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. . . . . ▶ [X]

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
CONOCOPHILLIPS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 021

1c Effective date of plan 09/01/1986

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)
CONOCOPHILLIPS COMPANY

935 NORTH ELDRIDGE PARKWAY
HOUSTON, TX 77079

2b Employer Identification Number (EIN) 73-0400345

2c Plan Sponsor's telephone number 918-661-6199

2d Business code (see instructions) 211120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	DANIEL MECHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

CONOCOPHILLIPS COMPANY BENEFITS COMMITTEE

PO BOX 4783
HOUSTON, TX 77210

3b Administrator's EIN: 30-0838101

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

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	10055
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)**	3611
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3247
b	Retired or separated participants receiving benefits	**6b**	1310
c	Other retired or separated participants entitled to future benefits	**6c**	6742
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	11299
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	532
f	Total. Add lines **6d** and **6e**.	**6f**	11831
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1D 3H 3F 1C

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

B Three-digit plan number (PN) ▶ 021

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

D Employer Identification Number (EIN)
73-0400345

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

1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	AC1547-A	66	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	0

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

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

(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	6340398
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)	83694		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	6278200		
	▶ TRANSFERS				
	(6)Total additions			7c(6)	6361894
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	6361894
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	10196		
	(2) Administration charge made by carrier	7e(2)	11300		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	21496
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6340398

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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)**	
(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)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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
CONOCOPHILLIPS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 021

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

D Employer Identification Number (EIN)
73-0400345

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
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	GA-5503	2762	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	0

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

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

(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**	39945550
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
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)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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)**	
(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)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
CONOCOPHILLIPS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 021

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

D Employer Identification Number (EIN)
73-0400345

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	1419318624
b Actuarial value	**2b**	1395480667

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1417	146801678	146801678
b For terminated vested participants	5433	310126022	310126022
c For active participants	3613	855722862	862823596
d Total	10463	1312650562	1319751296

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

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

5 Effective interest rate	**5**	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	62970049
b Expected plan-related expenses	**6b**	2594494
c Target normal cost	**6c**	65564543

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/23/2026
Date

RYAN THOMPSON
Type or print name of actuary

26-08680
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

214-530-4200
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	160979399
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	63165659
9	Amount remaining (line 7 minus line 8)	0	97813740
10	Interest on line 9 using prior year's actual return of 4.30 %	0	4205991
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		64634975
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.11 %		75082
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		2716123
	c Total available at beginning of current plan year to add to prefunding balance		67426180
	d Portion of (c) to be added to prefunding balance		67426180
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	169445911

Part III Funding Percentages

14	Funding target attainment percentage	14	92.89 %
15	Adjusted funding target attainment percentage	15	105.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.42 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/29/2026	40000000	0			
08/10/2026	20000000	0			
			Totals ► 18(b)	60000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	55755023

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	60

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	65564543
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	93716540	9746602
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	75311145

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	19556122	19556122

36 Additional cash requirement (line 34 minus line 35)	**36**	55755023
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	55755023
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
CONOCOPHILLIPS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 021

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

D Employer Identification Number (EIN)
73-0400345

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

MORGANSTANLEY REAL ESTATE ADVISOR

20-0109235

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

VANGUARD

23-1945930

(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

(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)

FIDELITY INV. INST. OPS. CO.

04-2647786

(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?
64	RECORDKEEPER	945364	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTITUTIONAL TRUST CO NA

94-3112180

(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?
51 71	INVESTMENT MANAGER	710857	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

PRUDENTIAL ASSET MANAGEMENT

22-1211670

(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?
23 51 71	INVESTMENT MANAGER	459679	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

LAZARD ASSET MANAGEMENT

05-0530199

(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?
51 68	INVESTMENT MANAGER	289146	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 21 25	BUNDLED SERVICE PROVIDER	181450	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MERCER INVESTMENT MANAGEMENT

32-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	57628	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)

SCHNEIDER DOWNS & CO, INC.

25-1408703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	TAX CONSULTANT	36535	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CONOCOPHILLIPS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 021

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

D Employer Identification Number (EIN)
73-0400345

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

a Name of MTIA, CCT, PSA, or 103-12 IE: LNG DUR CORP CR SCREEN NONLEND FND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3112180-001	C	401976462

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE GOVT BOND INDEX

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3112180-001	C	327221470

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3112180-001	C	272825607

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

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3112180-001	C	243133032

a Name of MTIA, CCT, PSA, or 103-12 IE: GOV1-3A (#101089)

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3112180-001	C	211442681

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI WORLD EX-US INDEX FUND A

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3112180-001	C	72207878

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY IVESTMENT FUND

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5160382-001	C	10255208

a Name of MTIA, CCT, PSA, or 103-12 IE: DEVELOPED REAL ESTATE IDX NL

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.

c EIN-PN 94-3112180-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10250629

a Name of MTIA, CCT, PSA, or 103-12 IE: TSY US10 YR KEY RATE DUR NL FD A

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.

c EIN-PN 94-3112180-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4433689

a Name of MTIA, CCT, PSA, or 103-12 IE: TSY U.S. 15 YR KEY RATE DUR NL FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.

c EIN-PN 94-3112180-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1545275

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON CASH RESERVE

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN 13-5160382-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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
CONOCOPHILLIPS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 021

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

D Employer Identification Number (EIN)
73-0400345

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐	LEHMAN BRTH HLD (RICI) ESCROW 420 LEXINGTON AVENUE, SUITE 1402 NEW YORK, NY 10170	COUPON: 0.000% ORIGINATION: 05/01/07 MATURITY: 05/03/32

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
1570000	0	0	1570000	1570000	0

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
CONOCOPHILLIPS COMPANY	PLAN SPONSOR	INCORRECT BENEFIT REIMBURSEMENT FROM TRUST TO PLAN SPONSOR (DEEMED LOAN); CORRECTED IN 2025	

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
				493	

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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
CONOCOPHILLIPS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 021

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

D Employer Identification Number (EIN)
73-0400345

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	410	410
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	70000000	60000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	566462	1829333
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	19051	27212
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1537610	760967
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	42414288	
(5) Partnership/joint venture interests	1c(5)		1956706
(6) Real estate (other than employer real property)	1c(6)	23352413	21751259
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1231193608	1555291931
(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)	16610264	21232470
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	34176484	46130539
(15) Other	1c(15)		

		(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	1419870590	1708980827
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	424549
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	424549
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1419870590	1708556278

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)	60000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		60000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14268	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	123048	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		137316
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	662944	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	562661	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1225605
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	41805366	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	34848823	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		6956543
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	100831	
(B) Other	2b(5)(B)	7856249	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		7957080

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		131999711
(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)		3592841
c Other income	2c		1201837
d Total income. Add all **income** amounts in column (b) and enter total	2d		213070933
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	146055655	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		146055655
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	945364	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1094457	
(6) Bank or trust company trustee/custodial fees	2i(6)	167586	
(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)	1340900	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3548307
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		149603962
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		63466971
l Transfers of assets:			
(1) To this plan	2l(1)		225218717
(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: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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		1570000
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		493
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l	X		25074
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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 594806.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CONOCOPHILLIPS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 021

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

D Employer Identification Number (EIN)
73-0400345

Part I Distributions

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

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

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

EIN(s): 04-3275867

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 732

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 34.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 63.00 %
High-Yield Debt: 0.00 % Real Assets: 2.00 % Cash or Cash Equivalents: 0.00 % Other: 1.00 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

CONOCOPHILLIPS RETIREMENT PLAN

FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2025 AND 2024,
AND FOR THE YEAR ENDED DECEMBER 31, 2025

AND

SUPPLEMENTAL SCHEDULES
WITH
REPORT OF INDEPENDENT AUDITORS

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Report of Independent Auditors

To the Plan Participants and the Plan Administrator of the ConocoPhillips Retirement Plan (the ConocoPhillips Company Benefits Committee)

Opinion

We have audited the financial statements of ConocoPhillips Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan at December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions,

including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion of the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2025, loans or fixed income obligations in default or classified as uncollectible, nonexempt

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transactions, and reportable transactions (5 percent transactions) for the year then ended (referred to as the "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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Ernst & Young LLP

October 7, 2026

Statements of Net Assets Available for Benefits — **ConocoPhillips Retirement Plan**

At December 31	**2025**	2024
Assets		
Cash	**$ 410**	410
Receivables		
Securities Sold	**1,182,833**	-
Interest	**47,484**	13,612
Dividends	**599,016**	552,850
Employer Contributions	**60,000,000**	70,000,000
Total Receivables	**61,829,333**	70,566,462
Investments, at Fair Value	**1,647,151,084**	1,349,303,718
Total Assets	**1,708,980,827**	1,419,870,590
Liabilities		
Payables		
Securities Purchased	**424,549**	-
Total Liabilities	**424,549**	-
Net Assets Available for Benefits	**$ 1,708,556,278**	$ 1,419,870,590

See Notes to Financial Statements.

Statement of Changes in Net Assets Available for Benefits	**ConocoPhillips Retirement Plan**
Year Ended December 31, 2025	
Additions:	
Employer Contributions	$ 60,000,000
Investment Income:	
Interest	137,316
Dividends	1,225,605
Other Income	1,837
Excess Insurance Contract – Participation Right Assets (see Note 3)	1,200,000
Net Appreciation in Fair Value of Investments	144,737,109
Transfer from Retirement Plan of Marathon Oil Company	225,218,717
Net Investment Gain:	
Net Change in Insurance Contract – Participation Right	5,769,066
Total Additions	**438,289,650**
Deductions:	
Benefits Paid	146,055,655
Administrative Expenses	3,548,307
Total Deductions	**149,603,962**
Net Increase	**288,685,688**
Net Assets Available for Benefits	
Beginning of Year	1,419,870,590
End of Year	$ 1,708,556,278

See Notes to Financial Statements.

Note 1--Plan Description

The following description of the ConocoPhillips Retirement Plan (Plan) is subject to and qualified by the more complete information appearing in the Plan document.

Any subsidiary or affiliate of ConocoPhillips Company (Company) may participate in the Plan upon the approval of the Company. Participating employers in the Plan are hereafter referred to collectively as the Company.

The Plan is a noncontributory defined benefit plan for eligible U.S. employees of the Company. Employees hired on or after January 1, 2019, are not eligible to participate in the Plan.

No employee contributions are required or allowed under the Plan. The Plan includes transfer provisions with respect to plans of subsidiary and affiliated companies.

The Plan is composed of the following (collectively "Titles"):

- ConocoPhillips Retirement Plan – Main Title
- Phillips Retirement Income Plan – Title I
- ConocoPhillips Cash Balance Account – Title II
- Tosco Pension Plan – Title III
- Retirement Plan of Conoco – Title IV
- Pension Plan for Hourly Employees of Phillips Fibers Corporation – Title V
- Burlington Resources Inc. Pension Plan – Title VI
- ConocoPhillips Store Retirement Plan – Title VII
- Tosco Corporation Pension Plan for Union Employees Formerly Employed by Monsanto Company – Title VIII

In addition, effective August 1, 2025, the Retirement Plan of Marathon Oil Company was merged into and added as a new Title IX to the Plan. The merger resulted in the transfer of $225.2 million of net assets available for benefits to the Plan. Accumulated plan benefits associated with the Marathon Plan were $223.7 million. Effective at the end of the day December 31, 2025, Title IX was frozen as to new participants and new accruals other than interest credits for the Title IX cash balance formula; no further pay credits or benefit service will accrue after this date.

The Plan, inclusive of all its Titles, is a single defined benefit plan intended to be qualified under Section 401(a) of the Internal Revenue Code of 1986, as amended, and to satisfy the requirements of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Each Title of the Plan has its own benefit formula(s) and distribution options for participants covered by the Title. Upon becoming eligible for a distribution from the Plan, participants generally have the option of receiving benefits in the form of a lump sum or various annuity forms (including joint and survivor forms), but not all distribution options are available under all Titles. Generally, all remaining active participants in the Plan are fully vested.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. The amount of benefit protection is subject to a maximum benefit guarantee set each year under provisions of ERISA.

The administration of the Plan is divided among the Company's Benefits Committee and Retirement Plan Investment Committee. Members of both Committees are appointed by the Board of Directors of the Company and serve without compensation but are reimbursed by the Company for necessary expenditures incurred in the discharge of their duties. Administrative expenses of the Plan are paid from assets of the Plan to the extent allowable by law, unless paid by the Company without reservation of a right of reimbursement.

ConocoPhillips Retirement Plan recordkeeping and disbursement services are provided by Fidelity Workplace Services LLC.

In 2024 and 2025, following closing of the acquisition of Marathon Oil Corporation by ConocoPhillips on November 22, 2024 (the "Acquisition"), the Plan's participating employers implemented a series of workforce reductions in connection with the Acquisition that created a reduction in Plan participation in excess of 20% of employees participating in the Plan for the 2024 and 2025 applicable period beginning on November 22, 2024, and lasting through at least December 31, 2025. Therefore, a partial termination of the Plan occurred under IRS rules, and employees affected by the partial termination who had a severance from employment during the applicable period automatically became fully vested in their Plan benefit in accordance with and subject to applicable law.

Note 2--Significant Accounting Policies

Basis of Presentation **-** The Plan's financial statements are presented on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles (GAAP).

Investment Valuation and Income Recognition - Investments held by the Plan are stated at fair value. The fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). Valuation of the Plan's participation right is discussed in Note 3 – Insurance Contract – Participation Right. Valuation of all other Plan investments is discussed in Note 4 – Investments.

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Fair Value Measurement - ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices 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 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Refer to Note 3 and Note 4 for disclosures provided for fair values of Plan investments.

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

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to employee service rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Willis Towers Watson, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation at December 31, 2025 and 2024, were:

Discount rate – 2025 – 5.30% and 2024 – 5.30%

Mortality - 2025 and 2024 - Pri-2012 tables with generational MP-2021 projection.

Retirement age – 2025:

Age	Percentage of Eligible Participants Who Retire During the Year	Age	Percentage of Eligible Participants Who Retire During the Year
50 – 53*	4.0%	61 – 64	25.0%
54 – 55*	10.0	65 – 66	30.0
56 – 58	15.0	67 – 69	35.0
59 – 60	20.0	70	100.0

Retirement age – 2024:

Age	Percentage of Eligible Participants Who Retire During the Year	Age	Percentage of Eligible Participants Who Retire During the Year
50 – 53*	4.0%	61 – 64	25.0%
54 – 55*	10.0	65 – 66	30.0
56 – 58	15.0	67 – 69	35.0
59 – 60	20.0	70	100.0

* Ages 50-54 are only applicable to Title IV

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits (see Note 9 – Plan Termination).

Benefits Paid - Annuity payments are recorded upon distribution to participants. Lump sum benefits are funded by the Company on behalf of the Plan, and recorded as a distribution when the Plan reimburses the Company.

Subsequent Events - In accordance with ASC Topic 855, *Subsequent Events*, Plan management evaluated subsequent events through October 7, 2026, the date the financial statements were available to be issued. Effective July 24, 2026, the Plan converted its Prudential participating annuity contract (GA-5503) to a nonparticipating annuity contract. As a result of the conversion, the Plan received approximately $31.3 million representing the remaining value of the participation right.

Note 3-- Insurance Contract - Participation Right

The Plan has two participating annuity contracts: Prudential contract GA-5503 and, following the merger of the Retirement Plan of Marathon Oil Company into the Plan as Title IX, Equitable contract AC 1547A.

Prudential Contract GA-5503 - The Plan's investments include a participating annuity contract with The Prudential Insurance Company of America ("Prudential"), contract number GA-5503. The contract price included the cost of Prudential's irrevocable guarantee of benefits accrued from January 1, 1968 through August 31, 1986, and a cost of $71,800,000 for the Plan's right to receive any returns resulting from the participation features of the contract. This investment only relates to Title I of the Plan.

All funds under the contract are maintained in a Prudential separate account. If the contract account value (market value of assets held in the account) compared to the contract liability amount (based on projected benefit and administrative costs discounted using specified actuarial assumptions) exceeds a specified level, the Plan currently has a right to receive such excess. The Plan received an excess of $1,200,000 in 2025, which is reflected in the Statement of Changes in Net Assets Available for Benefits. In addition, the Plan has a right to the total funds remaining upon the satisfaction of all contract obligations including conversion of the contract to a nonparticipating basis (which the Plan exercised effective July 24, 2026). The Plan has no obligation for any excess liability amount; however, under regulations prescribed by ERISA, the Plan still has fiduciary responsibility with respect to the total separate account assets. The valuation methodologies used for the assets held in the participating annuity contract are the same as those described in Note 4 - Investments. There have been no changes in the methodologies used at December 31, 2025 and 2024.

The following value of the participation right at December 31 represents the estimated fair value of the assets held in the separate account, net of the present value of the expected contract obligations as calculated by the Plan's actuary.

	2025	2024
Total Fair Value of Contract Assets	$ 106,570,173	$ 109,769,508
Present Value of Contract Obligations	(66,624,623)	(75,593,024)
Reported Fair Value of Participation Right at December 31	$ 39,945,550	$ 34,176,484

Changes in the present value of contract obligations from the prior year are as follows:

Present Value of Contract Obligations at December 31, 2024	$ 75,593,024
Increase (Decrease) During the Year Attributed to:	
Actuarial (Gains) Losses	(2,898,165)
Decrease in the Discount Period	3,746,292
Benefits Paid	(9,816,528)
Present Value of Contract Obligations at End of Year	$ 66,624,623

The significant assumptions used by the actuary in the valuation of the contract obligations were:

Discount rate – 2025 – 5.30% and 2024 – 5.30%

Mortality - 2025 and 2024 - Pri-2012 tables with generational MP-2021 projection.

Retirement age – 2025:

Age	Percentage of Eligible Participants Who Retire During the Year	Age	Percentage of Eligible Participants Who Retire During the Year
55	10.0%	61 – 64	25.0%
56 – 58	15.0	65 – 66	30.0
59 - 60	20.0	67 – 69	35.0
		70	100.0

Retirement age – 2024:

Age	Percentage of Eligible Participants Who Retire During the Year	Age	Percentage of Eligible Participants Who Retire During the Year
55	10.0%	61 – 64	25.0%
56 – 58	15.0	65 – 66	30.0
59 - 60	20.0	67 – 69	35.0
		70	100.0

The actuarial assumptions used by the Plan's actuary to determine the expected contract obligations are the Plan's best estimates of actual experience under the contract.

The participation right is classified as Level 3 in the ASC 820 fair value hierarchy as the fair value is determined via a combination of comparison to quoted market prices and estimation using recently executed transactions and market price quotations for contract assets, and an actuarial present value computation for contract obligations.

Equitable Contract AC 1547A - The Plan's investments also include an immediate participation guaranteed unallocated annuity contract with The Equitable Life Assurance Society ("Equitable"), contract number AC 1547A. The contract funds a portion of the benefits of participants in the Retirement Plan of Marathon Oil Company (now Title IX of the Plan) who retired prior to July 1, 1976, or participated in the Retirement Plan of Marathon Oil Company prior to January 1, 1960. The funds are valued in the Plan financial statements at fair value. At December 31, 2025, the fair value of the annuity contract was $6,184,989. In addition, the Plan has a right to conversion of the contract to a nonparticipating basis, referred to in the contract as "discontinuance," which the Plan intends to exercise effective Q4 2026.

Note 4-- Investments

Following is a description of the valuation techniques and inputs used for the investments held in the Plan. There have been no changes in the techniques and inputs used at December 31, 2025, from those used at December 31, 2024.

The fair values of common stock and mutual fund securities classified in Level 1 are based on quoted market prices. Cash & cash equivalents are valued at cost plus accrued interest, which approximates fair value.

The fair value of the corporate debt security is determined using valuation techniques that incorporate unobservable inputs. Because observable market information is not available in sufficient quantity to support valuation based on market-observable inputs, the security is classified within Level 3 of the fair value hierarchy.

The Plan holds an equity interest in private equity limited partnerships. The fair value of these investments are based on the sum of the estimated fair values of the investments held by each partnership, determined using a combination of market, income and cost approaches, plus working capital, adjusted for liabilities, currency translation and estimated performance incentives. These private equity investments are classified as Level 3.

The Plan holds an equity interest in real estate limited partnerships. The fair value of these investments are based on the income approach using discounted cash flows, comparable sales, outside appraisals, price per square foot or some combinations thereof and are classified as Level 3.

The fair values of investments in common/collective trusts (CCTs) are determined based on net asset value as a practical expedient as determined by the issuer of each fund based on the fair value of the underlying assets.

The fair value of investments in the real estate fund is determined based on net asset value as a practical expedient as determined by the issuer of the fund based on the fair value of the underlying assets. Fair values of the underlying assets are valued using real estate valuation techniques and other methods that include reference to third-party sources and comparable transactions where available.

Investment purchases and sales are recorded on a trade-date basis. The net appreciation (depreciation) in the fair value of investments consists of realized gains or losses and unrealized appreciation (depreciation) of those investments. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Fair Value Hierarchy

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

As of December 31, 2025	Level 1	Level 2	Level 3	Total
Cash & Cash Equivalents	**27,212**	**-**	**-**	**27,212**
Corporate Debt	**-**	**-**	**760,967**	**760,967**
Mutual Funds	**21,232,470**	**-**	**-**	**21,232,470**
Private Equity	**-**	**-**	**1,956,706**	**1,956,706**
Real Estate	**-**	**-**	**2,331,696**	**2,331,696**
Insurance Contracts	**-**	**-**	**46,130,539**	**46,130,539**
Total in fair value hierarchy	**$ 21,259,682**	**$ -**	**$ 51,179,908**	**$ 72,439,590**
Investments measured at net asset value*				
Common / Collective Trusts				**1,555,291,931**
Real Estate Fund				**19,419,563**
Total Investments, at fair value				**$1,647,151,084**

As of December 31, 2024	Level 1	Level 2	Level 3	Total
Cash & Cash Equivalents	19,051	-	-	19,051
Corporate Debt	-	-	1,537,610	1,537,610
Common Stock	42,386,626	-	27,662	42,414,288
Mutual Funds	16,610,264	-	-	16,610,264
Insurance Contract - Participation Right	-	-	34,176,484	34,176,484
Total in fair value hierarchy	$ 59,015,941	$ -	$ 35,741,756	$ 94,757,697
Investments measured at net asset value*				
Common / Collective Trusts				1,231,193,608
Real Estate Fund				23,352,413
Total Investments, at fair value				$1,349,303,718

** In accordance with FASB ASC Subtopic 820-10, "Fair Value Measurement – Overall", certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.*

Level 3 Changes

The table below sets forth a summary of changes in the fair value of the Level 3 investments for the year ended December 31, 2025:

	Corporate Debt	Private Equity	Real Estate	Insurance Contracts	Total
Transfers In	-	2,329,704	2,388,502	5,993,299	10,711,505
Transfers Out	-	-	-	-	-
Purchases	-	-	-	-	-
Sales/Issues	-	(895,041)	-	-	(895,041)

Transfers into Level 3 were due to the August 1, 2025 plan merger from the Retirement Plan of Marathon Oil Company into the Plan.

Investment Strategies and Redemption Restrictions - Following is a description of investment strategies and significant redemption restrictions for investments that do not have readily determinable fair values.

The Plan maintains liquidity through the use of a temporary investment CCT. Cash is swept daily into the fund. This fund invests primarily in instruments issued by the U.S. government and Federal agencies. Liquidity from the CCT is available on any bank business day with same-day notice.

The Plan also invests in equity and fixed income CCTs. They are generally designed around widely quoted indexes or benchmarks. The CCTs process redemptions on any business day with one or two days' notice depending on the fund. Redemptions are then settled one business day following the trade date. The CCT trustees reserve the right to suspend redemptions due to extreme market conditions or disruptive asset flows.

The Plan invests in real estate through its shares in a limited liability company that has elected to be treated as a real estate investment trust for U.S. federal income tax purposes. The Plan can request partial or full withdrawal of its investment by submitting the request at least 15 days prior to the end of a calendar quarter. If the fund has sufficient cash available, the Plan will receive the cash for its withdrawal generally in the quarter after the request. If there is not sufficient cash for all withdrawal requests, the fund will use the available cash to pay the requested withdrawals on a pro-rata basis.

Certain investments held by the Plan consist of interests in private equity and real estate limited partnerships that are generally illiquid and not redeemable at the option of the Plan. Distributions are received as the underlying investments are sold or otherwise realized by the partnerships. As a result, the timing and amount of future distributions are dependent upon the partnerships' investment activities and may differ materially from the Plan's expectations.

Note 5 --Funding Policy

The Company's policy is to make contributions that are at or above the minimum ERISA funding requirements. The Plan satisfied the minimum funding requirements for the 2025 Plan year.

Note 6--Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits at December 31 follows:

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Participants Currently Receiving Payments	**$ 179,066,375**	$ 147,221,426
Other Participants	**1,369,650,274**	1,161,821,699
Total Vested Benefits	**1,548,716,649**	1,309,043,125
Non-Vested Benefits	**4,660,071**	6,725,245
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 1,553,376,720**	$ 1,315,768,370

Changes in the accumulated plan benefits from the prior year are as follows:

Actuarial Present Value of Accumulated Plan Benefits at December 31, 2024	$ 1,315,768,370
Increase (Decrease) During the Year Attributed to:	
Benefits Accumulated	65,796,646
Actuarial (Gains) Losses	1,150,496
Decrease in the Discount Period	74,707,033
Change of Assumptions	18,337,733
Benefits Paid	(146,055,655)
Plan Merger	223,672,097
Net Increase in Actuarial Present Value of Accumulated Plan Benefits During the Year	237,608,350
Actuarial Present Value of Accumulated Plan Benefits at December 31, 2025	**$ 1,553,376,720**

Assumption changes since the last valuation include updates to the interest rates for lump sum conversions. Various interest rates are utilized by the different plan titles.

Note 7--Agreements with Parties-in-Interest

Contributions to the Plan are paid into the trust under the provisions of a trust agreement with Bank of New York Mellon. As of year-end 2025, the Plan has investment management agreements with The Prudential Insurance Company of America and BlackRock, Inc. The Plan's actuary is Willis Towers Watson.

The Company has a consulting agreement with Fiduciary Consulting Group of Morgan Stanley (f/k/a Cook

Street) for investment advisory services. Periodic annuities and lump sums are paid by Fidelity Workplace Services LLC.

Note 8--Income Tax Status

The Plan received a determination letter from the Internal Revenue Service (IRS) dated April 13, 2021, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to our submission to the IRS for the determination letter, the Plan has been amended. The Plan is required to operate in conformity with applicable requirements of the Code to maintain its qualification. The Benefits Committee believes the Plan is being operated in compliance with the applicable requirements of the Code, including through the correction of administrative errors identified in the ordinary course under applicable IRS correction procedures, and therefore believes the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Benefits Committee has analyzed the tax positions taken by the Plan and has concluded there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions.

Note 9--Plan Termination

The Company may amend or terminate the Plan at any time. No amendment or modification of the Plan will reduce the benefits that participants have earned as of the effective date of the amendment or modification.

If the Plan is ever terminated, the benefit earned by participants to the date of Plan termination (to the extent then funded) will become vested and will be distributed to participants in any manner permitted by the Plan. Upon termination of the Plan, the assets of the Plan will generally be allocated in accordance with the following priorities:

(a) to provide benefits for that portion of the normal retirement income attributable to employee contributions remaining under the Plan;
(b) ignoring any increases to the Plan's benefit formulas made during the five years before the date of Plan termination, equally among:
    (i) the actual benefits of participants and beneficiaries to whom payment commenced in the form of an annuity at least three years before the date of Plan termination; and
    (ii) the normal retirement benefits as of three years before the date of Plan termination for participants who had not but could have retired and commenced payment of their benefit as of such date;
(c) to all benefits guaranteed by the PBGC;
(d) to all other vested accrued benefits not guaranteed by the PBGC; and
(e) to all other accrued benefits provided under the Plan, which were not otherwise vested on the date of Plan termination.

While certain benefits are insured by the PBGC, Plan participants' ability to receive their benefits will depend upon the sufficiency of the net assets of the Plan at the date of its termination.

Any excess funds shall revert to the Company under certain conditions outlined in the Plan.

December 31, 2025

Identity and address of obligator	Detail Description of Loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiations, and other material items	Original amount of loan	Principal received during reporting year	Interest received during reporting year	Unpaid balance at end of year	Amount overdue - Principal	Amount overdue - Interest
LEHMAN BRTH HLD (RICI) ESCROW 420 Lexington Avenue, Suite 1402 NEW YORK, NY 10170	COUPON: 0.000% ORIGINATION: 05/01/07 MATURITY: 05/03/32	1,570,000	-	-	1,570,000	1,570,000	-

December 31, 2025

Identity of party involved	Relationship to plan, employer, or other party-in-interest	Description of transaction including maturity date, rate of interest, collateral, par or maturity value	Purchase price	Selling price	Lease rental	Transaction expenses	Cost of asset	Current value of asset	Net gain or (loss) on each transaction
ConocoPhillips Company	Plan Sponsor	Incorrect benefit reimbursement from Trust to Plan Sponsor (Deemed Loan); Corrected in 2025	-	-	-	-	-	493	-

December 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Interest Rate, Collateral, Par or Maturity	Units	Cost	Current Value
Interest-Bearing-Cash				
GBP (GREAT BRITISH POUNDS)		26	33	35
HKD (HONG KONG DOLLARS)		82	10	10
ILS (ISRAELI SHEKEL)		(2)	(1)	(1)
DKK (DANISH KRONE)		221	35	35
NOK (NORWEGIAN KRONE)		-	-	-
EUR (EURO)		103	121	121
CHF (SWISS FRANC)		3,324	3,680	4,196
JPY (JAPANESE YEN)		1,322	9	8
SEK (SWEDISH KRONA)		210,259	19,638	22,808
Subtotal		215,335	23,525	27,212
Corporate Debt				
CG-CCRE COMMERCIAL FL1 D 144A	VAR RT 06/15/2031 DD 06/30/14	1,710,000	1,708,650	760,967
LEHMAN BRTH HLD (RICI) ESCROW	0.000% 05/03/2032 DD 05/01/07	1,570,000	1,493,456	-
Subtotal		3,280,000	3,202,106	760,967
Common/Collective Trusts - Equity Securities				
EB TEMP INV FD		10,255,208	10,255,208	10,255,208
RUSSELL 3000 INDEX FUND		3,200,192	138,443,444	272,825,607
MSCI WORLD EX-US INDEX FUND A		1,875,320	42,854,169	72,207,878
INTERMEDIATE DURATION CORPOR CL1		20,400,094	240,340,831	243,133,032
LNG DUR CORP CR SCREEN NONLEND FND		20,480,573	421,303,865	401,976,462
TSY U.S. 15 YR KEY RATE DUR NL FD		384,528	1,622,274	1,545,275
TSY US10 YR KEY RATE DUR NL FD A		770,199	4,715,715	4,433,689
INTERMEDIATE GOVT BOND INDEX FUND		6,579,471	301,083,341	327,221,470
DEVELOPED REAL ESTATE IDX NL FUND		400,029	10,000,000	10,250,629
GOV1-3A (#101089)		1,529,054	208,839,642	211,442,681
Subtotal		65,874,668	1,379,458,489	1,555,291,931
Real Estate Investment Trust				
MORGAN STANLEY PRIME PROPERTY		1,021	14,743,933	19,419,563
Subtotal		1,021	14,743,933	19,419,563
Registered Investment Companies				
VANGUARD EM MKT STK IND-INST		611,094	15,713,145	20,728,312
STATE STREET INSTL TREAS PLUS		504,158	504,158	504,158
Subtotal		1,115,252	16,217,303	21,232,470
Real Estate				
TCI TIMBER COMPANY - SHASTA		1,299	1,052,194	1,299
DLJ REAL ESTATE CAPITAL	PARTNERS III LP	131,299	1,153,757	131,300
DLJ REAL ESTATE IV		831,057	2,055,173	831,057
LASALLE MEXICO FUND I LP		83,511	982,843	83,511
BLACKSTONE RE VI		842	56,963	842
CPI CP ASIA T E L P		55,568	527,269	55,568
ROCKPOINT RE FUND III		57,243	392,050	57,243
AETOS CAPITAL ASIA II LP		33,228	597,333	33,228
AETOS CAPITAL ASIA III LP		85,434	1,593,853	85,434
AVANTI STRATEGIC LAND IV -	PASSIVE	7,000	7,722	7,000
AVANTI STRATEGIC LAND V		304,000	689,183	304,000
AVANTI STRATEGIC LAND VI		706,000	650,883	706,000
BLACKSTONE REAL ESTATE	PARTNERS V LP	2,728	73,545	2,728
CPI CCP EU-T SCOTS LP		27,661	1,044,136	32,486
Subtotal		2,326,870	10,876,904	2,331,696
Private Equity				
AEA INVESTORS 2006 FUND LP		953	74,464	953
WARBURG PINCUS PRIVATE EQUITY	IX LP	1,039	21,208	1,039
DEVON PARK BIOVENTURES LP		70,784	32,985	70,784
WARBURG PINCUS X		17,916	196,539	17,916
TENAYA CAPITAL V-P LP		78,819	226,132	78,819
CLAYTON DUBILIER & RICE VIII	LP	4,495	29,333	4,495
CLAYTON DUBILIER RICE VI LP		11	69,837	11
TENAYA CAPITAL VI LP		961,028	1,373,186	961,027
GEAM INTERNATIONAL PRIVATE EQU	ITY FUND LP	40,822	37,570	40,822
AURORA EQUITY PARTNERS IV LP		32,286	516	32,286
PHARMASTEM CORP C CV PFD		123,317	-	-
PHARMASTEM CORP D CV PFD		22,403	-	-
PHARMASTEM THERAPEUTICS A PFD		22,403	-	-
PHARMASTEM THERAPEUTICS B PFD		299,701	-	-
TRIDENT V STONE POINT LP		739,349	389,317	739,349
THIRD CINVEN FUND US (NO 3) LP		7,003	142,780	8,225
FOURTH CINVEN FUND TRUST	LIMITED PARTNERSHIP	834	430,627	980

December 31, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Interest Rate, Collateral, Par or Maturity	Units	Cost	Current Value
Subtotal		2,423,163	3,024,494	1,956,706
Other Investments				
PRUDENTIAL INSURANCE COMPANY	PARTICIPATION RIGHT IN CONTRACT GA-5503	-	45,177,910	39,945,550
AXA EQUITABLE LIFE INSURANCE	COMPANY AC1547A	-	6,340,398	6,184,989
Subtotal		-	51,518,308	46,130,539
Total for Trust		75,236,309	1,479,065,062	1,647,151,084

December 31, 2025

Identity of Issue, borrower, Lessor, or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Individual Transactions								
INTERMEDIATE DURATION CORPOR	Bond Index, Common/Collective Trust	91,800,000	-	-	-	91,800,000	91,800,000	-
INTERMEDIATE GOVT BOND INDEX	Bond Index, Common/Collective Trust	-	82,600,000	-	-	76,486,030	82,600,000	6,113,970
GOV1-3A (#101089)	Bond Index, Common/Collective Trust	75,600,000	-	-	-	75,600,000	75,600,000	-
STATE STREET INSTL TREAS PLUS	Cash & Cash Equivalents, Mutual Funds	-	81,949,267	-	-	81,949,267	81,949,267	-
Series of Transactions								
BNY MELLON CASH RESERVE	Cash & Cash Equivalents	99,628,640	-	-	-	99,628,640	99,628,640	-
BNY MELLON CASH RESERVE	Cash & Cash Equivalents	-	100,853,868	-	-	100,853,868	100,853,868	-
EB TEMP INV FD	Cash Sweep (Short Term Investment Fund)	264,505,932	-	-	-	264,505,932	264,505,932	-
EB TEMP INV FD	Cash Sweep (Short Term Investment Fund)	-	255,401,550	-	-	255,401,550	255,401,550	-
RUSSELL 3000 INDEX FUND	Equity Index, Common/Collective Trust	67,206,937	-	-	-	67,206,937	67,206,937	-
RUSSELL 3000 INDEX FUND	Equity Index, Common/Collective Trust	-	124,030,951	-	-	61,424,705	124,030,951	62,606,246
INTERMEDIATE DURATION CORPOR	Bond Index, Common/Collective Trust	260,100,000	-	-	-	260,100,000	260,100,000	-
INTERMEDIATE DURATION CORPOR	Bond Index, Common/Collective Trust	-	20,000,000	-	-	19,759,169	20,000,000	240,831
LNG DUR CORP CR SCREEN NONLEND	Bond Index, Common/Collective Trust	-	63,141,660	-	-	66,120,003	63,141,660	(2,978,343)
LNG DUR CORP CR SCREEN NONLEND	Bond Index, Common/Collective Trust	34,000,000	-	-	-	34,000,000	34,000,000	-
INTERMEDIATE GOVT BOND INDEX	Bond Index, Common/Collective Trust	14,783,799	-	-	-	14,783,799	14,783,799	-
INTERMEDIATE GOVT BOND INDEX	Bond Index, Common/Collective Trust	-	206,594,128	-	-	193,634,795	206,594,128	12,959,333
GOV1-3A (#101089)	Bond Index, Common/Collective Trust	220,321,288	-	-	-	220,321,288	220,321,288	-
GOV1-3A (#101089)	Bond Index, Common/Collective Trust	-	11,600,000	-	-	11,481,646	11,600,000	118,354
STATE STREET INSTL TREAS PLUS	Cash & Cash Equivalents, Mutual Funds	568,192	-	-	-	568,192	568,192	-
STATE STREET INSTL TREAS PLUS	Cash & Cash Equivalents, Mutual Funds	-	86,950,492	-	-	86,950,492	86,950,492	-

Note: There were no category (ii) or (iv) transactions during the year ended December 31, 2025.

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)

See

Audited Financial

Statements

For

Schedule of Reportable Transactions

(Schedule H 4j)

See

Audited Financial Statements

For

Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

(Schedule G)

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for line 6b was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Assumed Retirement Age Calculation

Active Employees for Titles I, II, III and VI

(A) Retirement Age	(B) Probability of Active Participant Attaining Retirement Age (A)	(C) Probability of Retirement at Age (A) Given that Active Participant Attains Retirement Age (A)	(D) (A) x (B) x (C)
55	1.000	0.100	5.500
56	0.900	0.150	7.560
57	0.765	0.150	6.541
58	0.650	0.150	5.655
59	0.553	0.200	6.525
60	0.442	0.200	5.304
61	0.354	0.250	5.399
62	0.266	0.250	4.123
63	0.200	0.250	3.150
64	0.150	0.250	2.400
65	0.113	0.300	2.204
66	0.079	0.300	1.564
67	0.055	0.350	1.290
68	0.036	0.350	0.857
69	0.023	0.350	0.555
70	0.015	1.000	1.050

T I, II, III and VI Active Participants Weighted Average Retirement Age:	**59.677**

Plan Name: ConocoPhillips Retirement Plan
EIN / PN: 73-0400345/021
Plan Sponsor: ConocoPhillips Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Active Employees for Title IV

(A) Retirement Age	(B) Probability of Active Participant Attaining Retirement Age (A)	(C) Probability of Retirement at Age (A) Given that Active Participant Attains Retirement Age (A)	(D) (A) x (B) x (C)
50	1.000	0.040	2.000
51	0.960	0.040	1.958
52	0.922	0.040	1.918
53	0.885	0.040	1.876
54	0.850	0.100	4.590
55	0.765	0.100	4.208
56	0.689	0.150	5.788
57	0.586	0.150	5.010
58	0.498	0.150	4.333
59	0.423	0.200	4.991
60	0.338	0.200	4.056
61	0.270	0.250	4.118
62	0.203	0.250	3.147
63	0.152	0.250	2.394
64	0.114	0.250	1.824
65	0.086	0.300	1.677
66	0.060	0.300	1.188
67	0.042	0.350	0.985
68	0.027	0.350	0.643
69	0.018	0.350	0.435
70	0.012	1.000	0.840

T IV Active Participants Weighted Average Retirement Age:	**57.979**

Plan Name: ConocoPhillips Retirement Plan
EIN / PN: 73-0400345/021
Plan Sponsor: ConocoPhillips Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

	(A) Number of Participants	(B) Weighted Average Retirement Age	(C) [(A)/Total (A)]*(B)
Active Participants Titles I, II, III, and VI	3,453	59.677	57.034
Active Participants Title IV	160	57.979	2.568
Total	3,613		59.602

Overall Weighted Average Retirement Age:	**59.602**

* No decrements other than retirement are assumed to be in effect.

Plan Name: ConocoPhillips Retirement Plan
EIN / PN: 73-0400345/021
Plan Sponsor: ConocoPhillips Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The lump sum rates and interest crediting rates have been updated to better reflect the current economic environment.

Plan Name:	ConocoPhillips Retirement Plan
EIN / PN:	73-0400345/021
Plan Sponsor:	ConocoPhillips Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25
Change in Method

Effective August 1, 2025, the Retirement Plan of Marathon Oil Company (EIN: 25-1410539 / PN: 001) was merged into the ConocoPhillips Retirement Plan (EIN: 73-0400345 / PN: 021). It is our understanding that the IRS believes calculation decisions associated with mid-year mergers are part of the funding method.

As a result of the merger, the minimum required contributions for each plan were developed independently as of January 1, 2025. The final minimum required contribution for the ConocoPhillips Retirement Plan reflects the independent minimum required contribution for the plan prior to the merger combined with the portion of the target normal cost and shortfall amortization installment from the Retirement Plan of Marathon Oil Company attributable to the period from August 1, 2025 through December 31, 2025, as provided by the enrolled actuary for that plan prior to the merger.

The exhibit below provides the development of the target normal cost, amortization installment, and minimum required contribution shown in the 2025 Schedule SB, as outlined above. All other amounts in the 2025 Schedule SB reflect the ConocoPhillips Retirement Plan prior to the merger.

Plan		**Retirement Plan of Marathon Oil Company**		**ConocoPhillips Retirement Plan**	
Item		**(1)**	**(2)**	**(3)**	**(4) = (2) + (3)**
Period		**1/1/2025 - 12/31/2025**	**8/1/2025 - 12/31/2025**	**1/1/2025 - 12/31/2025**	**1/1/2025 - 12/31/2025**
Basis		**Independent**	**Independent**	**Independent**	**Combined**
Line 31	Target normal cost and excess assets:				
	a. Target normal cost	11,850,216	2,146,330	63,418,213	65,564,543
	b. Excess assets, if applicable, but not greater than line 31a	0	0	0	0
Line 32	Amortization installments:				
	a. Net shortfall amortization installment	2,473,130	1,030,471	8,716,131	9,746,602
	b. Waiver amortization installment	0	0	0	0
Line 33	Waived amount	0	0	0	0
Line 34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a – 31b + 32a + 32b – 33)	14,323,346	3,176,801	72,134,344	75,311,145

The change in funding method qualifies for automatic approval under Revenue Procedure 2017-56, 2017-44 IRB 465, as the requirements of Sections 5.03 and 6 of Revenue Procedure 2017-56 have been met.

Plan Name: ConocoPhillips Retirement Plan
EIN / PN: 73-0400345/021
Plan Sponsor: ConocoPhillips Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a- Schedule of Active Participant Data as of January 1, 2025

Number accruing pay-related benefits and average plan compensation limited by IRC 401(a)(17) distributed by attained age and attained years of credited service

	Attained Years of Credited Service[4]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	51	0	0	0	0	0	0	0	51
	-	-	153,725	-	-	-	-	-	-	-	153,725
30-34	0	0	69	160	0	0	0	0	0	0	229
	-	-	146,905	187,066	-	-	-	-	-	-	174,965
35-39	0	0	54	363	106	1	0	0	0	0	524
	-	-	173,636	192,974	242,472	-	-	-	-	-	200,884
40-44	0	0	43	301	222	64	1	0	0	0	631
	-	-	182,932	212,624	250,846	264,368	-	-	-	-	229,318
45-49	0	0	36	237	150	112	26	0	0	0	561
	-	-	187,480	219,196	243,322	269,068	267,968	-	-	-	235,829
50-54	0	0	32	177	141	115	87	9	1	0	562
	-	-	196,534	221,332	259,022	276,492	268,975	-	-	-	248,986
55-59	0	0	27	127	105	97	58	47	40	1	502
	-	-	214,510	209,971	239,376	261,292	241,204	299,207	274,486	-	243,280
60-64	0	0	17	115	65	67	35	27	44	21	391
	-	-	-	215,289	234,795	220,814	226,333	228,219	244,926	209,416	223,140
65-69	0	0	7	40	32	22	4	10	9	10	134
	-	-	-	215,655	220,073	207,776	-	-	-	-	214,121
70 & over	0	0	1	6	6	3	0	0	2	10	28
	-	-	-	-	-	-	-	-	-	-	212,552
Total	0	0	337	1,526	827	481	211	93	96	42	3,613
	-	-	173,153	207,275	245,421	258,645	253,288	268,333	253,305	223,229	225,330

[4] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: ConocoPhillips Retirement Plan
EIN / PN: 73-0400345/021
Plan Sponsor: ConocoPhillips Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2025

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[5]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	53	0	0	0	0	0	0	0	53
	-	-	10,034	-	-	-	-	-	-	-	10,034
30-34	0	0	65	197	1	0	0	0	0	0	263
	-	-	31,335	72,587	-	-	-	-	-	-	62,253
35-39	0	0	57	358	130	2	0	0	0	0	547
	-	-	45,771	91,563	174,819	-	-	-	-	-	106,971
40-44	0	0	41	300	211	70	1	0	0	0	623
	-	-	60,310	127,044	191,762	250,902	-	-	-	-	158,686
45-49	0	0	33	219	145	109	27	0	0	0	533
	-	-	72,930	139,690	216,030	265,375	318,127	-	-	-	191,067
50-54	0	0	32	173	144	98	66	8	0	0	521
	-	-	84,472	155,355	252,324	330,391	345,408	-	-	-	239,274
55-59	0	0	26	131	99	78	34	20	17	0	405
	-	-	98,627	159,957	272,569	340,316	334,915	372,706	-	-	254,251
60-64	0	0	15	111	59	44	17	15	14	8	283
	-	-	-	181,395	278,719	286,683	-	-	-	-	234,989
65-69	0	0	7	28	30	13	2	3	2	2	87
	-	-	-	193,995	292,394	-	-	-	-	-	250,159
70 & over	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
Total	0	0	329	1,517	819	414	147	46	33	10	3,315
	-	-	52,306	124,708	223,546	296,397	329,163	362,002	369,553	-	178,587

[5] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: ConocoPhillips Retirement Plan
EIN / PN: 73-0400345/021
Plan Sponsor: ConocoPhillips Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	160,644,884	58,968,718	12,573,876	232,187,478
2026	129,585,908	22,157,691	12,396,900	164,140,499
2027	113,416,900	25,780,762	12,222,308	151,419,970
2028	100,009,647	26,943,067	12,036,456	138,989,170
2029	87,067,497	27,015,909	11,838,526	125,921,932
2030	75,072,444	26,628,291	11,627,597	113,328,332
2031	65,272,857	21,860,390	11,402,667	98,535,914
2032	56,786,884	22,326,918	11,162,681	90,276,483
2033	49,997,272	23,120,893	10,897,241	84,015,406
2034	43,052,828	15,275,528	10,612,394	68,940,750
2035	37,781,814	12,211,970	10,317,729	60,311,513
2036	33,029,858	11,813,969	10,003,692	54,847,519
2037	29,463,911	12,234,451	9,669,473	51,367,835
2038	26,267,573	15,769,007	9,314,429	51,351,009
2039	23,340,105	13,989,510	8,938,157	46,267,772
2040	20,602,763	11,041,556	8,540,542	40,184,861
2041	18,475,308	9,989,738	8,121,799	36,586,845
2042	16,412,499	9,710,511	7,682,595	33,805,605
2043	14,402,577	9,915,548	7,224,149	31,542,274
2044	12,508,864	14,065,541	6,748,368	33,322,773
2045	10,725,035	10,365,654	6,258,028	27,348,717
2046	9,248,883	10,553,699	5,756,912	25,559,494
2047	7,763,202	13,815,489	5,249,859	26,828,550
2048	6,535,504	13,132,826	4,742,674	24,411,004
2049	5,283,658	10,954,491	4,241,851	20,480,000
2050	4,326,371	11,917,569	3,754,211	19,998,151
2051	3,470,229	9,488,163	3,286,423	16,244,815
2052	2,699,250	8,109,776	2,844,563	13,653,589
2053	2,102,660	8,760,486	2,433,796	13,296,942
2054	1,554,472	8,283,340	2,058,109	11,895,921
2055	1,169,716	7,477,229	1,720,085	10,367,030
2056	858,298	5,275,971	1,420,883	7,555,152
2057	609,005	3,695,820	1,160,313	5,465,138
2058	420,695	2,234,496	936,996	3,592,187
2059	321,564	1,304,360	748,634	2,374,558
2060	218,329	730,707	592,213	1,541,249
2061	149,623	358,661	464,271	972,555
2062	101,191	824,348	361,156	1,286,695
2063	69,505	208,939	279,220	557,664
2064	48,195	165,057	215,001	428,253
2065	35,930	128,843	165,319	330,092
2066	28,574	99,400	127,344	255,318
2067	23,026	75,818	98,630	197,474
2068	18,027	57,201	77,114	152,342
2069	14,709	42,711	61,102	118,522
2070	11,880	31,586	49,227	92,693
2071	9,466	23,158	40,414	73,038
2072	7,436	16,855	33,833	58,124
2073	5,756	12,257	28,856	46,869
2074	4,386	8,914	25,016	38,316

Plan Name: ConocoPhillips Retirement Plan
EIN / PN: 73-0400345/021
Plan Sponsor: ConocoPhillips Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Effective August 1, 2025, the Retirement Plan of Marathon Oil Company (EIN: 25-1410539 / PN: 001) was merged into the ConocoPhillips Retirement Plan (EIN: 73-0400345 / PN: 021). As a result of the merger, the portion of the amortization installment attributable to the period from August 1, 2025 through December 31, 2025 for the Retirement Plan of Marathon Oil Company is reflected in the development of the minimum required contribution for the ConocoPhillips Retirement Plan, resulting in a final amortization installment of $9,746,602.

Amortizations of the ConocoPhillips Retirement Plan as of January 1, 2025:

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	93,716,540	15.00000	93,716,540	8,716,131
Total				93,716,540	8,716,131

Amortizations of the Retirement Plan of Marathon Oil Company as of January 1, 2025:

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment (Jan. 1 – Dec. 31)	Amortization Payment (Jan. 1 – Jul. 31)	Amortization Payment (Aug. 1 – Dec. 31)
Shortfall	01/01/2025	11,175,616	15.00000	11,175,616	1,042,019		
Shortfall	01/01/2024	249,163	14.00000	232,138	22,669		
Shortfall	01/01/2023	7,235,853	13.00000	6,447,685	662,665		
Shortfall	01/01/2022	(6,786,431)	12.00000	(5,764,989)	(627,144)		
Shortfall	01/01/2021	14,724,339	11.00000	11,843,400	1,372,921		
Total				23,933,850	2,473,130	1,442,659	1,030,471

Plan Name: ConocoPhillips Retirement Plan
EIN / PN: 73-0400345/021
Plan Sponsor: ConocoPhillips Company
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	ConocoPhillips Company
EIN/PN	73-0400345/021
Plan Name	ConocoPhillips Retirement Plan
Valuation Date	January 1, 2025
Enrolled Actuary	Ryan Thompson
Enrollment Number	26-08680

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
ConocoPhillips Retirement Plan

B Three-digit plan number (PN) ▶ 021

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ConocoPhillips Company

D Employer Identification Number (EIN)
73-0400345

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	1,419,318,624
b Actuarial value	**2b**	1,395,480,667

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,417	146,801,678	146,801,678
b For terminated vested participants	5,433	310,126,022	310,126,022
c For active participants	3,613	855,722,862	862,823,596
d Total	10,463	1,312,650,562	1,319,751,296

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

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

5 Effective interest rate	**5**	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	62,970,049
b Expected plan-related expenses	**6b**	2,594,494
c Target normal cost	**6c**	65,564,543

Statement by Enrolled Actuary

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

SIGN HERE Ryan Thompson — Signature of actuary — 09/23/2026 — Date

Ryan Thompson — Type or print name of actuary — 26-08680 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name — (214)530-4200 — Telephone number (including area code)

PO Box 674401

Houston TX 77267 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	160,979,399
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	63,165,659
9	Amount remaining (line 7 minus line 8)	0	97,813,740
10	Interest on line 9 using prior year's actual return of 4.30%	0	4,205,991
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		64,634,975
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.11%		75,082
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		2,716,123
	c Total available at beginning of current plan year to add to prefunding balance		67,426,180
	d Portion of (c) to be added to prefunding balance		67,426,180
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	169,445,911

Part III Funding Percentages

14	Funding target attainment percentage	14	92.89%
15	Adjusted funding target attainment percentage	15	105.73%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.42%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/29/2026	40,000,000	0			
08/10/2026	20,000,000	0			
			Totals ► 18(b)	60,000,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	55,755,023

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	60

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	65,564,543
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	93,716,540	9,746,602
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	75,311,145

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	19,556,122	19,556,122

36 Additional cash requirement (line 34 minus line 35)	**36**	55,755,023
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	55,755,023

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

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

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: January
- Interest rate basis: 3-Segment Rates

Interest rates

	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.30%	5.27%

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, the PBGC FTAP, and the deductible limit.

Annual rates of increase

- Compensation: 5.00%
- Future Social Security wage bases: 3.75%
- Statutory limits on compensation: 2.25%

Administrative "and investment" expenses: Administrative expenses are assumed to be equal to the PBGC premiums expected to be paid in the current year plus the prior year fees that were paid for pension administration.

Cash Balance Interest Credit Rate

- **Titles II, III, VI and deferred participants of all titles**: 4.60% in 2025 and 2026, 4.40% in 2027 and 2028, and 4.20% thereafter. Deferred participants interest credit is calculated from current age to date of commencement.
- **Title VII**: None assumed. Balances were assumed to be paid out immediately.

SCHEDULE SB ATTACHMENTS

Calculation of Lump Sum

The following assumptions are used to convert Accrued Benefits to lump sums:

Accruals before January 1, 2009

- ***Gross Benefits for Participants in Title I and Title VI***

Interest: 4.60% in 2025 and 2026, 4.40% in 2027 and 2028, and 4.20% thereafter.
Mortality: The 1994 Group Annuity Reserving Table with a 50%/50% blend of male and female rates.

- ***PAR Benefits for Participants in Title I***

Interest: 3.00%
Mortality: UP84 Mortality, PBGC basis.

- ***Benefits for Participants in Title IV***

For the portion of benefit earned before January 1, 2000:
Interest: 3.00%
Mortality: The 1971 Group Annuity Mortality Table set back two years (sex neutral, consisting of 90% male rates and 10% female rates).

For the portion of the benefit earned after December 31, 1999:
Interest: 4.60% in 2025 and 2026, 4.40% in 2027 and 2028, and 4.20% thereafter.
Mortality: The 1994 Group Annuity Reserving Table with a 50%/50% blend of male and female rates.

Accruals after December 31, 2008

Accruals after December 31, 2008 are converted based on the applicable mortality and interest rate assumptions outlined in 417(e)(3) as amended by the Pension Protection Act.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a vested participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Benefit commencement dates	Commencement dates vary by title, as described in Appendix B.
Percent married	It is assumed that 85% of eligible participants are married.
Spouse age	Males are assumed to be 3 years older than their spouses.
Plan Compensation/Salary	Plan compensation is actual compensation during the prior year provided by the employer, annualized for participants who did not work for a full year.

SCHEDULE SB ATTACHMENTS

Form of Payment

Title I Participants (Phillips Retirement Income Plan)

- Current Employees

  100% assumed to elect a Lump sum commencing at the later of age 55 or actual retirement.

- Vested Terminated Employees with Date of Termination before April 1, 2000

  25% assumed to elect a Lump sum. If participant is currently age 60 or older assumed to commence at age 65 or current age if older than 65, otherwise commence at age 62.

  75% assumed to elect a Single Life Annuity. If participant is currently age 60 or older assumed to commence at age 65 or current age if older than 65, otherwise commence at age 62.

- Vested Terminated Employees with Date of Termination after March 31, 2000

  100% assumed to elect a Lump Sum. If participant is currently age 55 or older assumed to commence at age 65 or current age if older than 65, otherwise commence at age 55.

Title II Participants (ConocoPhillips Cash Balance Account)

- Current Employees

  100% assumed to elect their Cash Balance account commencing at termination.

- Vested Terminated Employees

  100% assumed to elect to take their Cash Balance account at the later of age 65 or attained age.

Title III Participants (Tosco Pension Plan)

- Current Employees

  100% assumed to elect a Single Life Annuity commencing at the later of age 55 or actual retirement.

- Vested Terminated Employees

  100% assumed to elect a Single Life Annuity. If participant is currently age 55 or older assumed to commence at age 65 or current age if older than 65, otherwise commence at age 55.

SCHEDULE SB ATTACHMENTS

Title IV Participants (Retirement Plan of Conoco)

- Current Employees

  100% assumed to elect a Lump Sum commencing at the later of age 50 or actual retirement.

- Vested Terminated Employees

  100% assumed to elect a Lump Sum. If participant is currently age 50 or older assumed to commence at age 65 or current age if older than 65, otherwise commence at age 50.

Title V Participants (Pension Plan for Hourly Employees of Phillips Fibers Corporation)

- Vested Terminated Employees

  100% assumed to elect a Single Life Annuity at the later of age 62 or attained age.

Title VI Participants (Burlington Resources, Inc. Pension Plan)

- Current FAE Employees

  100% assumed to elect a Lump Sum at retirement.

- Current CB Employees

  100% assumed to elect their Cash Balance at retirement.

- FAE Vested Terminated Employees

  100% assumed to elect to take a Lump Sum at the later of age 65 or attained age.

- CB Vested Terminated Employees

  100% assumed to elect to take their Cash Balance account at the later of age 65 or attained age.

Title VII Participants (ConocoPhillips Store Retirement Plan)

- Vested Terminated Employees

  100% assumed to elect to take a Lump Sum immediately.

SCHEDULE SB ATTACHMENTS

Title VIII Participants (Tosco Corporation Pension Plan for Union Employees Formerly Employed by Monsanto Company)

- Vested Terminated Employees

  Participants with 10 or more years of service at termination are assumed to elect a Single Life Annuity at age 55. Other terminated participants are assumed to elect a Single Life Annuity at age 65.

Mortality

- Healthy: Separate IRS-prescribed annuitant and non-annuitant tables based on PRI-2012 "Employees" and "Healthy Annuitants" tables, without collar or amount adjustments, projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS-adjusted Scale MP-2021

- Disabled: Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination rates (not due to disability or retirement)

- Titles I, II, III, IV, and VI: The rates at which participants terminate employment by age:

Age	Annual Rate of Termination
Under 28	15.0%
28-35	10.0%
36-49	8.0%
50-59	7.0%
60-64	10.0%

- Titles V, VII, and VIII: Not applicable (no active participants).

SCHEDULE SB ATTACHMENTS

Disability rates

- Titles III and IV: The rates at which participants become disabled by age:

Age	Annual Rate of Disability
Under 27	0.03%
27-28	0.04%
29-30	0.05%
31	0.06%
32	0.07%
33	0.08%
34	0.09%
35	0.10%
36	0.11%
37	0.13%
38	0.14%
39	0.16%
40	0.17%
41	0.19%
42	0.20%
43	0.22%
44	0.23%
45	0.25%
46	0.28%
47	0.32%
48	0.35%
49	0.39%
50-51	0.42%
52-53	0.41%
54-65	0.40%

- Titles I, II and VI: Since no separate disability benefit is payable, the incidence of disability is added to the other rates of withdrawal or retirement, depending upon eligibility.

- Titles V, VII and VIII: Not applicable.

SCHEDULE SB ATTACHMENTS

Retirement Rates (from active status)

- All Titles with Active Participants (Ages 50-54 are only applicable to Title IV)

Age	Annual Rate of Retirement
50-53	4.0%
54-55	10.0%
56-58	15.0%
59-60	20.0%
61-64	25.0%
65-66	30.0%
67-69	35.0%
70	100.0%

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the previous plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

SCHEDULE SB ATTACHMENTS

Benefits not valued	WTW has reviewed the plan provisions with ConocoPhillips Company and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor through its third party administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

The following assumptions were used in the development of the target normal cost and shortfall amortization installment for the Retirement Plan of Marathon Oil Company as of January 1, 2025.

Effective August 1, 2025, the Retirement Plan of Marathon Oil Company was merged into the ConocoPhillips Retirement Plan. As a result of the merger, a portion of the Retirement Plan of Marathon Oil Company's target normal cost and shortfall amortization installment for the period from August 1, 2025 through December 31, 2025 was added to the target normal cost and shortfall amortization installment, respectively, of the ConocoPhillips Retirement Plan to determine the plan's minimum required contribution for the 2025 plan year.

Plan Name:	ConocoPhillips Retirement Plan
EIN / PN:	73-0400345/021
Plan Sponsor:	ConocoPhillips Company
Valuation Date:	January 1, 2025

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

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

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

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

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

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

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

Table 1

Retirement Rates

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

Table 2

Withdrawal Rates

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

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

Table 3

Disability Rates

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

ConocoPhillips Company

Plan

ConocoPhillips Retirement Plan

Effective Date

The Plan was originally effective September 1, 1986 and restated effective January 1, 2020.

Plan Year

The twelve-month period ending December 31.

Changes in Plan Provisions since Last Actuarial Valuation

The plan was amended to add a lump sum option for certain participants in Title I and Title III who previously did not have a lump sum option.

Summary of principal plan provisions
Title I: Phillips Retirement Income Plan

Coverage and Participation

Title I of the Plan was closed to new hires after December 31, 2001.

Credited Service

A participant is credited with 1/12 of a year of Credited Service for each multiple of 190 hours of Deemed Service he/she has earned in an anniversary year, not to exceed one full year of Credited Service in each.

Vesting Service

A participant is credited with 1 year of Vesting Service for each anniversary year in which he/she has completed 1,000 or more Deemed Hours of Service.

Compensation/Salary

Base pay received during each plan year plus commissions, overtime, shift differential, bonus, premium holiday pay, and Variable Compensation Incentive Program (VCIP) Payments.

Final Average Compensation/Salary

The average of the highest 3 consecutive calendar years of compensation during the 11-year period ending on the earliest of termination, early retirement or normal retirement dates.

Accrued Benefit

The greater of:

a. The final average benefit equal to 1.6%[1] of final average earnings multiplied by years of Credited Service (maximum of 48 years) less 1.5% of Primary Social Security benefit for each year of Credited Service at Normal Retirement (maximum of 33-1/3 years), multiplied by the ratio of Credited Service to projected Credited Service at Normal Retirement; and

b. $15 per month per year of Credited Service.

[1] For service from January 1, 1973 to January 1, 1975 the final average percentage was 1.5% and for service from July 1, 1971 to January 1, 1973 the final average percentage was 1.4%. Prior to July 1, 1971, and subsequent to January 1, 1975 the percentage is 1.6%. If the participant "makes up" missed months of participation prior to July 1, 1971, the percentage is 1.6% for all months of participation. Subsidiaries that were merged into the Plan on January 1, 1990 have minimum past service benefits based on their respective formulas.

The Accrued Benefit will be offset for:

a. Benefits provided by Prudential, under the participating annuity contract GA-5503, established 9/1/1986; and

b. Benefits provided by BP/ARCO retirement plan for certain employees acquired in 2000. This offset will be reduced for early retirement based on the smaller of either reduction factors in effect at BP/ARCO at the time of acquisition or those in the Phillips Retirement Income Plan.

Normal Retirement Benefit

1. Eligibility: First of the month nearest to the attainment of age 65.

2. Benefit: Accrued Benefit.

3. Normal Form of Benefit: Single Life Annuity.

Late Retirement Benefit

1. Eligibility: Following Age 65.

2. Benefit: Accrued Benefit.

3. Payment: Immediate.

Early Retirement Benefit

1. Eligibility: Before the first of the month nearest the attainment of age 65 and on or after attaining age 55.

2. Benefit: Accrued Benefit.

3. Payment: Immediate payment available reduced 5% for each year of payment before age 60.

Disability Benefit

None.

Vested Benefits upon Termination of Service

1. Benefit: A percentage of the Accrued Benefit to date of termination as follows:

   a. Less than 5 years of Vesting Service – 0%.

   b. 5 or more years of Vesting Service – 100%.

2. Payment: Deferred to age 65. Immediate payment available upon attainment of age 55 reduced 6% for each year of payment before 65.

Death Benefits for Participants in Active Service

1. Pre-retirement:

    a. Retirement-eligible participants: The spouse of a participant who dies after becoming eligible to retire may elect to receive a lump sum Actuarially Equivalent to the participant's Accrued Benefit or a surviving spouse annuity (adjusted for early/late retirement and for difference in spousal/participant age as necessary). Unmarried participants may name a beneficiary to receive the lump sum Actuarially Equivalent to the participant's Accrued Benefit. Spouses of participants who terminated before October 1, 2008 are not eligible to receive a lump sum payment. Different provisions apply for participants terminated prior to August 31, 2004.

    b. Retirement-ineligible participants: A non-spouse beneficiary of a participant who dies before becoming eligible to retire will receive an immediate lump sum payment that is Actuarially Equivalent to the participant's benefit payable at age 65. A surviving spouse may elect to receive a Single Life Annuity instead of the lump sum. The earliest commencement date for such benefit will be the participant's age 55. Different provisions apply for participants terminated prior to August 31, 2004.

2. Post-Retirement: Dependent on the form of payment in effect.

Optional Forms of Retirement Income in Lieu of Normal Form

1. Normal Form: Single Life Annuity.

2. Automatic Form:

    a. Unmarried participant: Normal Form.

    b. Married participant: Joint & 50% Survivor Annuity Actuarially Equivalent to the Normal Form.

3. Optional Forms:

    a. Joint & Survivor Annuity: The spouse percentage may be between 10% and 100% subject to certain constraints.

    b. Lump sum.

Pension Increases

None.

Plan Participants' Contributions

They are neither required nor permitted.

Plan Name:	ConocoPhillips Retirement Plan
EIN / PN:	73-0400345/021
Plan Sponsor:	ConocoPhillips Company
Valuation Date:	January 1, 2025

Summary of principal plan provisions

Title II: ConocoPhillips Cash Balance Account

Coverage and Participation

Title II of the Plan was closed to new hires after December 31, 2018.

Heritage Tosco and Heritage Phillips

Employees hired after 2001 become participants upon their date of hire. Employees hired before 2002 became participants on July 1, 2002, contingent upon their election of Title II coverage.

Heritage Conoco

Employees hired after 2002 become participants upon their date of hire. Employees hired before 2003 became participants on July 1, 2003, contingent upon their election of Title II coverage.

Vesting Service

A participant is credited with 1 year of Vesting Service for each anniversary year in which he/she has completed 1,000 or more Hours of Service.

Compensation/Salary

Base pay received during each plan year plus commissions, overtime, shift differential, bonus, premium holiday pay, and Variable Compensation Incentive Program (VCIP) Payments.

Cash Balance Benefit

The hypothetical balance is equal to the accumulation of pay and interest credits. The cash balance is payable as a lump sum upon termination or retirement at any age.

Pay Credits

Years of Service plus Attained Age	Pay credit percent (%)
Less than 44	6%
At least 44 but less than 66	7%
66 or more	9%

Interest Credits

The greater of:

a. The average rate for 30-year Treasury securities for the fourth month prior to each calendar quarter; and

b. 0.99%

Normal Retirement Benefit

1. Eligibility: First of the month nearest to the attainment of age 65.
2. Benefit: Annuity derived from the Cash Balance Benefit.
3. Normal Form of Benefit: Single Life Annuity.

Disability Benefit

None.

Vested Benefits upon Termination of Service

1. Benefit: A percentage of the Cash Balance Benefit to date of termination as follows:
   a. Less than 3 years of Vesting Service – 0%.
   b. 3 or more years of Vesting Service – 100%.
2. Payment: Vested Cash Balance Benefit. Immediate annuity available.

Death Benefit

1. Pre-retirement:
   a. Non-vested in-service participants: Cash Balance Benefit.
   b. Vested participants: Cash Balance Benefit.
2. Post-Retirement: Dependent on the form of payment in effect.

Optional Forms of Retirement Income in Lieu of Normal Form

1. Normal Form: Single Life Annuity at age 65.

2. Automatic Form:

    a. Unmarried participant: Normal Form.

    b. Married participant: Joint & 50% Survivor Annuity Actuarially Equivalent to the Normal Form.

3. Optional Forms:

    a. Lump sum equal to the vested Cash Balance Benefit available.

    b. Joint & Survivor Annuity: The spouse percentage may be between 10% and 100%, subject to certain constraints.

Pension Increases

None.

Plan Participants' Contributions

They are neither required nor permitted.

Summary of principal plan provisions
Title III: Tosco Pension Plan

Coverage and Participation

Title III of the Plan was closed to new hires after December 31, 2001.

Credited Service

Before January 1, 1976: Full and fractional years after Plan Date during which the Participant worked an average of at least 20 hours per week and worked at least 5 months per year.

After December 31, 1975: Beginning with the later of Plan Date and January 1, 1976, each completed month of service while an employee, including periods in which no services are performed following termination, provided the employee was rehired before one full year elapses.

Vesting Service

All years of Credited Service.

Compensation/Salary

Aggregate of all payments for services, but excluding benefits under an employee benefit plan, severance pay, retainers, fees, bonuses, overtime or reimbursements.

Final Average Compensation/Salary

The monthly average of the highest 36 consecutive months' Compensation in the 120 months preceding retirement.

Social Security Benefit

The monthly primary insurance benefit payable to a Participant under Title II of the Social Security Act on his Normal or Late Retirement Date.

Accrued Benefit

Pay Credits (Alliance Cash Balance only)

4%, 5% or 6% of Compensation up to 25% of Social Security Taxable Wage Base, plus 7%, 9% or 11% of Compensation above 25% of Social Security Taxable Wage Base.

Plan Name:	ConocoPhillips Retirement Plan
EIN / PN:	73-0400345/021
Plan Sponsor:	ConocoPhillips Company
Valuation Date:	January 1, 2025

For employees hired at Alliance Refinery within six months before or after September 1, 2000, the (5%, 9%) credit applies at the earlier of 10 years of service or age 40; (6%, 11%) credit applies at earlier of 20 years of service or age 50. For all other Alliance Refinery Employees, the (5%, 9%) credit applies at 10 years of service; (6%, 11%) credit applies at 20 years of service.

Interest Credits (Alliance Cash Balance only)

The greater of:

a. The average rate for 30-year Treasury securities for the fourth month prior to each calendar quarter; and

b. 1.48%

Tosco Pension Plan (excludes Alliance Cash Balance)

The sum of 1. and 2. minus 3. payable monthly:

1. Final Average Benefits computed as:

   a. Final Average Compensation times “accrual rates” times Credited Service (accrual rate equals 1.6% for all employees except the accrual rate for former BP employees at the Ferndale refinery before January 1, 1971 is 1.3%) offset by

   b. Service at Normal Retirement Date (not to exceed 33-1/3 years) times 1.5% times the Social Security Benefit times Credited Service divided by Projected Credited Service at Normal Retirement Date (latter fraction may not exceed one).

The offset under 1.b. for a participant with 85 Points and an Early or Disability Retirement Date preceding age 60 shall not exceed the product of his Social Security Benefit times Credited Service divided by Service at Normal Retirement Date (latter fraction may not exceed one), and the applicable percentage below.

Age at Annuity Start	Percentage
60	50.0%
59	47.5%
58	45.0%
57	42.5%
56	40.0%
55	37.5%

2. Prior Plan Benefits: Accrued Benefit under Bakersfield Pension Plan that became payable under the Plan as a result of a plan merger.

3. Benefit Offsets: The sum of a., b., c., d., e., f., g., and h. as follows:

   a. Phillips Benefit: The maximum of (i) and (ii) as follows:

      i. Unit benefit accrued as of April 1, 1976.

      ii. The excess of (A) / (B) x (C)

         (A) Adjusted earnings rate as of January 1, 1975 times “benefit percentages” based on accrual rates under the Phillips Plan as of March 31, 1976 and Credited Service through April 1, 1976.

         (B) Phillips theoretical Social Security offset.

         (C) The ratio of Credited Service at April 1, 1976 to total Credited Service.

   b. Corporate Offset: The accrued monthly benefit, if any, under the Tosco Corporation Pension Plan (terminated) as of July 31, 1985 and paid out in a lump sum. In some cases, the benefit was distributed by means of individual deferred annuity contracts purchased from Allstate Life Insurance Company (then called “Allstate” offset). These contracts provide a life income deferred to age 65 with the option to commence unreduced early retirement on or after age 60.

   c. CILP Offset: Annuitized value of accumulated contributions in lieu of pension made to Tosco CAP for participants with delayed eligibility for the Plan.

   d. Monsanto Offset: The Accrued Benefit, if any, payable under the Monsanto Company Salaried Employees’ Pension Plan.

   e. Bayway Offset: The Accrued Benefit, if any, payable at age 65 from the Annuity Plan, Edition of September 1, 1992, in the Benefit Plan of Exxon Corporation and Participating Affiliates. This offset will be reduced for early retirement based on the reduction factors in effect in the prior plan at the time of the acquisition.

   f. Ferndale Offset: The Accrued Benefit, if any, payable at age 65 from the BP America, Inc. Master Hourly Plan for Represented Employees. This offset will be reduced for early retirement based on the reduction factors in effect in the prior plan at the time of the acquisition.

   g. Unocal Offset: The Accrued Benefit, if any, payable at age 65 from the Unocal Retirement Plan. This offset will be reduced for early retirement based on the reduction factors in effect in the prior plan at the time of the acquisition.

   h. Shell/Equilon Offset: The Accrued Benefit, if any, payable at age 65 from the Shell Pension Plan plus the annuitized cash balance payable at age 65 from the Equilon cash balance plan. (If an acquired employee did not have both 68 points and 19 years of service as of June 1, 2000, the Shell and Equilon benefit is reduced for early retirement before offset, using the predecessor employer early retirement factors.)

Normal Retirement Benefit

1. Eligibility: Age 65.

2. Benefit: Accrued Benefit.

3. Normal Form of Benefit: Single Life Annuity.

Late Retirement Benefit

1. Eligibility: Following age 65.

2. Benefit: Larger of the Accrued Benefit based on Normal Retirement benefit formula using Credited Service at Late Retirement Date and the Actuarial Equivalent of the prior year's benefit.

3. Payment: Immediate.

Early Retirement Benefit

1. Eligibility: Former Phillips employees upon attainment of age 55. All other employees upon attainment of age 55 and completion of 10 or more years of service.

2. Benefit: Accrued Benefit.

3. Payment: Deferred to age 65. Immediate payment available reduced by 1/15 for each year Early Retirement precedes age 60. No reduction applies if age and service total 85 or more at retirement.

Disability Benefit

1. Eligibility: Termination due to disability.

2. Benefit: Accrued Benefit based on current pay and including service for the period from termination of employment to retirement date.

3. Payment: Deferred to Early or Normal Retirement.

Vested Benefits upon Termination of Service

1. Benefit: A percentage of the Accrued Benefit to date of termination as follows:

    a. Less than 5 years of Vesting Service – 0%.

    b. 5 or more years of Vesting Service – 100%.

2. Payment: Deferred to age 65. Immediate payment available upon attainment of age 55 reduced 1/15 for each of the first 5 years that benefit commencement precedes age 65 and further by 1/30 for each year benefit commencement precedes age 60.

Death Benefits for Participants in Active Service (*excludes Alliance Cash Balance)*

1. Pre-Retirement:

    a. Married participants (post-August 31, 2004): The surviving spouse of a participant who dies after completing 5 years of service will be paid the participant's Accrued Benefit for life. The amount of the Accrued Benefit will be actuarially adjusted to account for the difference in age between the participant and spouse. The annuity is payable at the earliest date the participant could have retired under the Plan and includes any applicable early retirement reduction. Different provisions applied to participants who died before September 1, 2004.

    b. Retirement-eligible married participants (post-September 30, 2008): The surviving spouse of a participant who dies after becoming eligible to retire may elect to receive a lump sum Actuarially Equivalent to the participant's Accrued Benefit.

    c. Unmarried participants (post-August 31, 2004): The beneficiary of a participant who dies before commencing payment of their Accrued Benefit will receive a lump sum death benefit equal to the present value of the Accrued Benefit. The benefit is payable immediately following death. Different provisions applied to participants who died before September 1, 2004.

2. Post-Retirement: Dependent on the form of payment in effect.

Death Benefits for Participants in Active Service (*Alliance Cash Balance Only*)

1. Pre-retirement:

    a. Non-vested in-service participants: Cash Balance Benefit.

    b. Vested participants: Cash Balance Benefit.

2. Post-Retirement: Dependent on the form of payment in effect.

Optional Forms of Retirement Income in Lieu of Normal Form

1. Normal Form: Single Life Annuity.

2. Automatic Form:

    a. Unmarried participant: Normal Form.

    b. Married participant: Joint & 50% Survivor Annuity Actuarially Equivalent to the Normal Form.

3. Optional Forms:

    a. Lump sum.

    b. Joint & 50%, 75% or 100% Survivor Annuity.

    c. 10-year Certain and Life Annuity.

Pension Increases

None.

Special Provisions for Exxon Mobil, Wood River and Alliance Groups

Coverage was extended effective March 1, 2000 to certain employees of Exxon Mobil Corporation in connection with an acquisition by Tosco. These employees receive a benefit that would have been payable under the predecessor plan in effect on March 1, 2000, as if they had remained employed with Exxon Mobil and continued to be covered by the predecessor plan during their period of employment with Tosco. Benefits are offset by predecessor plan benefits based on age and service at the time of sale and by the annuitized value of the Pension Equity Retirement Contributions account. Under the Exxon plan, compensation includes base pay, shift pay, and regularly scheduled overtime; under the Mobil plan, compensation includes total pay except for severance payments. Social Security benefits are calculated in accordance with the provisions of the predecessor plan.

Coverage was extended effective June 1, 2000 to certain employees of Wood River Refinery in connection with its acquisition by Tosco. These employees receive a benefit based on both Tosco and predecessor employer service with an offset of predecessor plan benefits based on age and service at the time of sale.

Coverage was extended effective September 1, 2000 to certain employees of Alliance Refinery in connection with its acquisition by Tosco. These employees do not participate in the final average pay benefit but receive a cash balance pay credit based on Tosco and predecessor employer service and starting with a balance of $0.

Plan Participants' Contributions

They are neither required nor permitted.

Summary of principal plan provisions
Title IV: Retirement Plan of Conoco

Coverage and Participation

Title IV of the Plan was closed to new hires after December 31, 2002.

Credited Service

For each 12 month period beginning on the enrolment date in which a plan participant is credited with at least 1,000 Hours of Service, the participant will be credited with the lesser of 1 or Hours of Service divided by 2,080 Years of Credited Service.

190 Hours of Service are credited for each month in which a participant works 1 hour.

Participants retiring need not be credited with 1,000 Hours of Service to receive partial credit for their final 12 month period.

Vesting Service

Years of Service are used to determine eligibility to participate, vesting and eligibility for Separation, Early or Incapacity Retirement.

One Year of Service is earned for each consecutive 12-month period following employment in which 1,000 Hours of Service are credited.

190 Hours per Month are credited for each month in which at least 1 hour is worked.

Compensation/Salary

Base Pay received during each plan year plus commissions, overtime, shift differential, bonus, premium holiday pay, Variable Compensation Incentive Program (VCIP) Payments and contributions to a cafeteria plan, a 401(k) plan or non-qualified cash deferred arrangement.

Final Average Compensation/Salary

“High-3 Year Compensation” means the higher of the highest 36 consecutive months’ compensation divided by 3 and the highest 3 calendar years (not necessarily consecutive) divided by 3.

“High-10 Year Compensation” means the highest 120 consecutive months of compensation divided by 10.

Plan Name:	ConocoPhillips Retirement Plan
EIN / PN:	73-0400345/021
Plan Sponsor:	ConocoPhillips Company
Valuation Date:	January 1, 2025

Social Security Benefit

The estimated monthly amount payable to a participant at full Social Security retirement age under the Social Security Law in effect on the first day of the year of his/her termination date. For a participant who terminates employment before full Social Security retirement age, the primary Social Security benefit is determined as if 1) there were no further Social Security earnings in the years after termination of employment, 2) earnings for years back to age 22 are estimated using the percentage changes in the National Average Wage Base as published by the Social Security Administration.

Accrued Benefit

The largest of the following:

1. High-3 Formula

   1.6% of "High-3 Year Compensation" times years of Membership

   minus

   1.5% times "Primary Social Security Benefit" (PSSB) times Years of Membership (maximum of 50% of the PSSB)

2. High-10 Formula (only if a participant prior to January 1, 1971)

   1% of "High-10 Year Compensation" not in excess of $3,000

   plus

   1.5% of "High-10 Year Compensation" in excess of $3,000

   times

   Years of Membership

3. Minimum Formula

   $144 times Years of Membership

Normal Retirement Benefit

1. Eligibility: First of the month following the date of attainment of age 65.

2. Benefit: Accrued Benefit.

3. Normal Form of Benefit: Single Life Annuity.

Late Retirement Benefit

1. Eligibility: Following age 65.
2. Benefit: Accrued Benefit.
3. Payment: Immediate.

Early Retirement Benefit

1. Eligibility: Before Normal Retirement date after attainment of age 50 and 10 Years of Service.
2. Benefit: Accrued Benefit.
3. Payment: Deferred to age 65. Immediate payment reduced by the following schedule:

Age at Benefit Start Date	Percentage of Age 65 SLA	
	Schedule I[1]	Schedule II[2]
65	100	100
64	100	100
63	100	100
62	100	100
61	100	97
60	100	94
59	96	91
58	92	88
57	88	85
56	83	82
55	78	79
54	73	76
53	68	73
52	63	70
51	58	67
50	53	64

Disability Benefit

1. Eligibility: Termination due to disability after attaining age 40 and 10 Years of Service.
2. Benefit: Accrued Benefit.
3. Payment: Immediate unreduced payment. Disability retirees may not receive lump sums.

[1] Applies to the High-10 and Minimum Formulae accrued after December 31, 1970 and the High-3 Formula.
[2] Applies to the High-10 and Minimum Formulae accrued prior to January 1, 1971.

Vested Benefits upon Termination of Service

1. Benefit: A percentage of the Accrued Benefit to date of termination as follows:

    a. Less than 5 Years of Service: 0%.

    b. 5 or more Years of Service: 100%.

2. Payment: Deferred to age 65. May commence benefits as early as age 50 reduced for early retirement.

Death Benefits

For vested participants who die while an active employee, a Lump Sum Survivor's Benefit ("LSSB") shall be paid to the beneficiary. The LSSB for a participant is the lump sum benefit that a participant would have received had the participant terminated on the date of death, lived to the first of the next month and elected an immediate lump sum form of benefit offset by the present value of any other survivor's benefits to be paid under the terms of the Plan.

For vested former participants who die after termination, but before their annuity starting date, a LSSB shall be paid to the beneficiary. The LSSB is the lump sum the participant would have received had he/she lived to the first of the month after his/her death and had that date been his/her annuity start date.

Optional Forms of Retirement Income in Lieu of Normal Form

1. Normal Form: Single Life Annuity.

2. Automatic Form:

    a. Unmarried participant: Normal Form.

    b. Married participant: Joint & 50% Survivor Annuity Actuarially Equivalent to the Normal Form.

3. Optional Forms:

    a. Joint & 75% or 100% Survivor Annuity.

    b. Lump sum.

Pension Increases

None.

Plan Participants' Contributions

They are neither required nor permitted.

Plan Name:	ConocoPhillips Retirement Plan
EIN / PN:	73-0400345/021
Plan Sponsor:	ConocoPhillips Company
Valuation Date:	January 1, 2025

Summary of principal plan provisions
Title V: Pension Plan for Hourly Employees of Phillips Fibers Corporation

Coverage and Participation

Title V of the Plan was closed to new hires after October 31, 1993.

Credited Service

Prior to January 1, 1976, one year of Credited Service was granted for each calendar year in which the participant worked at least 1,200 hours. If the participant worked more than 600 hours but less than 1,200 hours in a calendar year, he/she was credited with one half year of Credited Service.

From January 1, 1976 to December 31, 1986, if the participant worked more than 600 hours but less than 1,000 hours in a calendar year, he/she was credited with one half-year of Credited Service. If he/she worked at least 1,000 hours but less than 1,200 hours, he/she was credited with a fractional year of Credited Service, the numerator of which was his/her Hours of Service and the denominator was 1,200. If he/she worked at least 1,200 hours, he/she was credited with one year of Credited Service.

From January 1, 1987 to October 31, 1993, if the participant worked less than 1,200 hours, he/she was credited with a fractional year of Credited Service, the numerator of which was his/her Hours of Service and the denominator was 1,200. If he/she worked at least 1,200 hours, he/she was credited with one year of Credited Service.

No Credited Service was or will be granted after October 31, 1993.

Vesting Service

Participants are credited with one year of Vesting Service for each anniversary year in which they complete 1,000 or more Hours of Service.

Compensation/Salary

Not applicable.

Accrued Benefit

The monthly pension benefit as of any date of determination is equal to $12 times years of Credited Service.

Normal Retirement Benefit

1. Eligibility: Age 65.

2. Benefit: Accrued Benefit.

3. Normal Form of Benefit: Single Life Annuity.

Plan Name:	ConocoPhillips Retirement Plan
EIN / PN:	73-0400345/021
Plan Sponsor:	ConocoPhillips Company
Valuation Date:	January 1, 2025

Late Retirement Benefit

1. Eligibility: Following Age 65.

2. Benefit: Accrued Benefit.

3. Payment: Immediate.

Early Retirement Benefit

1. Eligibility: Attaining age 55 while an active participant. Effective April 1, 2001, all active participants eligible for early retirement became entitled to start their retirement benefits while still employed.

2. Benefit: Accrued Benefit.

3. Payment: Immediate payment available reduced 5/12% for each month Early Retirement precedes age 62.

Vested Benefits upon Termination of Service

1. Benefit: Accrued Benefit.

2. Payment: Deferred to age 65. Immediate payment available upon attainment of age 55 reduced ½% for each month that benefit commencement precedes age 65.

Death Benefits for Participants in Active Service

Eligibility: The amount that would have been payable to the spouse had the participant terminated employment on the day of death and survived to his/her earliest retirement date having elected a 50% Joint & Survivor Annuity with the spouse as survivor. At the spouse's election, monthly payments may begin as of the later of the first day of the month following the participant's death but not earlier than the day he/she would have been eligible for Early Retirement and will continue for the spouse's life. The benefits will begin at the deceased participant's Normal Retirement Date in the absence of the spouse's election for early receipt.

Optional Forms of Retirement Income in Lieu of Normal Form

The benefits will be actuarially adjusted to reflect any other form of annuity payable.

1. Normal Form: Single Life Annuity

2. Automatic Form:

    a. Unmarried participant: Normal Form.

    b. Married participant: Joint & 50% Survivor Annuity Actuarially Equivalent to the Normal Form.

3. Optional Forms:

    a. Joint & 25%, 33.333%, 50%, 66.667%, 75% or 100% Survivor Annuity.

Summary of principal plan provisions
Title VI: Burlington Resources, Inc. Pension Plan

Coverage and Participation

Title VI of the Plan was closed to new entrants as of March 31, 2006.

Eligible employees who were hired before January 1, 2003 became participants after completing a year of service in which 1,000 hours were worked. If these employees continued employment and opted out of the Cash Balance plan, they are referred to as **"Final Average Earnings"** or **"FAE"** participants.

Eligible employees hired or rehired after January 1, 2003 became participants at the later of January 1, 2003 or their hire date. There are also FAE participants who elected to enter the Cash Balance Plan. All participants under the Cash Balance Plan are referred to as **"Cash Balance"** participants.

Credited Service

FAE Participants Only

- Prior to January 1, 1999:

Between January 1, 1989 and January 1, 1999, one year of Credited Service was granted for each year in which 1,000 hours were worked. In the employee's year of hire and termination, prorated Credited Service was granted based on the number of months worked divided by 12.

- After December 31, 1998 but prior to April 1, 2006:

Credited Service was earned for each month and year of service with Burlington Resources, Inc. For each month of service in which the employee was paid or entitled to payment and in which one hour was worked, one month of Credited Service was earned.

- After March 31, 2006:

Credited Service was/is earned for each month and year of service with ConocoPhillips Company or its subsidiary Burlington Resources, Inc. For each month of service in which the employee was/is paid or entitled to payment and in which one hour was/is worked, one month of Credited Service was/is earned.

Vesting Service

The period beginning on the employment date and ending on the date of termination, retirement, death, or discharge. Participants become 100% vested after completion of 5 years of service (FAE Participants) or 3 years of service (Cash Balance Participants).

Plan Name:	ConocoPhillips Retirement Plan
EIN / PN:	73-0400345/021
Plan Sponsor:	ConocoPhillips Company
Valuation Date:	January 1, 2025

Compensation/Salary

Base pay received during each plan year plus commissions, overtime, shift differential, bonus and premium holiday pay.

Final Average Compensation/Salary

FAE Participants Only

Average of the highest 36 consecutive months during the last 120 months immediate preceding retirement/termination ("FAE3").

Pay Credits for Cash Balance Participants

- Prior to January 1, 2009

Years of Service	Pay credit percent (%)
Less than 5	4%
At least 5 but less than 10	5%
At least 10 but less than 15	6%
15 or more	7%

- After December 31, 2008

None – pay credits are granted in Title II.

Interest Credits for Cash Balance Participants

- For all pay credits prior to January 1, 2009

The yield on the 10-Year Treasury Constant Maturities for the month of November immediately preceding the Plan Year, credited quarterly with a minimum interest crediting rate of 2.60%.

Accrued Benefit

The Accrued Benefit is calculated as follows:

FAE Participants

The monthly benefit payable is equal to the sum of the following:

b. 1.1% times Final Average Earnings times Credited Service.

c. 0.5% times Final Average Earnings in excess of the "Integration level" times Credited Service.

"Integration Level" is defined to be one-third of the Social Security Taxable Wage Base in the year of termination or retirement. The Social Security Taxable Wage Base for 2009 and 2010 is $106,800.

Special provisions apply to former participants of the Retirement Income Plan of the El Paso Natural Gas Company or the LL&E Pension Plan.

Cash Balance Participants

While a Participant, the Cash Balance Account is credited with Pay Credits each month based on the Participant's Covered Compensation paid during the month. The Cash Balance Account is credited with Interest Credits quarterly, based on the Cash Balance Account as of the last day of the prior quarter.

Normal Retirement Benefit

1. Eligibility: Age 65 and at least 5 years of participation.

2. Benefit: See 'Accrued Benefit.

3. Normal Form of Benefit: For FAE participants, Single Life Annuity. For Cash Balance participants, the Normal Form is equal to Actuarial Equivalent of the amount in the participant's Cash Balance Account.

Late Retirement Benefit

1. Eligibility: Attainment of age 65 with at least 5 years of participation and retirement from active status.

2. Benefit: Greater of the benefit calculated using service and earnings to Late Retirement and the benefit at age 65 actuarially increased to Late Retirement Date.

Early Retirement Benefit

FAE Participants Only

1. Eligibility: Age 55 and completion of 10 or more years of Credited Service.

2. Benefit: Accrued Benefit plus special supplemental early retirement benefit of 1% times the lesser of Final Average Earnings and integration level times Credited Service reduced by 2% for each year Early Retirement Date precedes age 65. The special supplemental early retirement benefit ends at age 65.

3. Payment: Deferred to Age 65. Immediate payment available reduced by 2% for each year Early Retirement date precedes age 65. Employees who were participants as of December 31, 1998 will not have their benefits reduced below the benefits earned up to that date.

Disability Benefit

None.

Vested Benefits upon Termination of Service

FAE Participants

1. Benefit: A percentage of the Accrued Benefit to date of termination as follows:

    a. Less than 5 years of Vesting Service – 0%.

    b. 5 or more years of Vesting Service – 100%.

2. Payment: Deferred to Age 65. Immediate payment available reduced by 5% for each of the first 10 years preceding age 65 and actuarially reduced for any additional years. Employees who were participants as of December 31, 1998 will not have their benefits reduced below the benefits earned up to that date.

Cash Balance Participants

1. Benefit: A percentage of the Cash Balance Account at termination as follows:

    a. Less than 3 years of Vesting Service – 0%.

    b. 3 or more years of Vesting Service – 100%.

2. Payment: Deferred to Age 65. Immediate lump sum payment is available equal to the amount in the Cash Balance Account.

Death Benefits for Participants in Active Service

FAE Participants

1. Married Participants: An employee is eligible if fully-vested, not eligible to retire and has been married for more than one year. The surviving spouse is entitled to 50% of the Normal Retirement income (Joint & 50% Survivor Annuity automatic form of payment) credited up to the time of death, scheduled to start on the deceased's Normal Retirement Date (may elect to begin as early as the deceased's earliest Early Retirement Date, with the appropriate early retirement reduction).

2. Active participants (post-December 31, 2008): The beneficiary of a participant who dies after becoming eligible is eligible to receive an annuity or a lump sum Actuarially Equivalent to 100% of the participant's Accrued Benefit.

Cash Balance Participants

Death benefits are payable if the participant's death occurs while employed or after terminating but before distribution of benefits. Married participants must designate their spouse as the beneficiary. Single participants can designate a beneficiary via filing a form with the company. If the beneficiary is not the spouse, then the Cash Balance Account will be paid to the beneficiary as a lump sum. If the beneficiary is the spouse then it will be distributed as quickly as administratively possible to the beneficiary. If the value of the Cash Balance Account is less than $5,000, it will be distributed as a lump sum. Otherwise, the beneficiary can choose to receive a lump sum or an annuity, at any date up until the participant would have turned age 65.

Optional Forms of Retirement Income in Lieu of Normal Form

1. Normal Form: For FAE participants, Single Life Annuity. For Cash Balance participants, the Normal Form is equal to Actuarial Equivalent of the amount in the participant's Cash Balance Account.

2. Automatic Form:

    a. Unmarried participant: Normal Form.

    b. Married participant: Joint & 50% Survivor Annuity Actuarially Equivalent to the Normal Form.

3. Optional Forms:

    a. Lump Sum.

    b. Joint & 25%, 50%, 75% or 100% Survivor Annuity.

    c. 10-year Certain and Life Annuity.

Pension Increases

None.

Plan Participants' Contributions

They are neither required nor permitted.

Summary of principal plan provisions
Title VII: ConocoPhillips Store Retirement Plan

Coverage and Participation

Title VII of the Plan was closed to new hires on August 1, 2009.

Vesting Service

All Years of Service on elapsed time basis including predecessor service credited under Circle K Kash Plus Plan.

Compensation/Salary

Aggregate of all base plus overtime pay.

Pay Credits

- Prior to August 1, 2009

4% of Covered Compensation credited monthly.

- After July 31, 2009

All Pay Credits to the Plan ceased, except as may be necessary for the purposes of satisfying the minimum coverage requirements of Section 410(b) of the Code or the nondiscrimination requirements of Treasury Regulations 1.401(a)(4)-3 promulgated under Section 410(a)(4) of the Code.

Interest Credits

The yield on the one-year Treasury Constant Maturities for the month of October of the prior Plan Year, credited monthly.

Cash Balance Account

While a Participant, the Cash Balance Account was credited (prior to August 1, 2009) with Pay Credits each month based on the Participant's Covered Compensation paid during the month. The Cash Balance Account is credited with Interest Credits at the end of each Plan Year, based on the Cash Balance Account as of the last day of the prior Plan Year.

Effective January 1, 2003, the Plan was amended to provide a $3,700 minimum payout upon termination to those employees who were hired after December 31, 1999 and who were participants on December 31, 2002.

Plan Name:	ConocoPhillips Retirement Plan
EIN / PN:	73-0400345/021
Plan Sponsor:	ConocoPhillips Company
Valuation Date:	January 1, 2025

Effective January 1, 2006, the Plan was amended to provide a $2,500 minimum payout upon termination to those employees who became participants on or after January 1, 2003 and who were participants on December 31, 2005.

Effective January 1, 2007, the Plan was amended to provide a $3,100 minimum payment upon termination to those employees who were participants on December 31, 2006.

For all participants whose participation dates were on or after January 1, 2007 who were active participants on December 31, 2007, account balances as of December 31, 2007 were subject to a $350 minimum.

For all participants whose participation dates were on or after January 1, 2007, and who were active participants on December 31, 2008 with IRS section 415(c)(3) compensation for 2008 of $18,000 or less, an additional pay credit of $1,000 was granted effective December 31, 2008.

Normal Retirement

1. Eligibility: Age 65.

2. Benefit: Actuarial Equivalent of the amount in the Cash Balance Account.

3. Payment: Immediate on the first of the month coinciding with or next following attainment of age 65.

Late Retirement Benefit

1. Eligibility: Following age 65.

2. Monthly Benefit: Actuarial Equivalent of the amount in the Cash Balance Account as of end of the month preceding date of termination.

3. Payment: Immediate on the first of the month coinciding with or next following the date of termination.

Vested Benefits upon Termination of Service

1. Benefit: A percentage of the Cash Balance Account at termination as follows:

    a. Less than 3 years of Vesting Service – 0%.

    b. 3 or more years of Vesting Service – 100%.

2. Payment: Deferred to age 65. Immediate lump sum payment is available equal to the amount in the Cash Balance Account.

Death Benefits for Vested Participants

1. Pre-Retirement: The surviving spouse receives a Life Annuity equal in amount to the Actuarial Equivalent of the participant's Cash Balance Account as of the end of the month coinciding with or next following the date of death. A lump sum equal to the account balance is available.

2. Post-Retirement: Dependent on the form of payment in effect.

Optional Forms of Retirement Income in Lieu of Normal Form

1. Normal Form: Single Life Annuity equal to the Actuarial Equivalent of the amount in the Cash Balance Account.

2. Automatic Form:

    a. Unmarried participant: Normal form.

    b. Married participant: Joint & 50% Survivor Annuity Actuarially Equivalent to the Normal Form.

Employee Contributions

They are neither required nor permitted.

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions
Title VIII: Tosco Corporation Pension Plan for Union Employees Formerly Employed by Monsanto Company

Coverage and Participation

Title VIII of the Plan was closed to new hires after August 31, 2000.

Credited Service

All Service while an Eligible Employee and all Benefit Service under the prior Monsanto Plan. A participant shall be credited with one year of Credited Service for 2,000 Hours of Service or a fractional part thereof, but not less than 1,000 Hours of Service.

Vesting Service

All Years of Credited Service.

Accrued Benefit

An amount equal to a. reduced by b., payable monthly:

a. Credited Service times $40; minus

b. The amount of the Participant's vested benefit payable under the predecessor Monsanto Plan.

Normal Retirement Benefit

1. Eligibility: Age 65.
2. Benefit: Accrued Benefit.
3. Normal Form of Benefit: Single Life Annuity.

Late Retirement Benefit

Following Age 65. Accrued Benefit based on Normal Retirement benefit formula using Credited Service at late Retirement Date.

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

1. Eligibility: Age 55 and 10 Years of Service.

2. Benefit: Actuarial Equivalent of Accrued Benefit.

3. Payment: Deferred to age 65. Immediate payment available reduced ¼% for each month Early Retirement precedes age 65. No reduction if the Participant's age at Termination of Employment and Credited Service sum to 80 or more.

Vested Benefits upon Termination of Service

1. Benefit: Vested Accrued Benefit based on the following schedule:

    a. Less than 5 years of Vesting Service – 0%.

    b. 5 or more years of Vesting Service – 100%.

2. Payment: Deferred to age 65. Immediate payment is available upon attainment of age 55 with 10 Years of Vesting Service. The Accrued Benefit is reduced by ¼% for each month that benefit commencement precedes age 65.

Death Benefits for Participants in Active Service

Eligibility: If the participant was vested in his/her Accrued Benefit, the beneficiary shall commence receiving a monthly retirement benefit on the first day of the month following the participant's date of death or, if later, on the first day of the month following the date the participant would have attained age 55, equal to 50% of the amount the participant would have received had the participant retired on the day preceding his/her death or, if later, on the day of the month following the date the participant would have attained age 55, and commenced benefits under the Automatic Form.

Optional Forms of Retirement Income in Lieu of Normal Form

1. Normal Form: Single Life Annuity.

2. Automatic Form:

    a. Unmarried participant: Normal Form.

    b. Married participant: Joint & 50% Survivor Annuity Actuarially Equivalent to the Normal Form.

Employee Contributions

They are neither required nor permitted.

Plan Name:	ConocoPhillips Retirement Plan
EIN / PN:	73-0400345/021
Plan Sponsor:	ConocoPhillips Company
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

The following plan provisions were used in the development of the target normal cost and shortfall amortization installment for the Retirement Plan of Marathon Oil Company as of January 1, 2025.

Effective August 1, 2025, the Retirement Plan of Marathon Oil Company was merged into the ConocoPhillips Retirement Plan. As a result of the merger, a portion of the Retirement Plan of Marathon Oil Company's target normal cost and shortfall amortization installment for the period from August 1, 2025 through December 31, 2025 was added to the target normal cost and shortfall amortization installment, respectively, of the ConocoPhillips Retirement Plan to determine the plan's minimum required contribution for the 2025 plan year.

Plan Name:	ConocoPhillips Retirement Plan
EIN / PN:	73-0400345/021
Plan Sponsor:	ConocoPhillips Company
Valuation Date:	January 1, 2025

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

Schedule SB, Part V — Summary of Plan Provisions

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

Death After Early Retirement

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

Death After Vested Termination

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

Normal Form of Annuity

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

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

Definitions

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

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

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

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

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

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

Changes in Plan Provisions for the January 1, 2025 Valuation

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

Changes in Plan Provisions for the January 1, 2024 Valuation

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

Changes in Plan Provisions for the January 1, 2023 Valuation

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

Changes in Plan Provisions for the January 1, 2022 Valuation

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

Changes in Plan Provisions for the January 1, 2021 Valuation

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

Audited Financial Statements

(Schedule H Line 3)

Are

Included

With

Audit Opinion Letter