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 12/31/2025

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
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [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
JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

1b Three-digit plan number (PN) ▶ 554

1c Effective date of plan 01/01/2006

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)
JPMORGAN CHASE BANK, NATIONAL ASSOCIATION

545 WASHINGTON BLVD
12TH FLOOR, MAIL CODE NJD-0002
JERSEY CITY, NJ 07310

2b Employer Identification Number (EIN)
13-4994650

2c Plan Sponsor's telephone number
844-275-5762

2d Business code (see instructions)
522110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2026	BERNADETTE J BRANOSKY
	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

JPMORGAN CHASE U.S. BENEFITS EXECUTIVE
C/O JPMORGAN CHASE BENEFITS ADMINISTRATION
545 WASHINGTON BLVD
12TH FLOOR, MAIL CODE NJD-0002
JERSEY CITY, NJ 07310

3b Administrator's EIN: 37-1589439

3c Administrator's telephone number: 844-275-5762

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**	21766
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	20794
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	20794
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4D 4E 4Q

9a Plan funding arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☒ **A** (Insurance Information) – Number Attached 7
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☐ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 12/31/2025

A Name of plan
JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

B Three-digit plan number (PN) ▶ 554

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

D Employer Identification Number (EIN)
13-4994650

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

1 Coverage Information:

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

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	11183	800218	61	01/01/2025	12/31/2025

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] 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	21574
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

B Three-digit plan number (PN) ▶ 554

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

D Employer Identification Number (EIN)
13-4994650

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0173133	18735	01/01/2025	12/31/2025

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
0	195108

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

AMERICAN BENEFITS AND COMP SYS INC.
101 PARK AVENUE
14TH FLOOR
NEW YORK, NY 10178-2103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	195108	SUPPLEMENTAL AND NON-MONETARY COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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**	14346658
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 [X] No

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

B Three-digit plan number (PN) ▶ 554

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

D Employer Identification Number (EIN)
13-4994650

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

1 Coverage Information:

(a) Name of insurance carrier
TRIPLE-S INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
66-0555677	55816	1-08781	8	01/01/2025	12/31/2025

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

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	(c) Amount	**(d)** Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [X] 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	21437
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 [X] No

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

B Three-digit plan number (PN) ▶ 554

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

D Employer Identification Number (EIN)
13-4994650

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

1 Coverage Information:

(a) Name of insurance carrier
REGENCE BLUESHIELD TMP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0282080	53902	40000458	6	01/01/2025	12/31/2025

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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	31516
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

B Three-digit plan number (PN) ▶ 554

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

D Employer Identification Number (EIN)
13-4994650

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	3174696	1	01/01/2025	12/31/2025

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] 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	34038
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

B Three-digit plan number (PN) ▶ 554

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

D Employer Identification Number (EIN)
13-4994650

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EYEMED

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
86-0773195	67288	10180091002	586	01/01/2025	12/31/2025

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [X] 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**	79925
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

B Three-digit plan number (PN) ▶ 554

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

D Employer Identification Number (EIN)
13-4994650

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	2498929,3174696	39	01/01/2025	12/31/2025

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] 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	16277
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 [X] No

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

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 12/31/2025

A Name of plan
JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

B Three-digit plan number (PN) ▶ 554

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

D Employer Identification Number (EIN)
13-4994650

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS
245 SUMMER STREET
BOSTON, MA 02210

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

BLACKROCK INVESTMENTS, LLC
100 BELLEVUE PARKWAY
WILMINGTON, DE 19809

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

JPMORGAN CHASE BANK NA

13-4994650

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

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

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

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

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

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

CIGNA HEALTH AND LIFE INSURANCE CO.

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 31 38 49 50 56 62	CONTRACT ADMINISTRATOR	470432	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PIMCO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	173658	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WESTERN ASSET MANAGEMENT CO, LLC

385 EAST COLORADO BLVD
PASADENA, CA 91101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	168358	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)

AETNA

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	79947	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CVS CAREMARK

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	44275	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	21025	Yes [ ] No [X]	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
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPMORGAN CHASE 3 CHASE METRO TECH CENTER 5TH FLOOR BROOKLYN, NY 11245	$4.62 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 3.06%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CASTLIGHT HEALTH 26-1989091	$3.24 PER PARTICIPANT (DETERMINED BY DIVIDING TOTAL COMPENSATION RECEIVED BY THE NUMBER OF PARTICIPANTS AS OF JULY 1, 2025 IN ALL PLANS THAT UTILIZED THIS VENDOR.)

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OMADA HEALTH, INC. 45-2355015	$1.72 PER PARTICIPANT (DETERMINED BY DIVIDING TOTAL COMPENSATION RECEIVED BY THE NUMBER OF PARTICIPANTS AS OF JULY 1, 2025 IN ALL PLANS THAT UTILIZED THIS VENDOR.)

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMPLIFON HEARING HEALTHCARE 85-0437037	$0.12 PMPY (THIS FORMULA IS BASED UPON TOTAL COMPENSATION RECEIVED FROM HEALTHY REWARD VENDORS ACROSS CIGNA COMPANIES' ENTIRE INSURED AND SELF-INSURED BOOK OF BUSINESS

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FITBIT 20-8920744	$0.12 PMPY (THIS FORMULA IS BASED UPON TOTAL COMPENSATION RECEIVED FROM HEALTHY REWARD VENDORS ACROSS CIGNA COMPANIES' ENTIRE INSURED AND SELF-INSURED BOOK OF BUSINESS

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CITIBANK NA ONE PENNS WAY NEW CASTLE, DE 19720	$1.91 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF EARNINGS CREDIT AT 2.75%.

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OMADA COMPLETE 45-2355015	$0.18 PER PARTICIPANT TO FACILITATE ENROLLMENT OF SCREENED PARTICIPANTS

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CITIBANK NA (OMNIBUS) ONE PENNS WAY NEW CASTLE, DE 19720	$0.01 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 2.75%.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DEUTSCHE BANK 60 WALL ST. NEW YORK, NY 10005-2836	$0.00 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 0.50%.

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VISION SERVICE PLAN 06-1227840	$0.62 PER PARTICIPANT (DETERMINED BY DIVIDING TOTAL COMPENSATION RECEIVED BY THE NUMBER OF VISION SERVICE PARTICIPANTS IN PARTICIPATING PLANS INSURED/ADMINISTERED BY CIGNA.)

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SAGAMORE NETWORK HOSPITAL	11595 N. MERIDIAN ST. CARMEL, IN 46032	$0.06 PER PARTICIPANT (DETERMINED BY DIVIDING TOTAL COMPENSATION RECEIVED BY THE NUMBER OF PARTICIPANTS IN ALL PLANS, INCLUDING SHARED ADMIN REPRICING PLAN INSURED/ADMINISTERED BY CIGNA.)

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BANK OF AMERICA (LOCKBOX)	540 WEST MADISON STREET CHICAGO, IL 60661	$0.36 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 3.05%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHLIC - COR DEPOSITS, PNC BANK 1600 MARKET ST. 19TH FL PHILADELPHIA, PA 19103	$0.33 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 2.52%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LCA - VISION INC. 11-2882328	$0.12 PMPY (THIS FORMULA IS BASED UPON TOTAL COMPENSATION RECEIVED FROM HEALTHY REWARD VENDORS ACROSS CIGNA COMPANIES' ENTIRE INSURED AND SELF-INSURED BOOK OF BUSINESS

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN SPECIALTY HEALTH INC. 33-0883241	$0.12 PMPY (THIS FORMULA IS BASED UPON TOTAL COMPENSATION RECEIVED FROM HEALTHY REWARD VENDORS ACROSS CIGNA COMPANIES' ENTIRE INSURED AND SELF-INSURED BOOK OF BUSINESS

Part II Service Providers Who Fail or Refuse to Provide Information

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

(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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

B Three-digit plan number (PN) ▶ 554

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

D Employer Identification Number (EIN)
13-4994650

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	696734	670415
(3) Other	1b(3)	6662315	6574396
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	5938393	4076812
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	149301090	150990090
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38076752	40741221
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	176523568	157395676

		(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	377198852	360448610
Liabilities			
1g Benefit claims payable	1g	1424000	1745000
1h Operating payables	1h	93767	89631
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1517767	1834631
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	375681085	358613979

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)	16490	
(B) Participants	2a(1)(B)	8290417	
(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)		8306907
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	719991	
(B) U.S. Government securities	2b(1)(B)	218070	
(C) Corporate debt instruments	2b(1)(C)	7074477	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	6902214	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14914752
(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)	112696	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		112696
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	84882727	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	84744476	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		138251
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4484704	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		4484704

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		253102
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		28210412
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	44319796	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		44319796
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)	615680	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	342016	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	26	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		957722
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		45277518
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-17067106
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [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: FAW CASSON & CO., LLP **(2)** EIN: 52-0619968

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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		500000000
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**			
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? [ ] Yes [X] No

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

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

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

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

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

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

FINANCIAL STATEMENTS
As Of And For The Years Ended
December 31, 2025 And 2024
AND SUPPLEMENTAL SCHEDULES
As Of And For The Year Ended December 31, 2025
Together With
Independent Auditor's Report



FAW CASSON
CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS CONSULTANTS

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

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INDEPENDENT AUDITOR'S REPORT

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

OPINION

We have audited the accompanying financial statements of JPMorgan Chase Health Care and Insurance Program for Retirees, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of JPMorgan Chase Health Care and Insurance Program for Retirees as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

BASIS FOR OPINION

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of JPMorgan Chase Health Care and Insurance Program for Retirees and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

RESPONSIBILITIES OF MANAGEMENT FOR THE FINANCIAL STATEMENTS

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about JPMorgan Chase Health Care and Insurance Program for Retirees ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

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

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

SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of (1) assets (held at end of year) as of December 31, 2025 and (2) reportable transactions for the year ended December 31, 2025, together referred to as "supplemental schedules", are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Faw, Casson & Co., LLP

Dover, Delaware
September 11, 2026

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

Statements of Net Assets Available for Benefits

December 31,	2025	2024
Assets		
Total Investments at fair value	**$ 353,203,799**	$ 369,839,803
Total investments	**353,203,799**	369,839,803
Receivables:		
Retiree contributions	**670,415**	696,734
Accrued interest	**3,537,997**	3,670,342
Claims refund	**26,015**	—
Other	**—**	2,042
Total receivables	**4,234,427**	4,369,118
Insurance claims deposits	**3,010,384**	2,989,931
Total assets	**360,448,610**	377,198,852
Liabilities		
Accrued administrative expenses	**89,631**	93,767
Total liabilities	**89,631**	93,767
Net assets available for benefits	**$ 360,358,979**	$ 377,105,085

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

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

Statements of Changes in Net Assets Available for Benefits

Years ended December 31,	2025	2024
Additions:		
Contributions:		
Retiree	**$ 8,290,417**	$ 8,432,873
Employer	**16,490**	20,640
Total contributions	**8,306,907**	8,453,513
Investment activities:		
Investment income	**15,027,448**	15,941,686
Net appreciation/(depreciation) in fair value of investments	**4,876,057**	(7,126,875)
Net increase/(decrease) from investment activities	**19,903,505**	8,814,811
Total additions, net	**28,210,412**	17,268,324
Deductions:		
Claim payments to participants and health care providers	**29,447,371**	31,932,053
Premium payments for healthcare and insurance	**14,551,425**	14,703,100
Administrative expenses	**957,722**	888,531
Total deductions	**44,956,518**	47,523,684
Net change during the year	**(16,746,106)**	(30,255,360)
Net assets available for benefits, beginning of year	**377,105,085**	407,360,445
Net assets available for benefits, end of year	**$ 360,358,979**	$ 377,105,085

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

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

Statements of Plan Benefit Obligations

December 31,	2025	2024
Estimated liability for benefits payable including claims incurred but not reported ("IBNR")	**$ 1,745,000**	$ 1,424,000
Postretirement benefit obligations:		
Participants currently receiving benefits	**327,549,560**	347,163,649
Other fully eligible participants	**3,303,011**	4,217,438
Other participants	**33,298**	31,672
Total postretirement benefit obligations	**330,885,869**	351,412,759
Plan benefit obligations, end of year	**$ 332,630,869**	$ 352,836,759

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

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM FOR RETIREES

Statements of Changes in Plan Benefit Obligations

Years ended December 31,	2025	2024
Estimated liability for benefits payable including IBNR claims:		
Plan IBNR obligation, beginning of year	**$ 1,424,000**	$ 1,457,000
Increase/(decrease) in plan benefit obligations attributable to:		
Net change in IBNR claims	**321,000**	(33,000)
Plan IBNR obligation, end of year	**1,745,000**	1,424,000
Postretirement benefit obligations, beginning of year	**351,412,759**	382,454,392
Increase/(decrease) in plan obligations attributable to:		
Benefits earned and other changes	**6,767,337**	(12,880,446)
Increase for interest due to decrease in discount period	**18,331,053**	19,249,516
Benefits paid (net of retiree contributions)	**(36,688,221)**	(38,865,862)
Changes in actuarial assumptions and other (gains)/losses	**(8,937,059)**	1,455,159
Net change during the year	**(20,526,890)**	(31,041,633)
Postretirement benefit obligations, end of year	**330,885,869**	351,412,759
Plan benefit obligations, end of year	**$ 332,630,869**	$ 352,836,759

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

1. Description of the Plan

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

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

General

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

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

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

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

During the years ended December 31, 2025 and 2024 JPMorgan Chase made contributions to the Trust of $16,490 and $20,640 respectively, for benefits related to certain Participants designated as key employees for which prior tax deductible contributions may not be used.

Eligibility

Certain retirees covered under prior plans are eligible to continue to participate in some of the benefits available in the Plan, since the plan in effect at the date of their retirement permitted continued coverage ("Covered Retirees"). Participation in the Plan, including the choice of options and levels of coverage, is voluntary and solely the decision of the Participants. Generally, the coverage that a Participant chooses during the annual enrollment period becomes effective as of January 1 of the following plan year, and it will stay in effect throughout the plan year unless the Participant makes a change in their coverage under the provisions of the Plan. Coverage that an eligible Participant chooses when they first retire will become effective the first day of the month after termination (or the first day of the month after the end of company subsidized Consolidated Omnibus Budget Reconciliation Act ("COBRA") coverage, if applicable and elected, is discontinued) and will stay in effect throughout the remainder of the year. Eligible dependents may include the Participant's spouse or a domestic partner as of date of termination and children up to the end of the month in which they attain age 26, assuming they meet certain requirements.

Dependent children who are not capable of supporting themselves due to a mental or physical disability may continue their coverage under the Plan beyond age 26.

Medical plan options

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

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

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

Certain grandfathered retirees maintain their coverage under fully insured or self-insured legacy grandfathered coverage options sponsored by JPMorgan Chase. Prescription drug coverage under these legacy options is provided either through the coverage option's insurer/third-party administrator or via carve-out arrangements.

Dental plan options

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

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

Medical and dental plan contributions

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

Life insurance plan

The Plan purchased an insurance contract from MetLife to provide insurance coverage to certain Participants who retired under certain heritage company provisions. Covered retirees who satisfied certain age and service requirements may be eligible to receive coverage at no cost based on the rules in effect at the time of the Participant's retirement. This insurance coverage is funded entirely through contributions by the Participating

Employers. Certain other retirees may be able to purchase insurance coverage of either $5,000 or $10,000 at the time of retirement, and the Participant pays the full cost of the benefit elected.

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

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

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

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

2. Summary of significant accounting policies

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

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

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

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

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

Claim payments to Participants and health care providers
Claim payments are recorded when paid.

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

Plan benefit obligations

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

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered as of December 31, 2025 and 2024. Postretirement benefits include future benefits expected to be paid to or on behalf of (1) currently retired, disabled or terminated employees and their beneficiaries and dependents, and (2) eligible active employees and their beneficiaries and dependents after they retire from service with the Participating Employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

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

The significant actuarial assumptions used to determine the estimated postretirement benefit obligations for medical and dental benefits under the Plan as of December 31, 2025 and 2024, were as follows:

- The Pri-2012 Mortality Table projection using Scale MP 2021 was used to estimate the life expectancy of Participants at December 31, 2025 and 2024, respectively.
- The weighted-average discount rate used at December 31, 2025 and 2024, 5.15% and 5.50%, respectively.
- An initial health care cost trend rate used as of December 31, 2025 and 2024 was 7.00% and 6.50%, respectively. An ultimate health care cost trend rate used as of December 31, 2025 and 2024 was 4.50% and 4.75%, respectively, and excludes Participants whose benefits under the Plan are capped.
- An annual indexation of 3.50% was used on HRA Account credits for certain Medicare retirees at both December 31, 2025 and 2024.
- The following assumed rates of retirement were used for medical benefits at both December 31, 2025 and 2024:

Age	2025 Rates per 1,000 participants	2024 Rates per 1,000 participants
50	—	—
55-59	120	120
60	130	130
61	140	140
62	170	170
63	160	160
64	220	220
65	300	300
66	280	280
67	280	280
68	250	250
69	250	250
70	300	300
71	250	250
72	250	250
73	250	250
74	250	250
75	1,000	1,000

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

The weighted-average health care cost trend rate assumption has an effect on the amounts reported in the accompanying financial statements for those Participants whose benefits under the Plan are not capped. If the assumed rate increased by one percentage point in 2025 and 2024, it would have increased the Plan benefit obligations as of December 31, 2025 and 2024, by $778,502 and $756,447, respectively.

Differences between financial statements and IRS Form 5500

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

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

December 31,	2025	2024
Net assets available for benefits per the financial statements	**$ 360,358,979**	$ 377,105,085
Less: Estimated benefits/claims payable	**(1,745,000)**	(1,424,000)
Net assets available for benefits per Form 5500	**$ 358,613,979**	$ 375,681,085

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

Year ended December 31,	2025	2024
Benefits/claims payments per the financial statements	**$ 29,447,371**	$ 31,932,053
Premium payments for healthcare and insurance per financial statements	**14,551,425**	14,703,100
Add: Estimated benefits/claims payable at December 31 of the current year	**1,745,000**	1,424,000
Less: Estimated benefits/claims payable at December 31 of the prior year	**(1,424,000)**	(1,457,000)
Benefits/claims paid and payable per Form 5500	**$ 44,319,796**	$ 46,602,153

3. Fair value measurements

Determination of fair value

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

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

Fair value hierarchy

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

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

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

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

Instrument	Valuation methodology	Classifications in the fair value hierarchy
Corporate debt and U.S. federal, state, local and non-U.S. government securities	Quoted market prices	Level 1
	In the absence of quoted market prices, securities are valued based on: • Observable market prices for similar securities • Relevant broker quotes • Independent pricing services • Discounted cash flows with observable or unobservable inputs	Level 2
Fund investments (e.g., money market) and registered investment companies	Net asset value ("NAV") • NAV is supported by the ability to redeem and purchase at NAV level.	Level 1

Investments measured at net asset value

Fund investments and registered investment companies

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

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

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

The following tables present the financial instruments carried at fair value as of December 31, 2025 and 2024, by major product category and fair value hierarchy.

Assets measured at fair value on a recurring basis

	Fair value hierarchy		
December 31, 2025	**Level 1**	**Level 2**	**Total fair value**
Corporate debt securities	**$ —**	**$ 150,990,090**	**$ 150,990,090**
U.S. federal, state, local and non-U.S. government securities	**4,076,812**	**157,395,676**	**161,472,488**
Fund investments, registered investment companies and other	**40,741,221**	**—**	**40,741,221**
Total investments at fair value	**$ 44,818,033**	**$ 308,385,766**	**$ 353,203,799**

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

4. Transactions with affiliated parties

Certain plan investments are managed by parties that meet the definition of affiliated parties as defined by the Plan. The following summary of transactions qualify as party-in-interest transactions for the years ended December 31, 2025 and 2024.

	Aggregate cost of purchases		**Aggregate proceeds from sales and redemptions**	
	2025	2024	**2025**	2024
JPMorgan Core Bond Fund	**$ 70,356**	$ 80,925	**$ —**	$ —
JPMorgan Core Plus Bond Fund	**77,116**	86,553	**—**	—
JPMorgan Equity Income Fund	**33,332**	21,347	**49,473**	40,888
JPMorgan Government Bond Fund	**26,625**	30,898	**—**	—
JPMorgan Large Cap Growth Fund	**56,350**	5,308	**93,568**	44,776
JPMorgan Large Cap Value Fund	**20,702**	21,501	**33,997**	37,111
JPMorgan Mid Cap Growth Fund	**16,763**	11,104	**30,249**	26,553
JPMorgan Mid Cap Value Fund	**20,844**	12,155	**28,028**	21,116
JPMorgan Short Duration Bond Fund	**25,150**	28,444	**—**	—
JPMorgan U.S. Equity Fund	**24,722**	19,803	**48,948**	46,514

5. Tax status

The Trust established under the Plan has qualified for tax-exempt status under the provisions of Section 501(c)(9) of the Code. The Plan has been amended since the Trust received a favorable tax determination letter from the IRS on October 9, 2008. The Plan Administrator believes that the Trust, as amended, is operating in compliance with the requirements of the Code and continues to qualify as tax-exempt. However, despite its status as a tax-exempt entity, due to the Plan's investment strategies, the Trust may generate unrelated business taxable income ("UBTI") and become subject to U.S. federal and state income taxes. Additionally, pursuant to federal tax law, Code Section 501(c)(9) entities must report certain investment income as UBTI. During 2025 and 2024, the Trust did not generate any UBTI or recognize any U.S. federal and state income tax expense.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize an income tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. Plan management has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2025 and 2024, there were no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no tax audits in progress for any tax period.

6. Commitments and contingencies

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

While the outcome of litigation is inherently uncertain, Plan management believes, based upon its current knowledge, after consultation with counsel, in light of all information known to it at December 31, 2025, that there were no pending or threatened legal proceedings against the Plan that would require the establishment of a litigation reserve. There is no assurance that the Plan will not need to establish a reserve, or to adjust the amount of such a reserve, for a litigation-related liability in the future.

7. Risks and uncertainties

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

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

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

Plan contributions are made and the actuarial present value of benefit obligations are reported based on certain assumptions including but not limited to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

8. Plan termination

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

9. Subsequent events

In preparing the financial statements, management of the Plan has performed an evaluation of material events that occurred subsequent to December 31, 2025, and through September 11, 2026 the date these financial statements were available to be issued. There were no material subsequent events that occurred that would require disclosure or recognition in these financial statements.

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM
FOR RETIREES
PLAN NUMBER 554 – EIN: 13/4994650
SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2025
(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4J)

(A)	(B)	(C)	(D)	(G)	(H)	(I)
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET (INCLUDING INTEREST RATE AND MATURITY IN CASE OF A LOAN)	PURCHASE PRICE	SELLING PRICE	COST OF ASSET	CURRENT VALUE OF ASSETS ON TRANSACTION DATE	NET GAIN OR (LOSS)
SERIES TRANSACTIONS UNDER SECTION 2520.103-6(C) (L) (II):						
	BLACKROCK LIQUIDITY FUND - INST SHARES					
	34,660,589 UNITS, 45 BUYS	$ 1.00		$ 34,664,054	$ 34,664,054	$ —
	BLACKROCK LIQUIDITY FUND - INST SHARES					
	39,504,649 UNITS, 94 SELLS		$ 1.00	39,508,445	39,508,597	152
	FIDELITY GOVERNMENT PORTFOLIO - INST SHARES					
	19,503,695 UNITS, 102 BUYS	1.00		19,503,695	19,503,695	—
	FIDELITY GOVERNMENT PORTFOLIO - INST SHARES					
	19,021,127 UNITS, 33 SELLS		1.00	19,021,127	19,021,127	—
	FIDELITY VAR 12/49	1.00				
	29,320,887 UNITS, 132 BUYS		1.00	29,320,887	29,320,887	—
	FIDELITY VAR 12/49	1.00				
	28,255,973 UNITS, 51 SELLS		1.00	28,255,973	28,255,973	—

NOTE 1: THE THRESHOLD FOR REPORTING TRANSACTIONS UNDER DEPARTMENT OF LABOR PROVISIONS IS FIVE PERCENT OF THE FAIR VALUE OF THE PLAN'S ASSETS AT THE BEGINNING OF THE YEAR OF $377,198,852. FIVE PERCENT OF THIS AMOUNT IS $18,859,943.

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

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM
FOR RETIREES
PLAN NUMBER 554 – EIN# 13/4994650
SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2025
(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)

(A)	(B)	(C)	(D)	(E)
	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE
CORPORATE DEBT SECURITIES:				
	3M CO	SEMI-ANN 3.63% 09/14/2028 100,000	$ 99,090	$ 99,298
	3M CO	SEMI-ANN 5.70% 03/15/2037 500,000	556,510	527,997
	ABBOTT LABORATORIES	SEMI-ANN 4.75% 11/30/2036 510,000	692,391	514,200
	ABBVIE INC	SEMI-ANN 3.20% 11/21/2029 330,000	327,388	320,245
	ABBVIE INC	SEMI-ANN 4.05% 11/21/2039 310,000	327,317	277,443
	ABU DHABI NATIONAL ENERGY CO PJSC	SEMI-ANN 4.88% 04/23/2030 450,000	447,750	462,090
	ADOBE INC	SEMI-ANN 2.30% 02/01/2030 570,000	574,036	534,143
	AEP TRANSMISSION CO LLC	SEMI-ANN 3.80% 06/15/2049 500,000	365,655	377,955
	AERCAP IRELAND CAPITAL DAC	SEMI-ANN 2.45% 10/29/2026 300,000	287,913	295,943
	AERCAP IRELAND CAPITAL DAC	SEMI-ANN 3.30% 01/30/2032 150,000	129,462	138,695
	AERCAP IRELAND CAPITAL DAC	SEMI-ANN 3.65% 07/21/2027 160,000	159,603	158,990
	AERCAP IRELAND CAPITAL DAC	SEMI-ANN 3.88% 01/23/2028 280,000	253,728	278,724
	AIA GROUP LTD	SEMI-ANN 3.38% 04/07/2030 200,000	199,412	194,784
	AIA GROUP LTD	SEMI-ANN 3.60% 04/09/2029 300,000	338,955	296,104
	AIA GROUP LTD	SEMI-ANN 4.88% 03/11/2044 300,000	286,365	285,327
	AIA GROUP LTD	SEMI-ANN 4.95% 03/30/2035 500,000	493,055	504,479
	AIR LEASE CORP	SEMI-ANN 3.00% 02/01/2030 580,000	576,416	544,109
	AIR LEASE CORP	SEMI-ANN 3.63% 04/01/2027 360,000	327,833	355,907
	AIR LEASE CORP	SEMI-ANN 4.63% 10/01/2028 230,000	223,443	230,946
	ALABAMA POWER CO	SEMI-ANN 3.13% 07/15/2051 400,000	260,388	265,626
	ALABAMA POWER CO	SEMI-ANN 4.10% 01/15/2042 200,000	165,270	171,364
	ALEXANDRIA REAL ESTATE EQUITIES INC	SEMI-ANN 1.88% 02/01/2033 330,000	315,909	270,525
	ALLSTATE CORP/THE	SEMI-ANN 5.55% 05/09/2035 510,000	574,148	535,161
	ALLSTATE CORP/THE	SEMI-ANN 5.95% 04/01/2036 200,000	235,464	213,501
	ALPHABET INC	SEMI-ANN 3.88% 11/15/2028 80,000	80,314	80,432
	ALPHABET INC	SEMI-ANN 4.70% 11/15/2035 500,000	502,785	501,106
	ALPHABET INC	SEMI-ANN 5.45% 11/15/2055 350,000	351,054	344,445
	ALTRIA GROUP INC	SEMI-ANN 2.63% 09/16/2026 600,000	541,230	594,822
	ALTRIA GROUP INC	SEMI-ANN 4.50% 05/02/2043 150,000	123,993	128,345
	ALTRIA GROUP INC	SEMI-ANN 5.80% 02/14/2039 300,000	367,809	309,870
	AMAZON.COM INC	SEMI-ANN 1.00% 05/12/2026 60,000	59,741	59,428
	AMAZON.COM INC	SEMI-ANN 3.88% 08/22/2037 200,000	235,654	183,836
	AMAZON.COM INC	SEMI-ANN 4.25% 08/22/2057 170,000	137,380	136,815
	AMAZON.COM INC	SEMI-ANN 4.65% 11/20/2035 500,000	498,615	498,804
	AMAZON.COM INC	SEMI-ANN 4.80% 12/05/2034 720,000	765,758	740,861
	AMERICA MOVIL SAB DE CV	SEMI-ANN 6.13% 11/15/2037 500,000	536,750	537,708
	AMERICA MOVIL SAB DE CV	SEMI-ANN 6.38% 03/01/2035 250,000	287,575	274,955
	AMERICAN EXPRESS CO	SEMI-ANN 4.05% 12/03/2042 600,000	519,376	518,534

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM
FOR RETIREES
PLAN NUMBER 554 – EIN# 13/4994650
SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2025
(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)

(A)	(B)	(C)	(D)	(E)
	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE
CORPORATE DEBT SECURITIES (CONTINUED):				
	AMERICAN HONDA FINANCE CORP	SEMI-ANN 2.30% 09/09/2026 300,000	267,309	296,739
	AMERICAN INTERNATIONAL GROUP INC	SEMI-ANN 4.20% 04/01/2028 230,000	221,761	230,457
	AMERICAN INTERNATIONAL GROUP INC	SEMI-ANN 4.70% 07/10/2035 520,000	494,754	499,236
	AMERICAN INTERNATIONAL GROUP INC	SEMI-ANN 6.25% 05/01/2036 400,000	513,184	430,348
	AMGEN INC	SEMI-ANN 3.20% 11/02/2027 290,000	266,820	286,370
	AMGEN INC	SEMI-ANN 6.40% 02/01/2039 200,000	215,018	221,877
	ANALOG DEVICES INC	SEMI-ANN 2.80% 10/01/2041 600,000	462,600	443,842
	ANGLO AMERICAN CAPITAL PLC	SEMI-ANN 4.75% 04/10/2027 620,000	598,779	624,813
	ANHEUSER-BUSCH INBEV FINANCE INC	SEMI-ANN 4.70% 02/01/2036 750,000	816,717	743,961
	ANHEUSER-BUSCH INBEV WORLDWIDE INC	SEMI-ANN 4.75% 04/15/2058 120,000	104,148	104,930
	AON GLOBAL LTD	SEMI-ANN 4.45% 05/24/2043 300,000	252,180	258,985
	AON GLOBAL LTD	SEMI-ANN 4.75% 05/15/2045 500,000	445,625	445,654
	APA CORP	SEMI-ANN 7.75% 12/15/2029 540,000	654,318	592,940
	APPLE INC	SEMI-ANN 2.45% 08/04/2026 300,000	272,598	297,778
	APPLE INC	SEMI-ANN 4.50% 02/23/2036 520,000	693,940	525,879
	ARCELORMITTAL SA	SEMI-ANN 4.25% 07/16/2029 170,000	186,609	170,322
	ASTRAZENECA PLC	SEMI-ANN 6.45% 09/15/2037 400,000	606,496	457,154
	AT&T INC	SEMI-ANN 3.50% 06/01/2041 500,000	504,520	394,414
	AT&T INC	SEMI-ANN 3.65% 09/15/2059 90,000	59,610	59,669
	AT&T INC	SEMI-ANN 4.10% 02/15/2028 230,000	219,777	230,159
	AT&T INC	SEMI-ANN 4.25% 03/01/2027 290,000	282,910	290,669
	AT&T INC	SEMI-ANN 4.30% 02/15/2030 560,000	528,892	561,164
	AT&T INC	SEMI-ANN 5.38% 08/15/2035 410,000	409,537	421,175
	AT&T INC	SEMI-ANN 6.15% 09/15/2034 520,000	557,492	554,004
	AVALONBAY COMMUNITIES INC	SEMI-ANN 3.20% 01/15/2028 570,000	533,720	561,848
	AVOLON HOLDINGS FUNDING LTD	2.13% 02/21/2026 350,000	334,885	348,844
	BANCO SANTANDER SA	SEMI-ANN 4.38% 04/12/2028 200,000	187,624	200,978
	BANCO SANTANDER SA	SEMI-ANN 5.29% 08/18/2027 600,000	588,312	611,083
	BANK OF AMERICA CORP	SEMI-ANN 2.30% 07/21/2032 130,000	106,079	116,349
	BANK OF AMERICA CORP	SEMI-ANN 2.50% 02/13/2031 100,000	85,769	93,224
	BANK OF AMERICA CORP	SEMI-ANN 2.57% 10/20/2032 50,000	50,433	45,134
	BANK OF AMERICA CORP	SEMI-ANN 2.68% 06/19/2041 200,000	193,128	148,019
	BANK OF AMERICA CORP	SEMI-ANN 3.19% 07/23/2030 200,000	180,804	193,309
	BANK OF AMERICA CORP	SEMI-ANN 3.42% 12/20/2028 290,000	268,864	286,701
	BANK OF AMERICA CORP	SEMI-ANN 4.08% 04/23/2040 210,000	187,452	187,988
	BANK OF AMERICA CORP	SEMI-ANN 4.18% 11/25/2027 230,000	229,465	230,569
	BANK OF AMERICA CORP	SEMI-ANN 4.25% 10/22/2026 300,000	292,089	300,590
	BANK OF AMERICA CORP	SEMI-ANN 4.88% 04/01/2044 200,000	187,792	190,262

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM
FOR RETIREES
PLAN NUMBER 554 – EIN# 13/4994650
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(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)

(A)	(B)	(C)	(D)	(E)
	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE
CORPORATE DEBT SECURITIES (CONTINUED):				
	BANK OF AMERICA CORP	SEMI-ANN 5.46% 05/09/2036 380,000	396,344	396,327
	BANK OF NEW YORK MELLON CORP/THE	SEMI-ANN 1.05% 10/15/2026 200,000	199,848	195,679
	BANK OF NEW YORK MELLON CORP/THE	SEMI-ANN 3.30% 08/23/2029 560,000	515,603	544,291
	BARCLAYS PLC	SEMI-ANN 5.79% 02/25/2036 400,000	403,468	419,187
	BARRICK MINING CORP	SEMI-ANN 6.45% 10/15/2035 250,000	283,080	276,660
	BAT CAPITAL CORP	SEMI-ANN 3.56% 08/15/2027 290,000	265,730	287,814
	BECTON DICKINSON & CO	4.69% 12/15/2044 300,000	269,172	266,457
	BECTON DICKINSON & CO	SEMI-ANN 3.70% 06/06/2027 190,000	178,868	189,226
	BERKSHIRE HATHAWAY ENERGY CO	SEMI-ANN 6.13% 04/01/2036 900,000	1,270,212	977,838
	BERKSHIRE HATHAWAY FINANCE CORP	SEMI-ANN 4.30% 05/15/2043 500,000	445,310	446,311
	BHP BILLITON FINANCE USA LTD	SEMI-ANN 4.13% 02/24/2042 400,000	367,652	346,527
	BHP BILLITON FINANCE USA LTD	SEMI-ANN 5.00% 09/30/2043 300,000	284,979	286,131
	BLACKSTONE HOLDINGS FINANCE CO LLC	SEMI-ANN 1.60% 03/30/2031 500,000	456,085	435,900
	BMW US CAPITAL LLC	SEMI-ANN 2.80% 04/11/2026 100,000	91,749	99,665
	BMW US CAPITAL LLC	SEMI-ANN 3.30% 04/06/2027 300,000	280,218	297,629
	BNP PARIBAS SA	SEMI-ANN 4.38% 05/12/2026 300,000	287,796	299,947
	BNP PARIBAS SA	SEMI-ANN 4.40% 08/14/2028 280,000	269,828	280,629
	BOC AVIATION LTD	SEMI-ANN 2.63% 09/17/2030 200,000	201,010	186,448
	BOC AVIATION LTD	SEMI-ANN 3.88% 04/27/2026 600,000	571,569	599,618
	BOEING CO/THE	SEMI-ANN 2.95% 02/01/2030 300,000	314,175	284,655
	BOEING CO/THE	SEMI-ANN 5.81% 05/01/2050 20,000	19,726	19,758
	BOEING CO/THE	SEMI-ANN 6.13% 02/15/2033 460,000	560,469	495,739
	BOSTON PROPERTIES LP	SEMI-ANN 3.40% 06/21/2029 700,000	722,477	677,935
	BP CAPITAL MARKETS PLC	SEMI-ANN 3.28% 09/19/2027 350,000	327,642	347,014
	BP CAPITAL MARKETS PLC	SEMI-ANN 3.72% 11/28/2028 710,000	685,512	705,396
	BRISTOL-MYERS SQUIBB CO	SEMI-ANN 2.35% 11/13/2040 600,000	606,012	428,452
	BRISTOL-MYERS SQUIBB CO	SEMI-ANN 3.55% 03/15/2042 100,000	82,414	80,547
	BRISTOL-MYERS SQUIBB CO	SEMI-ANN 4.13% 06/15/2039 300,000	275,316	272,946
	BRITISH TELECOMMUNICATIONS PLC	SEMI-ANN 9.63% 12/15/2030 260,000	364,629	317,653
	BROADCOM INC	SEMI-ANN 3.19% 11/15/2036 387,000	320,461	328,917
	BROADCOM INC	SEMI-ANN 4.11% 09/15/2028 500,000	501,025	501,483
	BROADCOM INC	SEMI-ANN 4.93% 05/15/2037 500,000	441,005	494,629
	BURLINGTON NORTHERN SANTA FE LLC	SEMI-ANN 4.40% 03/15/2042 200,000	185,060	179,044
	BURLINGTON RESOURCES LLC	SEMI-ANN 7.20% 08/15/2031 540,000	683,100	613,297
	CADENCE DESIGN SYSTEMS INC	SEMI-ANN 4.70% 09/10/2034 650,000	649,688	651,021
	CAMERON LNG LLC	SEMI-ANN 2.90% 07/15/2031 300,000	315,372	277,057
	CAMERON LNG LLC	SEMI-ANN 3.40% 01/15/2038 500,000	503,625	434,015
	CANADIAN PACIFIC RAILWAY CO	SEMI-ANN 5.95% 05/15/2037 400,000	550,724	431,273

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

(A)	(B)	(C)	(D)	(E)
	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE
CORPORATE DEBT SECURITIES (CONTINUED):				
	CAPITAL ONE FINANCIAL CORP	SEMI-ANN 5.27% 05/10/2033 640,000	627,533	657,333
	CARDINAL HEALTH INC	SEMI-ANN 4.60% 03/15/2043 250,000	215,950	219,937
	CARLYLE HOLDINGS II FINANCE LLC	SEMI-ANN 5.63% 03/30/2043 200,000	193,872	196,884
	CARNIVAL CORP	SEMI-ANN 7.00% 08/15/2029 200,000	210,066	209,930
	CARRIER GLOBAL CORP	SEMI-ANN 2.72% 02/15/2030 900,000	904,311	848,191
	CATERPILLAR INC	SEMI-ANN 3.80% 08/15/2042 200,000	164,318	168,464
	CATERPILLAR INC	SEMI-ANN 6.05% 08/15/2036 400,000	555,912	445,019
	CBOE GLOBAL MARKETS INC	SEMI-ANN 3.65% 01/12/2027 580,000	552,792	578,826
	CENTERPOINT ENERGY HOUSTON ELECTRIC LLC	SEMI-ANN 2.90% 07/01/2050 500,000	312,370	323,303
	CENTERPOINT ENERGY HOUSTON ELECTRIC LLC	SEMI-ANN 5.05% 03/01/2035 50,000	48,913	50,578
	CHARLES SCHWAB CORP/THE	SEMI-ANN 3.20% 01/25/2028 330,000	309,625	325,552
	CHARLES SCHWAB CORP/THE	SEMI-ANN 4.00% 02/01/2029 440,000	435,294	441,931
	CHARTER COMMUNICATIONS OPERATING LLC	SEMI-ANN 2.80% 04/01/2031 500,000	393,030	450,336
	CHARTER COMMUNICATIONS OPERATING LLC	SEMI-ANN 4.20% 03/15/2028 269,000	259,415	267,730
	CHUBB INA HOLDINGS LLC	SEMI-ANN 6.00% 05/11/2037 500,000	748,060	543,942
	CHUBB INA HOLDINGS LLC	SEMI-ANN 6.50% 05/15/2038 100,000	117,408	113,507
	CIGNA GROUP/THE	SEMI-ANN 4.38% 10/15/2028 280,000	274,296	282,617
	CIGNA GROUP/THE	SEMI-ANN 4.80% 08/15/2038 300,000	293,949	288,141
	CITADEL LP	SEMI-ANN 6.38% 01/23/2032 400,000	410,196	425,242
	CITIGROUP INC	SEMI-ANN 3.52% 10/27/2028 180,000	166,867	178,419
	CITIGROUP INC	SEMI-ANN 3.88% 01/24/2039 150,000	174,459	132,977
	CITIGROUP INC	SEMI-ANN 4.13% 07/25/2028 340,000	323,046	339,905
	CITIGROUP INC	SEMI-ANN 4.30% 11/20/2026 60,000	58,434	60,152
	CITIGROUP INC	SEMI-ANN 4.75% 05/18/2046 400,000	357,388	352,038
	CITIGROUP INC	SEMI-ANN 5.32% 03/26/2041 200,000	264,394	200,777
	CITIGROUP INC	SEMI-ANN 5.88% 01/30/2042 200,000	213,522	211,076
	CITIGROUP INC	SEMI-ANN 5.88% 02/22/2033 530,000	576,926	567,016
	CITIGROUP INC	SEMI-ANN 6.13% 08/25/2036 190,000	210,729	202,298
	CITIGROUP INC	SEMI-ANN 6.63% 06/15/2032 170,000	221,077	188,637
	CK HUTCHISON INTERNATIONAL 16 LTD	SEMI-ANN 2.75% 10/03/2026 300,000	269,637	297,132
	CK HUTCHISON INTERNATIONAL 17 II LTD	SEMI-ANN 3.25% 09/29/2027 290,000	267,670	286,310
	CLOROX CO/THE	SEMI-ANN 1.80% 05/15/2030 440,000	436,080	396,827
	CME GROUP INC	SEMI-ANN 3.75% 06/15/2028 280,000	276,536	280,306
	COCA-COLA CO/THE	SEMI-ANN 2.50% 06/01/2040 500,000	499,440	372,814
	COCA-COLA CO/THE	SEMI-ANN 2.88% 05/05/2041 500,000	498,260	384,786
	COLUMBIA PIPELINES HOLDING CO LLC	SEMI-ANN 6.04% 08/15/2028 100,000	103,040	103,957
	COLUMBIA PIPELINES OPERATING CO LLC	SEMI-ANN 6.50% 08/15/2043 300,000	315,966	317,801
	COMCAST CORP	SEMI-ANN 4.20% 08/15/2034 1,470,000	1,396,052	1,406,175

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

(A) (B)	(C)	(D)	(E)
IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE
CORPORATE DEBT SECURITIES (CONTINUED):			
COMCAST CORP	SEMI-ANN 4.25% 01/15/2033 540,000	526,824	529,107
COMCAST CORP	SEMI-ANN 4.25% 10/15/2030 750,000	742,219	750,828
COMMONWEALTH EDISON CO	SEMI-ANN 2.20% 03/01/2030 570,000	568,267	528,316
COMMONWEALTH EDISON CO	SEMI-ANN 3.75% 08/15/2047 300,000	231,330	230,045
COMMONWEALTH EDISON CO	SEMI-ANN 6.45% 01/15/2038 200,000	299,304	223,963
CONSOLIDATED EDISON CO OF NEW YORK INC	SEMI-ANN 5.50% 12/01/2039 500,000	515,210	511,762
CONSTELLATION ENERGY GENERATION LLC	SEMI-ANN 5.60% 06/15/2042 200,000	201,896	201,230
CONTINENTAL RESOURCES INC/OK	SEMI-ANN 4.38% 01/15/2028 100,000	108,602	99,837
CONTINENTAL RESOURCES INC/OK	SEMI-ANN 5.75% 01/15/2031 500,000	474,990	513,133
COOPERATIEVE RABOBANK UA	SEMI-ANN 3.75% 07/21/2026 300,000	279,825	299,320
COOPERATIEVE RABOBANK UA	SEMI-ANN 5.25% 08/04/2045 840,000	820,050	793,945
COOPERATIEVE RABOBANK UA	SEMI-ANN 5.75% 12/01/2043 250,000	250,640	252,866
COSTCO WHOLESALE CORP	SEMI-ANN 1.60% 04/20/2030 320,000	319,537	290,118
CREDIT AGRICOLE SA	SEMI-ANN 2.81% 01/11/2041 250,000	241,890	176,452
CREDIT AGRICOLE SA/LONDON	SEMI-ANN 4.13% 01/10/2027 290,000	276,785	290,208
CREDIT SUISSE USA LLC	SEMI-ANN 7.13% 07/15/2032 550,000	697,401	629,327
CVS HEALTH CORP	SEMI-ANN 4.13% 04/01/2040 85,000	97,676	72,864
CVS HEALTH CORP	SEMI-ANN 4.30% 03/25/2028 30,000	29,280	30,107
CVS HEALTH CORP	SEMI-ANN 4.78% 03/25/2038 410,000	445,836	388,207
CVS HEALTH CORP	SEMI-ANN 4.88% 07/20/2035 260,000	255,299	256,242
DELL INTERNATIONAL LLC	SEMI-ANN 8.10% 07/15/2036 100,000	155,423	121,429
DELTA AIR LINES INC	SEMI-ANN 3.75% 10/28/2029 150,000	141,053	146,735
DEUTSCHE TELEKOM INTERNATIONAL FINANCE BV	SEMI-ANN 9.25% 06/01/2032 520,000	743,371	648,632
DEUTSCHE TELEKOM INTERNATIONAL FINANCE BV	SEMI-ANN FLT 06/15/2030 530,000	707,497	618,894
DEVON ENERGY CORP	SEMI-ANN 7.88% 09/30/2031 530,000	651,773	613,155
DH EUROPE FINANCE II SARL	SEMI-ANN 3.25% 11/15/2039 870,000	712,574	714,642
DIAGEO CAPITAL PLC	SEMI-ANN 5.88% 09/30/2036 590,000	772,785	640,266
DIAGEO INVESTMENT CORP	SEMI-ANN 4.25% 05/11/2042 200,000	184,808	173,826
DIGNITY HEALTH	SEMI-ANN 4.50% 11/01/2042 400,000	356,388	347,848
DISCOVERY COMMUNICATIONS LLC	SEMI-ANN 5.00% 09/20/2037 500,000	444,230	400,060
DOLLAR TREE INC	SEMI-ANN 4.20% 05/15/2028 230,000	217,049	230,203
DUKE ENERGY CAROLINAS LLC	SEMI-ANN 6.00% 01/15/2038 200,000	221,124	215,817
DUKE ENERGY PROGRESS LLC	SEMI-ANN 4.15% 12/01/2044 400,000	335,864	334,194
EATON CORP	SEMI-ANN 4.00% 11/02/2032 550,000	529,722	539,106
ELEVANCE HEALTH INC	SEMI-ANN 3.65% 12/01/2027 290,000	271,742	288,661
ELEVANCE HEALTH INC	SEMI-ANN 4.65% 01/15/2043 200,000	179,170	179,662
ELI LILLY & CO	SEMI-ANN 3.70% 03/01/2045 500,000	405,270	403,275
ELI LILLY & CO	SEMI-ANN 3.95% 05/15/2047 300,000	246,642	245,236

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IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE
CORPORATE DEBT SECURITIES (CONTINUED):			
ELI LILLY & CO	SEMI-ANN 4.88% 02/27/2053 300,000	269,559	275,013
ELI LILLY & CO	SEMI-ANN 5.55% 03/15/2037 400,000	568,260	432,951
EMERSON ELECTRIC CO	SEMI-ANN 5.25% 11/15/2039 200,000	204,682	204,524
ENERGY TRANSFER LP	SEMI-ANN 4.95% 06/15/2028 220,000	216,040	223,703
ENERGY TRANSFER LP	SEMI-ANN 5.80% 06/15/2038 100,000	97,079	102,079
ENERGY TRANSFER LP	SEMI-ANN 6.50% 02/01/2042 200,000	211,922	211,296
ENTERPRISE PRODUCTS OPERATING LLC	SEMI-ANN 6.65% 10/15/2034 1,370,000	1,767,953	1,545,726
ENTERPRISE PRODUCTS OPERATING LLC	SEMI-ANN 6.88% 03/01/2033 150,000	182,495	170,152
EOG RESOURCES INC	SEMI-ANN 3.90% 04/01/2035 260,000	247,216	242,356
EOG RESOURCES INC	SEMI-ANN 4.38% 04/15/2030 540,000	539,784	543,868
EQT CORP	SEMI-ANN 3.63% 05/15/2031 400,000	346,324	376,563
EQUATE PETROCHEMICAL CO KSC	SEMI-ANN 4.25% 11/03/2026 590,000	568,465	588,711
EXXON MOBIL CORP	SEMI-ANN 3.00% 08/16/2039 400,000	422,840	321,022
EXXON MOBIL CORP	SEMI-ANN 4.23% 03/19/2040 500,000	562,085	459,799
FIRSTENERGY TRANSMISSION LLC	SEMI-ANN 5.00% 01/15/2035 500,000	502,870	501,974
FLORIDA GAS TRANSMISSION CO LLC	SEMI-ANN 5.75% 07/15/2035 110,000	109,666	114,293
FLORIDA POWER & LIGHT CO	SEMI-ANN 4.05% 10/01/2044 300,000	252,081	250,641
FLORIDA POWER & LIGHT CO	SEMI-ANN 5.96% 04/01/2039 500,000	562,430	540,685
FORD MOTOR CREDIT CO LLC	SEMI-ANN 4.27% 01/09/2027 200,000	191,426	198,976
FOX CORP	SEMI-ANN 4.71% 01/25/2029 670,000	671,405	678,899
FREEPORT-MCMORAN INC	SEMI-ANN 5.45% 03/15/2043 200,000	190,202	194,219
GENERAL DYNAMICS CORP	SEMI-ANN 2.13% 08/15/2026 500,000	495,000	494,821
GENERAL DYNAMICS CORP	SEMI-ANN 2.85% 06/01/2041 400,000	420,784	302,431
GENERAL DYNAMICS CORP	SEMI-ANN 4.25% 04/01/2040 400,000	494,276	367,701
GENERAL ELECTRIC CO	SEMI-ANN 5.88% 01/14/2038 200,000	274,178	217,317
GENERAL ELECTRIC CO	SEMI-ANN 6.88% 01/10/2039 440,000	541,917	519,251
GENERAL MOTORS CO	SEMI-ANN 5.15% 04/01/2038 100,000	120,329	96,449
GENERAL MOTORS CO	SEMI-ANN 6.25% 10/02/2043 300,000	303,738	304,946
GENERAL MOTORS FINANCIAL CO INC	SEMI-ANN 3.85% 01/05/2028 280,000	248,674	278,877
GENERAL MOTORS FINANCIAL CO INC	SEMI-ANN 4.30% 04/06/2029 150,000	145,175	149,778
GEORGIA-PACIFIC LLC	SEMI-ANN 4.95% 06/30/2032 130,000	129,419	133,723
GEORGIA-PACIFIC LLC	SEMI-ANN 7.75% 11/15/2029 540,000	707,346	609,570
GEORGIA-PACIFIC LLC	SEMI-ANN 8.88% 05/15/2031 530,000	759,699	643,168
GILEAD SCIENCES INC	SEMI-ANN 3.65% 03/01/2026 300,000	291,342	299,869
GILEAD SCIENCES INC	SEMI-ANN 4.00% 09/01/2036 350,000	411,845	326,368
GILEAD SCIENCES INC	SEMI-ANN 4.60% 09/01/2035 260,000	257,837	257,482
GLAXOSMITHKLINE CAPITAL INC	SEMI-ANN 5.38% 04/15/2034 730,000	821,717	772,613
GLENCORE FUNDING LLC	SEMI-ANN 2.85% 04/27/2031 420,000	348,932	387,790

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM
FOR RETIREES
PLAN NUMBER 554 – EIN# 13/4994650
SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2025
(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)

(A)	(B)	(C)	(D)	(E)
	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE
CORPORATE DEBT SECURITIES (CONTINUED):				
	GLENCORE FUNDING LLC	SEMI-ANN 3.88% 10/27/2027 390,000	363,448	388,669
	GLENCORE FUNDING LLC	SEMI-ANN 6.14% 04/01/2055 250,000	257,740	258,805
	GLP CAPITAL LP	SEMI-ANN 4.00% 01/15/2030 140,000	149,163	136,100
	GOLDMAN SACHS GROUP INC/THE	SEMI-ANN 4.41% 04/23/2039 840,000	865,064	777,585
	GOLDMAN SACHS GROUP INC/THE	SEMI-ANN 5.95% 01/15/2027 330,000	353,852	336,695
	GOLDMAN SACHS GROUP INC/THE	SEMI-ANN 6.13% 02/15/2033 710,000	813,441	777,482
	GOLDMAN SACHS GROUP INC/THE	SEMI-ANN 6.45% 05/01/2036 190,000	217,514	209,064
	GOLDMAN SACHS GROUP INC/THE	SEMI-ANN 6.75% 10/01/2037 400,000	569,908	447,632
	HCA INC	SEMI-ANN 4.38% 03/15/2042 200,000	170,588	171,191
	HOME DEPOT INC/THE	SEMI-ANN 3.30% 04/15/2040 200,000	220,148	164,003
	HOME DEPOT INC/THE	SEMI-ANN 4.88% 02/15/2044 470,000	441,125	440,263
	HOME DEPOT INC/THE	SEMI-ANN 5.88% 12/16/2036 190,000	224,698	206,511
	HONEYWELL INTERNATIONAL INC	SEMI-ANN 5.25% 03/01/2054 700,000	663,985	664,544
	HSBC HOLDINGS PLC	SEMI-ANN 7.63% 05/17/2032 700,000	872,227	787,495
	HUMANA INC	SEMI-ANN 3.95% 03/15/2027 290,000	281,561	289,382
	HUTCHISON WHAMPOA INTERNATIONAL 03/33 LTD	SEMI-ANN 7.45% 11/24/2033 300,000	393,738	351,777
	HYUNDAI CAPITAL SERVICES INC	SEMI-ANN 3.63% 08/29/2027 580,000	531,268	575,023
	ING GROEP NV	SEMI-ANN 3.95% 03/29/2027 580,000	552,085	579,729
	ING GROEP NV	SEMI-ANN 4.55% 10/02/2028 230,000	226,359	232,930
	INTEL CORP	SEMI-ANN 4.00% 12/15/2032 670,000	680,760	639,656
	INTERCONTINENTAL EXCHANGE INC	SEMI-ANN 2.65% 09/15/2040 1,100,000	803,868	815,067
	INTERSTATE POWER AND LIGHT CO	SEMI-ANN 3.10% 11/30/2051 400,000	250,848	257,599
	INTESA SANPAOLO SPA	SEMI-ANN 8.25% 11/21/2033 350,000	395,766	413,769
	JBS USA LUX SARL	SEMI-ANN 5.95% 04/20/2035 400,000	408,816	421,176
	JOHN DEERE CAPITAL CORP	SEMI-ANN 3.05% 01/06/2028 420,000	393,805	414,601
	JOHNSON & JOHNSON	SEMI-ANN 3.55% 03/01/2036 190,000	177,226	175,136
	JOHNSON & JOHNSON	SEMI-ANN 3.63% 03/03/2037 290,000	272,493	264,189
	JOHNSON & JOHNSON	SEMI-ANN 4.38% 12/05/2033 1,766,000	1,831,643	1,794,051
	KENVUE INC	SEMI-ANN 5.10% 03/22/2043 400,000	390,860	385,038
	KINDER MORGAN INC	SEMI-ANN 5.20% 03/01/2048 410,000	374,469	375,558
	KINDER MORGAN INC	SEMI-ANN 7.75% 01/15/2032 550,000	734,454	638,835
	KKR GROUP FINANCE CO VI LLC	SEMI-ANN 3.75% 07/01/2029 1,000,000	1,037,220	979,956
	KRAFT HEINZ FOODS CO	SEMI-ANN 4.63% 10/01/2039 200,000	181,206	183,115
	KRAFT HEINZ FOODS CO	SEMI-ANN 5.00% 06/04/2042 200,000	194,120	184,045
	L3HARRIS TECHNOLOGIES INC	SEMI-ANN 4.40% 06/15/2028 280,000	558,743	564,322
	L3HARRIS TECHNOLOGIES INC	SEMI-ANN 4.85% 04/27/2035 260,000	265,951	259,926
	LLOYDS BANKING GROUP PLC	SEMI-ANN 3.75% 01/11/2027 290,000	268,813	289,563
	LLOYDS BANKING GROUP PLC	SEMI-ANN 4.55% 08/16/2028 230,000	223,613	232,950

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM
FOR RETIREES
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SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2025
(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)

(A)	(B)	(C)	(D)	(E)
	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE
CORPORATE DEBT SECURITIES (CONTINUED):				
	LOCKHEED MARTIN CORP	SEMI-ANN 3.60% 03/01/2035 260,000	237,136	240,419
	LOCKHEED MARTIN CORP	SEMI-ANN 4.50% 05/15/2036 200,000	259,484	196,306
	LOCKHEED MARTIN CORP	SEMI-ANN 6.15% 09/01/2036 400,000	565,076	445,868
	LPL HOLDINGS INC	SEMI-ANN 4.00% 03/15/2029 600,000	563,790	590,376
	LPL HOLDINGS INC	SEMI-ANN 6.75% 11/17/2028 310,000	319,182	330,944
	LSEG FINANCE PLC	SEMI-ANN 3.20% 04/06/2041 500,000	508,020	385,767
	MARS INC	SEMI-ANN 3.20% 04/01/2030 500,000	523,525	481,164
	MARS INC	SEMI-ANN 3.60% 04/01/2034 300,000	343,042	277,182
	MARSH & MCLENNAN COS INC	SEMI-ANN 4.35% 01/30/2047 500,000	430,205	425,182
	MARSH & MCLENNAN COS INC	SEMI-ANN 4.90% 03/15/2049 500,000	441,380	453,612
	MCDONALD'S CORP	SEMI-ANN 4.70% 12/09/2035 280,000	283,749	278,682
	MCDONALD'S CORP	SEMI-ANN 5.70% 02/01/2039 100,000	108,348	104,652
	MERCK & CO INC	SEMI-ANN 3.60% 09/15/2042 300,000	257,799	242,658
	META PLATFORMS INC	SEMI-ANN 4.20% 11/15/2030 80,000	80,122	80,274
	META PLATFORMS INC	SEMI-ANN 4.60% 11/15/2032 400,000	403,436	403,755
	META PLATFORMS INC	SEMI-ANN 5.40% 08/15/2054 400,000	381,724	373,312
	META PLATFORMS INC	SEMI-ANN 5.63% 11/15/2055 340,000	334,669	326,974
	METLIFE INC	SEMI-ANN 5.70% 06/15/2035 510,000	572,985	545,640
	METLIFE INC	SEMI-ANN 5.88% 02/06/2041 100,000	123,861	105,250
	METLIFE INC	SEMI-ANN 6.38% 06/15/2034 780,000	932,989	874,097
	MICROSOFT CORP	SEMI-ANN 3.45% 08/08/2036 500,000	554,925	457,642
	MITSUBISHI UFJ FINANCIAL GROUP INC	SEMI-ANN 2.76% 09/13/2026 300,000	271,488	297,572
	MITSUBISHI UFJ FINANCIAL GROUP INC	SEMI-ANN 3.75% 07/18/2039 200,000	230,364	175,073
	MITSUBISHI UFJ FINANCIAL GROUP INC	SEMI-ANN 4.05% 09/11/2028 230,000	227,254	230,875
	MITSUBISHI UFJ FINANCIAL GROUP INC	SEMI-ANN 4.29% 07/26/2038 200,000	185,242	189,500
	MIZUHO FINANCIAL GROUP INC	SEMI-ANN 2.84% 09/13/2026 300,000	273,039	297,700
	MIZUHO FINANCIAL GROUP INC	SEMI-ANN 3.17% 09/11/2027 290,000	267,847	286,630
	MOLSON COORS BEVERAGE CO	SEMI-ANN 3.00% 07/15/2026 300,000	269,109	298,356
	MOODY'S CORP	SEMI-ANN 4.88% 12/17/2048 200,000	177,442	180,227
	MORGAN STANLEY	SEMI-ANN 3.95% 04/23/2027 290,000	274,775	289,825
	MORGAN STANLEY	SEMI-ANN 4.46% 04/22/2039 30,000	36,979	28,268
	MORGAN STANLEY	SEMI-ANN 4.89% 10/22/2036 650,000	646,302	645,689
	MORGAN STANLEY	SEMI-ANN 7.25% 04/01/2032 540,000	682,850	622,155
	MPLX LP	SEMI-ANN 4.50% 04/15/2038 300,000	265,680	274,256
	MPLX LP	SEMI-ANN 4.80% 02/15/2029 260,000	258,110	264,033
	MUFG BANK LTD	SEMI-ANN 4.70% 03/10/2044 200,000	186,292	183,419
	NASDAQ INC	SEMI-ANN 2.50% 12/21/2040 500,000	333,995	356,790
	NATWEST GROUP PLC	SEMI-ANN 4.80% 04/05/2026 300,000	296,115	300,748

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

(A)	(B)	(C)	(D)	(E)
	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE
CORPORATE DEBT SECURITIES (CONTINUED):				
	NESTLE HOLDINGS INC	SEMI-ANN 3.90% 09/24/2038 200,000	186,204	180,631
	NISSAN MOTOR CO LTD	SEMI-ANN 4.35% 09/17/2027 240,000	259,685	236,742
	NORTHROP GRUMMAN CORP	SEMI-ANN 7.75% 02/15/2031 530,000	693,944	610,842
	NTT FINANCE CORP	SEMI-ANN 2.07% 04/03/2031 340,000	340,000	301,788
	NVIDIA CORP	SEMI-ANN 3.50% 04/01/2040 180,000	179,640	152,502
	OCCIDENTAL PETROLEUM CORP	SEMI-ANN 3.00% 02/15/2027 290,000	270,744	286,555
	OCCIDENTAL PETROLEUM CORP	SEMI-ANN 7.88% 09/15/2031 530,000	647,538	606,051
	OGLETHORPE POWER CORP	SEMI-ANN 4.50% 04/01/2047 350,000	295,404	293,516
	OGLETHORPE POWER CORP	SEMI-ANN 5.05% 10/01/2048 200,000	176,756	180,068
	ONCOR ELECTRIC DELIVERY CO LLC	SEMI-ANN 3.75% 04/01/2045 500,000	394,315	393,187
	ONCOR ELECTRIC DELIVERY CO LLC	SEMI-ANN 5.25% 09/30/2040 400,000	403,456	396,992
	ONEOK INC	SEMI-ANN 5.15% 10/15/2043 200,000	184,082	181,853
	ONEOK INC	SEMI-ANN 5.55% 11/01/2026 100,000	101,618	101,083
	ONEOK PARTNERS LP	SEMI-ANN 6.13% 02/01/2041 100,000	104,923	102,929
	ORACLE CORP	SEMI-ANN 3.25% 05/15/2030 430,000	401,962	400,634
	ORACLE CORP	SEMI-ANN 6.50% 04/15/2038 150,000	162,701	153,224
	ORANGE SA	SEMI-ANN 9.00% 03/01/2031 530,000	735,126	638,448
	PACIFIC GAS AND ELECTRIC CO	SEMI-ANN 2.50% 02/01/2031 550,000	435,561	495,596
	PEPSICO INC	SEMI-ANN 2.88% 10/15/2049 300,000	193,032	197,886
	PEPSICO INC	SEMI-ANN 4.88% 11/01/2040 500,000	489,015	488,690
	PFIZER INC	SEMI-ANN 3.90% 03/15/2039 300,000	366,036	265,664
	PFIZER INC	SEMI-ANN 4.10% 09/15/2038 200,000	246,428	184,067
	PHILIP MORRIS INTERNATIONAL INC	SEMI-ANN 2.75% 02/25/2026 300,000	277,146	299,452
	PHILIP MORRIS INTERNATIONAL INC	SEMI-ANN 3.13% 03/02/2028 570,000	537,858	560,918
	PHILIP MORRIS INTERNATIONAL INC	SEMI-ANN 3.13% 08/17/2027 290,000	271,730	286,952
	PNC BANK NA	SEMI-ANN 3.10% 10/25/2027 590,000	550,128	582,742
	PROCTER & GAMBLE CO/THE	SEMI-ANN 3.55% 03/25/2040 400,000	497,120	348,954
	PROGRESS ENERGY INC	SEMI-ANN 6.00% 12/01/2039 200,000	212,406	211,854
	PROLOGIS LP	SEMI-ANN 2.13% 10/15/2050 600,000	316,188	324,318
	PROLOGIS LP	SEMI-ANN 2.88% 11/15/2029 140,000	123,676	133,957
	PROLOGIS LP	SEMI-ANN 4.38% 09/15/2048 220,000	179,377	185,300
	PRUDENTIAL FINANCIAL INC	SEMI-ANN 4.60% 05/15/2044 300,000	266,976	268,521
	PRUDENTIAL FINANCIAL INC	SEMI-ANN 5.75% 07/15/2033 70,000	78,483	75,410
	QUALCOMM INC	SEMI-ANN 6.00% 05/20/2053 250,000	258,420	263,910
	RAYMOND JAMES FINANCIAL INC	SEMI-ANN 4.95% 07/15/2046 500,000	466,400	458,598
	RENAISSANCERE HOLDINGS LTD	SEMI-ANN 5.75% 06/05/2033 180,000	180,142	188,467
	REPUBLIC SERVICES INC	SEMI-ANN 3.95% 05/15/2028 230,000	225,708	230,462
	REYNOLDS AMERICAN INC	SEMI-ANN 5.70% 08/15/2035 260,000	269,259	271,683

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(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)

(A)	(B)	(C)	(D)	(E)
	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE
CORPORATE DEBT SECURITIES (CONTINUED):				
	RIO TINTO ALCAN INC	SEMI-ANN 7.25% 03/15/2031 540,000	681,183	615,224
	RIO TINTO FINANCE USA PLC	SEMI-ANN 4.13% 08/21/2042 300,000	258,327	258,743
	ROGERS COMMUNICATIONS INC	SEMI-ANN 2.90% 11/15/2026 300,000	274,020	296,949
	RTX CORP	SEMI-ANN 4.15% 05/15/2045 500,000	416,095	418,756
	RTX CORP	SEMI-ANN 4.45% 11/16/2038 500,000	615,640	470,613
	RTX CORP	SEMI-ANN 7.50% 09/15/2029 340,000	426,788	378,191
	SALESFORCE INC	SEMI-ANN 1.95% 07/15/2031 440,000	374,532	391,724
	SAN DIEGO GAS & ELECTRIC CO	SEMI-ANN 3.75% 06/01/2047 300,000	231,939	229,750
	SANDS CHINA LTD	SEMI-ANN FLT 01/08/2026 300,000	294,102	299,753
	SCHLUMBERGER HOLDINGS CORP	SEMI-ANN 3.90% 05/17/2028 100,000	98,675	99,812
	SHELL FINANCE US INC	SEMI-ANN 3.88% 11/13/2028 320,000	316,109	319,730
	SHELL FINANCE US INC	SEMI-ANN 4.13% 05/11/2035 120,000	117,192	115,439
	SHELL FINANCE US INC	SEMI-ANN 6.38% 12/15/2038 200,000	232,584	223,381
	SHELL INTERNATIONAL FINANCE BV	2.88% 05/10/2026 170,000	159,293	169,467
	SIMON PROPERTY GROUP LP	SEMI-ANN 3.25% 11/30/2026 600,000	563,928	596,607
	SINOPEC GROUP OVERSEAS DEVELOPMENT 2018 LTD	SEMI-ANN 4.25% 09/12/2028 260,000	256,240	263,554
	SOUTHERN CALIFORNIA EDISON CO	SEMI-ANN 5.95% 02/01/2038 500,000	529,145	511,853
	SOUTHERN CALIFORNIA EDISON CO	SEMI-ANN 6.05% 03/15/2039 200,000	210,746	205,048
	SOUTHERN NATURAL GAS CO LLC	SEMI-ANN 8.00% 03/01/2032 430,000	543,632	496,926
	STANFORD HEALTH CARE	SEMI-ANN 3.80% 11/15/2048 500,000	373,185	389,153
	SUMITOMO MITSUI FINANCIAL GROUP INC	SEMI-ANN 2.30% 01/12/2041 580,000	580,000	406,870
	SUMITOMO MITSUI FINANCIAL GROUP INC	SEMI-ANN 3.05% 01/14/2042 200,000	156,388	153,666
	SUMITOMO MITSUI FINANCIAL GROUP INC	SEMI-ANN 3.45% 01/11/2027 290,000	274,729	288,676
	SUMITOMO MITSUI FINANCIAL GROUP INC	SEMI-ANN 3.78% 03/09/2026 300,000	292,137	299,897
	SUZANO AUSTRIA GMBH	SEMI-ANN 5.00% 01/15/2030 450,000	463,500	450,345
	SYNOPSYS INC	SEMI-ANN 5.00% 04/01/2032 500,000	500,635	511,196
	TAKEDA PHARMACEUTICAL CO LTD	SEMI-ANN 3.03% 07/09/2040 400,000	302,848	306,979
	TAKEDA PHARMACEUTICAL CO LTD	SEMI-ANN 5.65% 07/05/2044 300,000	303,945	302,909
	TARGET CORP	SEMI-ANN 2.35% 02/15/2030 80,000	82,233	74,919
	TARGET CORP	SEMI-ANN 6.50% 10/15/2037 220,000	261,426	249,461
	TEACHERS INSURANCE & ANNUITY ASSOCIATION OF AMERICA	SEMI-ANN 6.85% 12/16/2039 400,000	609,132	460,145
	TECK RESOURCES LTD	SEMI-ANN 5.20% 03/01/2042 200,000	187,150	177,735
	TELEFONICA EMISIONES SA	SEMI-ANN 7.05% 06/20/2036 400,000	551,256	447,105
	TIME WARNER CABLE ENTERPRISES LLC	SEMI-ANN 8.38% 07/15/2033 520,000	640,448	600,992
	TIME WARNER CABLE LLC	SEMI-ANN 6.55% 05/01/2037 200,000	231,172	204,309
	T-MOBILE USA INC	SEMI-ANN 3.00% 02/15/2041 600,000	596,766	448,333
	T-MOBILE USA INC	SEMI-ANN 3.30% 02/15/2051 80,000	53,472	53,668
	T-MOBILE USA INC	SEMI-ANN 4.75% 02/01/2028 300,000	293,907	300,122

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM
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	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE
CORPORATE DEBT SECURITIES (CONTINUED):				
	TRAVELERS PROPERTY CASUALTY CORP	SEMI-ANN 6.38% 03/15/2033 1,530,000	1,883,340	1,721,471
	TSMC ARIZONA CORP	SEMI-ANN 2.50% 10/25/2031 300,000	307,584	273,628
	TSMC ARIZONA CORP	SEMI-ANN 3.13% 10/25/2041 240,000	237,355	194,080
	TWDC ENTERPRISES 18 CORP	SEMI-ANN 3.00% 07/30/2046 500,000	346,400	346,809
	TWDC ENTERPRISES 18 CORP	SEMI-ANN 7.00% 03/01/2032 530,000	692,609	604,251
	UBS GROUP AG	SEMI-ANN 4.55% 04/17/2026 300,000	296,961	300,509
	UDR INC	SEMI-ANN 4.40% 01/26/2029 280,000	279,577	281,464
	UNION PACIFIC CORP	SEMI-ANN 3.38% 02/01/2035 250,000	219,745	226,169
	UNION PACIFIC CORP	SEMI-ANN 3.55% 08/15/2039 200,000	169,936	171,254
	UNION PACIFIC CORP	SEMI-ANN 3.60% 09/15/2037 620,000	554,745	552,770
	UNION PACIFIC CORP	SEMI-ANN 3.84% 03/20/2060 60,000	43,427	43,448
	UNION PACIFIC CORP	SEMI-ANN 6.25% 05/01/2034 30,000	35,021	32,707
	UNITEDHEALTH GROUP INC	SEMI-ANN 3.38% 04/15/2027 40,000	38,577	39,767
	UNITEDHEALTH GROUP INC	SEMI-ANN 3.70% 05/15/2027 20,000	19,784	19,966
	UNITEDHEALTH GROUP INC	SEMI-ANN 4.63% 07/15/2035 260,000	269,524	256,741
	UNITEDHEALTH GROUP INC	SEMI-ANN 5.80% 03/15/2036 190,000	219,788	203,070
	UNITEDHEALTH GROUP INC	SEMI-ANN 6.63% 11/15/2037 450,000	654,156	508,218
	US BANCORP	SEMI-ANN 3.15% 04/27/2027 290,000	273,221	287,791
	US BANCORP	SEMI-ANN 5.10% 07/23/2030 600,000	600,000	618,390
	VALE OVERSEAS LTD	SEMI-ANN 6.88% 11/21/2036 200,000	293,300	225,123
	VENTAS REALTY LP	SEMI-ANN 4.40% 01/15/2029 560,000	548,962	562,637
	VERIZON COMMUNICATIONS INC	SEMI-ANN 2.55% 03/21/2031 550,000	547,740	503,006
	VERIZON COMMUNICATIONS INC	SEMI-ANN 2.99% 10/30/2056 230,000	136,351	137,488
	VERIZON COMMUNICATIONS INC	SEMI-ANN 3.70% 03/22/2061 40,000	27,095	27,111
	VERIZON COMMUNICATIONS INC	SEMI-ANN 3.88% 03/01/2052 670,000	498,641	498,433
	VERIZON COMMUNICATIONS INC	SEMI-ANN 4.40% 11/01/2034 430,000	409,671	415,728
	VERIZON COMMUNICATIONS INC	SEMI-ANN 4.50% 08/10/2033 770,000	749,872	759,056
	VERIZON COMMUNICATIONS INC	SEMI-ANN 6.00% 11/30/2065 20,000	19,813	19,816
	VISA INC	SEMI-ANN 2.05% 04/15/2030 180,000	179,739	166,952
	VODAFONE GROUP PLC	SEMI-ANN 6.25% 11/30/2032 810,000	884,342	884,153
	VOYA FINANCIAL INC	SEMI-ANN 3.65% 06/15/2026 300,000	281,766	299,356
	WACHOVIA CORP	SEMI-ANN 5.50% 08/01/2035 260,000	277,181	268,315
	WALMART INC	SEMI-ANN 4.30% 04/22/2044 230,000	207,782	206,138
	WEA FINANCE LLC	SEMI-ANN 4.13% 09/20/2028 740,000	727,244	734,399
	WELLS FARGO & CO	SEMI-ANN 3.00% 04/22/2026 720,000	721,960	718,024
	WELLS FARGO & CO	SEMI-ANN 4.30% 07/22/2027 290,000	284,319	291,168
	WELLS FARGO & CO	SEMI-ANN 4.90% 11/17/2045 500,000	448,350	451,374
	WELLTOWER OP LLC	SEMI-ANN 4.25% 04/15/2028 280,000	273,487	281,991

JPMORGAN CHASE HEALTH CARE AND INSURANCE PROGRAM
FOR RETIREES
PLAN NUMBER 554 – EIN# 13/4994650
SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2025
(IRS FORM 5500 – SCHEDULE H – PART IV – LINE 4I)

(A)	(B)	(C)	(D)	(E)
	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	**DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE**	**COST**	**CURRENT VALUE**
CORPORATE DEBT SECURITIES (CONTINUED):				
	WESTERN MIDSTREAM OPERATING LP	SEMI-ANN 4.05% 02/01/2030 370,000	353,565	362,794
	WESTERN MIDSTREAM OPERATING LP	SEMI-ANN 5.45% 04/01/2044 300,000	273,513	273,875
	WILLIAMS COS INC/THE	SEMI-ANN 8.75% 03/15/2032 530,000	691,041	643,776
	WISCONSIN ELECTRIC POWER CO	SEMI-ANN 3.65% 12/15/2042 200,000	159,596	159,490
	WYETH LLC	SEMI-ANN FLT 02/01/2034 520,000	639,454	584,577
	TOTAL CORPORATE DEBT SECURITIES		**158,038,805**	**150,990,090**
U.S. FEDERAL, STATE, LOCAL AND NON-U.S. GOVERNMENT SECURITIES:				
	ALABAMA ECONOMIC SETTLEMENT AUTHORITY	SEMI-ANN 4.26% 09/15/2032 900,000	899,684	899,320
	CALIFORNIA COMMUNITY CHOICE FINANCING AUTHORITY	SEMI-ANN 5.25% 01/01/2054 1,750,000	1,829,993	1,859,447
	CITY & COUNTY OF DENVER CO PLEDGED EXCISE TAX REVENUE	ANNUAL ZCP 08/01/2032 1,000,000	575,420	772,117
	CITY & COUNTY OF DENVER CO PLEDGED EXCISE TAX REVENUE	ANNUAL ZCP 08/01/2033 2,000,000	1,101,200	1,480,137
	CITY OF ARLINGTON TX SPECIAL TAX REVENUE	SEMI-ANN 5.00% 02/15/2048 6,500,000	7,320,105	6,587,216
	CITY OF DALLAS TX WATERWORKS & SEWER SYSTEM REVENUE	SEMI-ANN 5.00% 10/01/2026 3,660,000	4,326,559	3,726,876
	CITY OF POMPANO BEACH FL	SEMI-ANN 4.00% 07/01/2038 2,000,000	2,070,180	2,034,212
	CITY OF SAN ANTONIO TX	SEMI-ANN 5.00% 02/01/2028 2,450,000	2,858,342	2,483,248
	CLARK COUNTY SCHOOL DISTRICT	SEMI-ANN 5.00% 06/15/2032 2,250,000	2,930,220	2,514,784
	COMMONWEALTH FINANCING AUTHORITY	SEMI-ANN 4.00% 06/01/2039 6,120,000	6,173,672	6,026,909
	CORP NACIONAL DEL COBRE DE CHILE	SEMI-ANN 3.75% 01/15/2031 500,000	571,650	480,077
	COUNTY OF COOK IL	SEMI-ANN 6.36% 11/15/2033 640,000	757,805	685,270
	COUNTY OF CROOK OR	ANNUAL ZCP 12/01/2046 2,590,000	2,481,427	2,504,765
	COUNTY OF MIAMI-DADE FL TRANSIT SYSTEM	SEMI-ANN 4.00% 07/01/2044 3,500,000	3,500,000	3,339,478
	DALLAS FORT WORTH INTERNATIONAL AIRPORT	SEMI-ANN 2.99% 11/01/2038 500,000	423,470	431,211
	EMPIRE STATE DEVELOPMENT CORP	SEMI-ANN 4.75% 03/15/2051 4,000,000	3,938,480	4,006,513
	FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT	SEMI-ANN 3.22% 08/01/2038 700,000	598,766	601,838
	JOBSOHIO BEVERAGE SYSTEM	SEMI-ANN 3.99% 01/01/2029 65,000	65,057	65,279
	KOREA DEVELOPMENT BANK/THE	SEMI-ANN 3.00% 01/13/2026 600,000	560,538	599,820
	KOREA GAS CORP	SEMI-ANN 2.25% 07/18/2026 300,000	262,473	297,257
	LARIMER COUNTY SCHOOL DISTRICT NO R-1 POUDRE	SEMI-ANN 4.00% 12/15/2035 2,500,000	2,619,875	2,558,990
	MASSACHUSETTS SCHOOL BUILDING AUTHORITY	SEMI-ANN 4.00% 02/15/2043 4,210,000	4,348,299	4,073,667
	METROPOLITAN PIER & EXPOSITION AUTHORITY	ANNUAL ZCP 06/15/2043 4,550,000	1,499,635	2,101,576
	METROPOLITAN PIER & EXPOSITION AUTHORITY	ANNUAL ZCP 06/15/2046 3,500,000	1,011,990	1,339,864
	METROPOLITAN PIER & EXPOSITION AUTHORITY	ANNUAL ZCP 06/15/2047 8,375,000	2,368,199	3,032,538
	NEW JERSEY TRANSPORTATION TRUST FUND AUTHORITY	SEMI-ANN 5.00% 06/15/2031 3,000,000	3,320,820	3,026,788
	NEW JERSEY TRANSPORTATION TRUST FUND AUTHORITY	ANNUAL ZCP 12/15/2033 8,650,000	4,380,187	6,674,419
	NEW JERSEY TURNPIKE AUTHORITY	SEMI-ANN 4.50% 01/01/2048 2,500,000	2,444,575	2,527,549

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

(A)	(B)	(C)	(D)	(E)
	IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE
U.S. FEDERAL, STATE, LOCAL AND NON-U.S. GOVERNMENT SECURITIES (CONTINUED):				
	NEW YORK CITY TRANSITIONAL FINANCE AUTHORITY FUTURE TAX SECURED REVENUE	SEMI-ANN 4.00% 08/01/2038 6,895,000	7,052,689	6,940,103
	NEW YORK STATE DORMITORY AUTHORITY	SEMI-ANN 4.00% 03/15/2047 6,500,000	6,714,890	6,013,682
	OHIO TURNPIKE & INFRASTRUCTURE COMMISSION	ANNUAL ZCP 02/15/2038 6,500,000	2,985,385	4,226,986
	OHIO WATER DEVELOPMENT AUTHORITY	SEMI-ANN 5.00% 12/01/2027 1,530,000	1,841,248	1,603,925
	OHIO WATER DEVELOPMENT AUTHORITY	SEMI-ANN 5.00% 06/01/2027 1,475,000	1,763,009	1,527,401
	PENNSYLVANIA TURNPIKE COMMISSION	SEMI-ANN 5.00% 12/01/2043 6,500,000	7,323,225	6,704,450
	PORT AUTHORITY OF NEW YORK & NEW JERSEY	SEMI-ANN 6.04% 12/01/2029 335,000	394,754	360,815
	PORT OF SEATTLE WA	SEMI-ANN 5.00% 10/01/2050 1,300,000	1,281,631	1,322,356
	REGENTS OF THE UNIVERSITY OF CALIFORNIA MEDICAL CENTER POOLED REVENUE	SEMI-ANN 6.46% 05/15/2029 785,000	901,464	812,935
	REPUBLIC OF CHILE	SEMI-ANN 3.10% 05/07/2041 500,000	497,000	384,725
	REPUBLIC OF CHILE	SEMI-ANN 4.34% 03/07/2042 200,000	179,776	177,800
	REPUBLIC OF PERU	SEMI-ANN 6.55% 03/14/2037 400,000	555,896	442,040
	SALES TAX SECURITIZATION CORP	SEMI-ANN 3.37% 01/01/2031 450,000	409,586	434,163
	SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY	SEMI-ANN 5.25% 07/01/2058 2,000,000	1,971,540	2,071,734
	STATE OF CALIFORNIA	SEMI-ANN 7.50% 04/01/2034 1,230,000	1,663,772	1,434,990
	STATE OF CONNECTICUT	SEMI-ANN 5.00% 09/15/2027 5,100,000	5,817,570	5,317,866
	STATE OF ILLINOIS	SEMI-ANN 5.00% 11/01/2028 6,255,000	6,190,386	6,488,189
	STATE OF MARYLAND DEPARTMENT OF TRANSPORTATION	SEMI-ANN 5.00% 10/01/2026 5,500,000	6,482,025	5,603,380
	STATE OF MISSISSIPPI	SEMI-ANN 3.97% 11/01/2029 1,000,000	1,009,010	1,012,033
	STATE OF NORTH CAROLINA	SEMI-ANN 5.00% 06/01/2027 5,550,000	6,643,295	5,747,955
	STATE OF WASHINGTON	SEMI-ANN 5.00% 08/01/2032 6,000,000	7,104,360	6,357,110
	SWARTHMORE BOROUGH AUTHORITY	SEMI-ANN 2.20% 09/15/2036 250,000	249,038	200,400
	SWARTHMORE BOROUGH AUTHORITY	SEMI-ANN 2.30% 09/15/2038 500,000	497,500	383,471
	SWARTHMORE BOROUGH AUTHORITY	SEMI-ANN 2.25% 09/15/2037 435,000	433,243	341,103
	TEXAS WATER DEVELOPMENT BOARD	SEMI-ANN 4.88% 10/15/2048 1,300,000	1,300,000	1,334,125
	TEXAS WATER DEVELOPMENT BOARD	SEMI-ANN 5.00% 10/15/2058 900,000	912,735	929,869
	TOBACCO SETTLEMENT FINANCING CORP	SEMI-ANN 5.00% 06/01/2033 6,000,000	6,480,720	6,227,282
	TOBACCO SETTLEMENT FINANCING CORP	SEMI-ANN 5.00% 06/01/2046 1,765,000	1,801,306	1,713,263
	UNITED STATES OF AMERICA	SEMI-ANN 2.50% 05/15/2046 1,390,000	974,412	968,168
	UNITED STATES OF AMERICA	SEMI-ANN 2.75% 08/15/2047 500,000	353,672	358,730
	UNITED STATES OF AMERICA	SEMI-ANN 3.13% 08/15/2044 440,000	354,800	349,628
	UNITED STATES OF AMERICA	SEMI-ANN 3.13% 05/15/2048 250,000	185,293	190,674
	UNITED STATES OF AMERICA	SEMI-ANN 3.50% 02/15/2039 490,000	479,396	447,852
	UNITED STATES OF AMERICA	SEMI-ANN 4.38% 08/15/2043 630,000	617,881	603,939
	UNITED STATES OF AMERICA	SEMI-ANN 4.75% 02/15/2037 610,000	804,214	640,524
	UNITED STATES OF AMERICA	SEMI-ANN 2.25% 08/15/2049 200,000	121,438	126,008
	UNITED STATES OF AMERICA	SEMI-ANN 2.25% 05/15/2041 530,000	461,079	391,289

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

(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
U.S. FEDERAL, STATE, LOCAL AND NON-U.S. GOVERNMENT SECURITIES (CONTINUED):				
	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	SEMI-ANN 5.00% 10/01/2026 1,225,000	1,437,734	1,239,621
	WEST VIRGINIA HOSPITAL FINANCE AUTHORITY	SEMI-ANN 4.00% 06/01/2051 6,705,000	6,612,806	5,836,985
	WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTHORITY	SEMI-ANN 4.00% 08/15/2035 3,665,000	3,755,416	3,694,264
	WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTHORITY	SEMI-ANN 4.00% 08/15/2038 3,775,000	3,833,739	3,779,490
	TOTAL U.S. FEDERAL, STATE, LOCAL AND NON-U.S. GOVERNMENT SECURITIES		**165,687,554**	**161,472,488**
FUND INVESTMENTS, REGISTERED INVESTMENT COMPANIES AND OTHER:				
	BLACKROCK LIQUIDITY FUNDS MUNICASH	29,577,982 UNITS	29,580,923	29,580,923
	FIDELITY GOVERNMENT PORTFOLIO	7,100,761 UNITS	7,100,761	7,100,761
*	JPMORGAN CORE BOND FUND	84,157 UNITS	950,915	878,598
*	JPMORGAN CORE PLUS BOND FUND	120,338 UNITS	962,717	880,871
*	JPMORGAN EQUITY INCOME FUND	11,484 UNITS	183,928	284,221
*	JPMORGAN GOVERNMENT BOND FUND	38,448 UNITS	394,137	374,483
*	JPMORGAN LARGE CAP GROWTH FUND	5,655 UNITS	248,274	488,850
*	JPMORGAN LARGE CAP VALUE FUND	10,528 UNITS	156,319	222,778
*	JPMORGAN MID CAP GROWTH FUND	3,257 UNITS	116,819	168,525
*	JPMORGAN MID CAP VALUE FUND	3,376 UNITS	106,993	107,732
*	JPMORGAN SHORT DURATION BOND FUND	28,276 UNITS	308,697	309,337
*	JPMORGAN US EQUITY FUND	12,713 UNITS	204,522	344,142
	TOTAL FUND INVESTMENTS, REGISTERED INVESTMENT COMPANIES AND OTHER		**40,315,005**	**40,741,221**
	TOTAL INVESTMENTS		**$364,041,364**	**$353,203,799**

* PARTY-IN-INTEREST AS DEFINED BY ERISA