	41,394,455				41,394,455	41,394,455	
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97		41,394,455			41,394,455		
	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	84,551,296				84,551,296	84,551,296	
	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12		86,683,997			86,683,997		
	MERCER ERISA HEDGE FUND INVESTORS PORTFOLIO		13,297,486			12,308,000		989,486
	STATE STREET INSTL TREAS PLUS	87,813,118				87,813,118	87,813,118	

(a) Identity of Issue, borrower, lessor, or similar	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain or (loss)
	STATE STREET INSTL TREAS PLUS		926,661			926,661		
	Single Transactions in Excess of 5% of Plan Assets:							
	MGI US LARGE CAP PASSIVE EQUITY CT		12,969,735			9,881,375		3,088,360
	MGI US LARGE CAP PASSIVE EQUITY CT		11,511,288			8,732,564		2,778,724
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	12,965,049				12,965,049	12,965,049	
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97		12,965,049			12,965,049		
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	27,297,052				27,297,052	27,297,052	
	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97		27,300,000			27,300,000		
	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	12,728,886				12,728,886	12,728,886	
	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	27,328,483				27,328,483	27,328,483	
	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	27,300,000				27,300,000	27,300,000	
	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12		60,422,106			60,422,106		

Retirement Plan of Marathon Oil Company
Plan Number 001 EIN 25-1410539
Schedule H, Line 4j – Schedule of Reportable Transactions For the Period January 1, 2025 to August 1, 2025

(a) Identity of Issue, borrower, lessor, or similar	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain or (loss)
	MERCER ERISA HEDGE FUND INVESTORS PORTFOLIO		13,297,486			12,308,000		989,486
	STATE STREET INSTL TREAS PLUS	60,422,106				60,422,106	60,422,106	
	STATE STREET INSTL TREAS PLUS	25,981,996				25,981,996	25,981,996	

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 08/01/2025

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
RETIREMENT PLAN OF MARATHON OIL COMPANY

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1410539

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	237,385,147
b Actuarial value	**2b**	234,737,252

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	397	22,444,113	22,444,113
b For terminated vested participants	1,147	95,734,748	95,734,748
c For active participants	1,051	118,994,400	121,192,241
d Total	2,595	237,173,261	239,371,102

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

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

5 Effective interest rate	**5**	5.33%

6 Target normal cost

a Present value of current plan year accruals	**6a**	9,536,693
b Expected plan-related expenses	**6b**	167,193
c Target normal cost	**6c**	9,703,886

Statement by Enrolled Actuary

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

SIGN HERE

Carl Gillette CG
Signature of actuary

02/27/2026
Date

Carl Gillette
Type or print name of actuary

2307739
Most recent enrollment number

AON CONSULTING, INC.
Firm name

281-882-1000
Telephone number (including area code)

MSC# 17866 P.O. Box 803507

Dallas TX 75380
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	7,227,815
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7,227,815
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.13%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		37,164,702
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.00%		1,496,844
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		370,787
	c Total available at beginning of current plan year to add to prefunding balance		39,032,333
	d Portion of (c) to be added to prefunding balance		19,300,000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19,300,000

Part III Funding Percentages

14	Funding target attainment percentage	14	90.00%
15	Adjusted funding target attainment percentage	15	90.00%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.30%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	55

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	9,703,886
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	23,933,850	1,442,659
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	11,146,545

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	11,146,545	11,146,545

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan of Marathon Oil Company
EIN: 25-1410539 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
50.5	10.00%	1.0000	5.05
51.5	12.50%	0.9000	5.79
52.5	15.00%	0.7875	6.20
53.5	15.00%	0.6694	5.37
54.5	15.00%	0.5690	4.65
55.5	20.00%	0.4836	5.37
56.5	20.00%	0.3869	4.37
57.5	20.00%	0.3095	3.56
58.5	25.00%	0.2476	3.62
59.5	30.00%	0.1857	3.31
60.5	30.00%	0.1300	2.36
61.5	30.00%	0.0910	1.68
62.5	30.00%	0.0637	1.19
63.5	30.00%	0.0446	0.85
64.5	35.00%	0.0312	0.70
65.5	35.00%	0.0203	0.47
66.5	35.00%	0.0132	0.31
67.5	35.00%	0.0086	0.20
68.5	35.00%	0.0056	0.13
69.5	35.00%	0.0036	0.09
70	100.00%	0.0024	0.16
		Weighted Average	55.43

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan of Marathon Oil Company
EIN: 25-1410539 PN: 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	75,651,836	41,533,808	2,732,626	119,918,270
2026	4,618,778	6,711,885	2,480,784	13,811,447
2027	3,922,518	5,877,526	2,303,716	12,103,760
2028	3,825,564	4,969,892	2,143,513	10,938,969
2029	3,711,352	4,349,265	1,999,440	10,060,057
2030	3,745,712	4,225,961	1,870,076	9,841,749
2031	3,602,257	4,059,823	1,753,592	9,415,672
2032	3,574,144	3,796,799	1,648,031	9,018,974
2033	3,554,971	3,672,513	1,550,189	8,777,673
2034	3,465,511	3,721,881	1,456,610	8,644,002
2035	3,507,389	3,821,057	1,381,427	8,709,873
2036	3,529,146	3,890,274	1,300,734	8,720,154
2037	3,553,768	3,804,500	1,223,063	8,581,331
2038	3,539,415	3,740,354	1,147,587	8,427,356
2039	3,396,744	3,748,811	1,073,732	8,219,287
2040	3,335,895	3,666,362	1,001,146	8,003,403
2041	3,202,624	3,498,379	929,672	7,630,675
2042	3,051,585	3,297,480	859,317	7,208,382
2043	2,845,777	3,053,725	790,212	6,689,714
2044	2,566,818	2,829,695	722,597	6,119,110
2045	2,424,862	2,607,108	656,802	5,688,772
2046	2,112,699	2,326,465	593,205	5,032,369
2047	1,914,295	2,097,186	532,190	4,543,671
2048	1,673,375	1,836,659	474,137	3,984,171
2049	1,476,214	1,599,946	419,386	3,495,546
2050	1,352,044	1,407,239	368,232	3,127,515
2051	1,179,554	1,201,516	320,898	2,701,968
2052	960,101	1,029,951	277,521	2,267,573
2053	872,467	906,362	238,178	2,017,007
2054	691,394	812,347	202,866	1,706,607
2055	589,503	716,919	171,502	1,477,924
2056	562,214	633,656	143,937	1,339,807
2057	463,465	569,300	119,947	1,152,712
2058	387,758	517,931	99,259	1,004,948
2059	342,573	482,198	81,575	906,346
2060	304,246	445,842	66,585	816,673
2061	274,805	415,880	53,989	744,674
2062	248,665	389,685	43,491	681,841
2063	226,635	364,858	34,815	626,308
2064	208,551	344,422	27,709	580,682
2065	194,506	326,639	21,942	543,087

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan of Marathon Oil Company
EIN: 25-1410539 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2066	182,299	304,923	17,307	504,529
2067	171,409	286,999	13,615	472,023
2068	162,291	269,238	10,697	442,226
2069	150,870	251,939	8,407	411,216
2070	141,605	235,047	6,620	383,272
2071	132,898	218,274	5,231	356,403
2072	124,329	201,804	4,153	330,286
2073	116,010	185,664	3,316	304,990
2074	107,446	169,927	2,662	280,035

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan of Marathon Oil Company
EIN: 25-1410539 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	The Retirement Plan of Marathon Oil Company was established in 1936. Amendments adopted or effective by January 1, 2025 are reflected in this valuation.
Eligibility for Participation	Immediate participation.
Normal Retirement	
Eligibility	Age 65.
Benefit	Frozen service benefit plus cash balance account. The frozen service benefit is converted to a lump sum and added to the cash balance account or the cash balance account is converted to an annuity and added to the frozen service benefit.
Early Retirement	
Eligibility	Age 50 and 10 years of vesting service.
Benefit	Frozen service benefit reduced 3% per year from age 62 and 4% per year from age 59 plus cash balance account.
Vested Termination Benefits	
Eligibility	Three years of vesting service (benefits accrued as of January 1, 2002 are 100% vested).
Benefit	Frozen service benefit payable at age 65 (actuarially reduced for early commencement) plus cash balance account.
Disability Benefit	
Eligibility	Three years of vesting service.
Benefit	Benefit accrued based on service at termination due to disability.
Preretirement Death Benefit	
Eligibility	Earlier of age 65 and three years of vesting service.
Benefit	The frozen service benefit under the lump sum option is equivalent to 100% of the lump sum of the lifetime form of benefit had the employee retired or terminated on the date of his death. The monthly frozen service benefit annuity form of payment shall be the actuarial equivalent value of the lump sum form as described above. 100% of the cash balance account is payable to the beneficiary.

Death After Early Retirement

Eligibility	Death after retirement but prior to age 65.
Benefits	50% of the frozen service benefit amount the member was receiving as a lifetime form of benefit, exclusive of any temporary supplemental benefits.

Death After Vested Termination

Eligibility	Death after vested termination but prior to commencement of benefit.
Benefits	50% of the frozen service benefit to which the member was entitled as a vested terminated employee. If the member is under age 50 at the time of his death, payment of the frozen service benefit to his spouse will be deferred until the time he would have attained age 50. 100% of the cash balance account is payable to the beneficiary.

Normal Form of Annuity

Without Spouse	Life annuity.
With Spouse	Joint and survivor annuity actuarially equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continued to surviving spouse.

Optional Forms of Annuity	Life annuity; term certain and life annuity; joint and survivor annuity (25%, 50%, 75% or 100%); lump sum.

Definitions

Frozen Service Benefit	Monthly benefit payable to a member upon normal retirement equal to [(1) less (2)] times (3): (1) 60% of final average pay (average of highest 36 consecutive months of last 10 years of service). (2) 50% of the member's Social Security benefit. (3) Ratio of actual years of service to 37.5 years, with such ratio not greater than one. Benefit service under this formula was frozen on December 31, 2009 for all participants. Additionally, final average pay and the Social Security benefit were also frozen on December 31, 2009 for certain highly compensated employees. For all other participants, final average pay and Social Security benefit were frozen on July 5, 2015.

Cash Balance Account	Hypothetical accounts established on January 1, 2010 for each participant. Initial account balances are $0 and accounts are credited with pay and interest credits for each year after 2009.
Pay Credits	A percentage of eligible compensation is credited to each participant's account for each year of participation after 2009 based on the participant's attained points (age plus service). For this purpose, all service is included.

Points	Percentage
Under 50	**7.00%**
50 to 69	9.00%
70 and over	11.00%

Interest Credits	Interest on the opening balance is credited each year based on the average 30-year Treasury yield for August, September, and October of the prior year with a minimum of 3.00%.
Benefit and Vesting Service	Generally based on elapsed time. Any period of service with an employer commencing on employee's date of hire for vesting service and upon plan participation for benefit service and ending on the date of termination.
Compensation	Total regular annual salary including overtime, bonuses, and commissions.
Average Monthly Compensation	Average monthly compensation in the 36 highest consecutive calendar months during the last 10 years of participation.
Social Security Benefit	Estimated Social Security benefit assuming no future earnings after termination. Calculated at age 62 for retirement eligible employees, otherwise age 65.
Plan Year	January 1 to August 1. Effective August 1, 2025, the Retirement Plan of Marathon Oil Company was merged into the ConocoPhillips Retirement Plan.

Actuarial Equivalence – Conversion of Frozen Service Benefit to Lump Sum	The greater of the minimum amount required under IRC section 417(e)(3) or an amount based on the current interest rate assumption and the RP-2000 Combined Healthy Mortality Table weighted 75% male/25% female. The current interest rate assumption is the lesser of the following annuity rates: (1) The simple average (rounded to the nearest ¼ of 1%) of PBGC immediate rates in effect on the first day of the months April through September of the prior year. (2) The PBGC immediate annuity rate in effect on the first day of the plan year.
Actuarial Equivalence – Conversion of Cash Balance Account to Monthly Single Life Annuity	Based on the applicable mortality and interest rates under IRC section 417(e)(3).
Actuarial Equivalence – Other Optional Forms	7% and the RP-2000 Combined Health Mortality Table weighted 75% male/25% female.
Change in Control Benefits	Per section 17.03 of the plan document, benefit enhancements will be provided to participants with a legacy Frozen Service Benefit who are non-officers and are involuntarily terminated within 24 months of a change-in-control event. ConocoPhillips' acquisition of Marathon Oil Corporation constitutes a change-in-control. The benefit enhancements under these provisions include the following: 1. Average Monthly Compensation will be based on the greater of the existing Retirement Plan benefit or the final 12 months prior to the compensation freeze date. 2. Two years of service shall be added to the Benefit Service under the Frozen Service Benefit. 3. For Early Retirement Eligibility and Benefit calculation, two years shall be added to the participant's actual age and two years shall be added to the participant's actual Vesting Service.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan of Marathon Oil Company
EIN: 25-1410539 PN: 001

Changes in Plan Provisions for the January 1, 2025 Valuation

- The merger of the Retirement Plan of Marathon Oil Company into the ConocoPhillips Retirement Plan effective August 1, 2025.
- 13 participants who terminated in 2024 with an unvested benefit were vested due to the partial plan termination.
- An increase in the annual pay limit under IRC section 401(a)(17) from $345,000 in 2024 to $350,000 in 2025 and an increase in the IRC section 415 dollar limit for defined benefit plans from $275,000 in 2024 to $280,000 in 2025.
- The mortality table used for lump sum calculations and cash balance annuity conversions changed from the 417(e) table for 2024 to the 417(e) table for 2025.

Changes in Plan Provisions for the January 1, 2024 Valuation

- An increase in the annual pay limit under IRC section 401(a)(17) from $330,000 in 2023 to $345,000 in 2024 and an increase in the IRC section 415 dollar limit for defined benefit plans from $265,000 in 2023 to $275,000 in 2024.
- The mortality table used for lump sum calculations and cash balance annuity conversions changed from the 417(e) table for 2023 to the 417(e) table for 2024.

Changes in Plan Provisions for the January 1, 2023 Valuation

- An increase in the annual pay limit under IRC section 401(a)(17) from $305,000 in 2022 to $330,000 in 2023 and an increase in the IRC section 415 dollar limit for defined benefit plans from $245,000 in 2022 to $265,000 in 2023.
- The mortality table used for lump sum calculations and cash balance annuity conversions changed from the 417(e) table for 2022 to the 417(e) table for 2023.

Changes in Plan Provisions for the January 1, 2022 Valuation

- An increase in the annual pay limit under IRC section 401(a)(17) from $290,000 in 2021 to $305,000 in 2022 and an increase in the IRC section 415 dollar limit for defined benefit plans from $230,000 in 2021 to $245,000 in 2022.
- The mortality table used for lump sum calculations and cash balance annuity conversions changed from the 417(e) table for 2021 to the 417(e) table for 2022.

Changes in Plan Provisions for the January 1, 2021 Valuation

- An increase in the annual pay limit under IRC section 401(a)(17) from $285,000 in 2020 to $290,000 in 2021.
- The mortality table used for lump sum calculations and cash balance annuity conversions changed from the 417(e) table for 2020 to the 417(e) table for 2021.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan of Marathon Oil Company
EIN: 25-1410539 PN: 001

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

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

Retirement Plan of Marathon Oil Company

Plan Number 001 EIN 25-1410539

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of August 1, 2025

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
	AEA INVESTORS 2006 FUND LP	PARTNERSHIP/JOINT VENTURE INTEREST		74,464	2,868
	AETOS CAPITAL ASIA II LP	REAL ESTATE		597,333	33,737
	AETOS CAPITAL ASIA III LP	REAL ESTATE		1,593,853	86,774
	AURORA EQUITY PARTNERS IV LP	PARTNERSHIP/JOINT VENTURE INTEREST		516	32,334
	AVANTI STRATEGIC LAND IV -	REAL ESTATE	PASSIVE	7,722	11,000
	AVANTI STRATEGIC LAND V	REAL ESTATE		689,183	193,220
	AVANTI STRATEGIC LAND VI	REAL ESTATE		650,883	688,224
	AXA EQUITABLE LIFE INSURANCE	POOLED SEPARATE ACCOUNTS	COMPANY AC1547A	4,299,147	5,993,299
	BLACKSTONE RE VI	PARTNERSHIP/JOINT VENTURE INTEREST		56,963	653
	BLACKSTONE REAL ESTATE	REAL ESTATE	PARTNERS V LP	73,545	2,258
	CLAYTON DUBILIER & RICE VIII	PARTNERSHIP/JOINT VENTURE INTEREST	LP	29,333	4,415
	CLAYTON DUBILIER RICE VI LP	PARTNERSHIP/JOINT VENTURE INTEREST		69,837	28
	CPI CCP EU-T SCOTS LP	REAL ESTATE		1,044,136	31,990
	CPI CP ASIA T E L P	REAL ESTATE		527,269	58,560
	DEVON PARK BIOVENTURES LP	PARTNERSHIP/JOINT VENTURE INTEREST		32,985	70,784
	DLJ REAL ESTATE CAPITAL	PARTNERSHIP/JOINT VENTURE INTEREST	PARTNERS III LP	1,153,757	132,555
	DLJ REAL ESTATE IV	PARTNERSHIP/JOINT VENTURE INTEREST		2,086,664	894,100
	FOURTH CINVEN FUND TRUST	PARTNERSHIP/JOINT VENTURE INTEREST	LIMITED PARTNERSHIP	430,627	960
	GEAM INTERNATIONAL PRIVATE EQU	PARTNERSHIP/JOINT VENTURE INTEREST	ITY FUND LP	37,570	24,672
	LASALLE MEXICO FUND I LP	PARTNERSHIP/JOINT VENTURE INTEREST		992,600	115,730
	ROCKPOINT RE FUND III	REAL ESTATE		392,050	77,094
	TCI TIMBER COMPANY - SHASTA	PARTNERSHIP/JOINT VENTURE INTEREST		1,135,210	62,607
	TENAYA CAPITAL VI LP	PARTNERSHIP/JOINT VENTURE INTEREST		1,373,186	960,226

Retirement Plan of Marathon Oil Company

Plan Number 001 EIN 25-1410539

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of August 1, 2025

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
	TENAYA CAPITAL V-P LP	PARTNERSHIP/JOINT VENTURE INTEREST		226,132	91,664
	THIRD CINVEN FUND US (NO 3) LP	PARTNERSHIP/JOINT VENTURE INTEREST		142,780	8,015
	TRIDENT V STONE POINT LP	PARTNERSHIP/JOINT VENTURE INTEREST		680,023	1,114,854
	WARBURG PINCUS PRIVATE EQUITY	PARTNERSHIP/JOINT VENTURE INTEREST	IX LP	21,208	1,042
	WARBURG PINCUS X	PARTNERSHIP/JOINT VENTURE INTEREST		196,539	17,842
*	MGI US SMALL/MID CAP GROWTH	COMMON/COLLECTIVE TRUST	EQUITY CT	2,286,639	2,829,907
*	MGI US LARGE CAP PASSIVE	COMMON/COLLECTIVE TRUST	EQUITY CT	16,310,272	21,889,634
*	MERCER EMERGING MARKETS EQUITY	COMMON/COLLECTIVE TRUST	CT	3,386,579	4,144,977
*	OPPORTUNISTIC FIXED INCOME CT	COMMON/COLLECTIVE TRUST		12,021,228	13,677,537
*	MERCER ACTIVE LONG CORP INV	COMMON/COLLECTIVE TRUST	PORTFOLIO	22,149,869	25,209,489
*	MGI NON-US CORE EQUITY CT	COMMON/COLLECTIVE TRUST		7,453,475	10,375,933
*	MERCER LONG STRIPS FIXED	COMMON/COLLECTIVE TRUST	INCOME PORTFOLIO	18,673,658	17,960,789
	STATE STREET INSTL TREAS PLUS	REGISTERED INVESTMENT COMPANIES		86,886,458	86,886,458
	Total Investments			187,783,693	193,686,229

* Indicates party-in-interest.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan of Marathon Oil Company
EIN: 25-1410539 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 11,843,400	January 1, 2021	11	$ 1,372,921
Shortfall	$ (5,764,989)	January 1, 2022	12	$ (627,144)
Shortfall	$ 6,447,685	January 1, 2023	13	$ 662,665
Shortfall	$ 232,138	January 1, 2024	14	$ 22,669
Shortfall	$ 11,175,616	January 1, 2025	15	$ 1,042,019

Schedule SB Attachment (Form 5500) —2025 Plan Year
Retirement Plan of Marathon Oil Company
EIN: 25-1410539 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the assumed cash balance interest crediting rate from 3.17% to a graded assumption of 4.60% for 2025-2026, 4.40% for 2027-2028, and 4.20% for 2029 and beyond.
- A change in the assumed PBGC immediate interest rate from 1.42% to 3.00%.
- A change in the benefit payment form and timing assumptions for terminations prior to retirement eligibility who have been identified by Marathon Oil Company as involuntary terminations.
- 100% of employees identified by Marathon Oil Company as involuntary terminations were assumed to retire/terminate on their involuntary termination date provided by Marathon Oil Company.
- A change in the pay increases assumption.

These changes were made to better reflect the anticipated plan experience. These assumption changes did not reduce the funding shortfall more than the threshold stated in Internal Revenue Code Section 430(h)(5); as such, approval of the Commissioner is not required.