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
BP CORPORATION NORTH AMERICA INC RETIREE WELFARE BENEFITS PLAN II

1b Three-digit plan number (PN) ▶ 851

1c Effective date of plan 10/01/1998

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
BP CORPORATION NORTH AMERICA INC.

501 WESTLAKE PARK BLVD.
ATTN BENEFITS MANAGER
HOUSTON, TX 77079

2b Employer Identification Number (EIN) 36-1812780

2c Plan Sponsor's telephone number 281-366-2000

2d Business code (see instructions) 324110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	CHRIS PHALEN
	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

EMPLOYEE BENEFITS PLAN ADMINISTRATOR
BP CORPORATION NORTH AMERICA INC.
501 WESTLAKE PARK BLVD
HOUSTON, TX 77079

3b Administrator's EIN: 74-3259348

3c Administrator's telephone number: 281-366-2000

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**	22726
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	22328
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	22328
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 851

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

D Employer Identification Number (EIN)
36-1812780

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

1 Coverage Information:

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

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
91-0511770	95672	0037500	107	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 0

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	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)	0		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	581433
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 851

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

D Employer Identification Number (EIN)
36-1812780

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

1 Coverage Information:

(a) Name of insurance carrier
HEALTHCARE SERVICE CORPORATION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-1236610	70670	H50837	209	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 0

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	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)	0		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2251405
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 851

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

D Employer Identification Number (EIN)
36-1812780

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

1 Coverage Information:

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

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
93-0798039	95540	1057	2	04/01/2024	03/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 0

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	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)	0		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	74970
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 851

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

D Employer Identification Number (EIN)
36-1812780

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

1 Coverage Information:

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

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	00000	38782	61	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 0

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	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)	0		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	319165
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 851

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

D Employer Identification Number (EIN)
36-1812780

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	12000	11755	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	183847

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

MERCER HEALTH & BENEFITS LLC
4565 PAYSPHERE CIR
CHICAGO, IL 60674-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	183794	SUPPLEMENTAL COMPENSATION	3

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

MERCER HUMAN RESOURCE CONSULTING
14800 FRYE RD
FORT WORTH, TX 76155-2732

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 0

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	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)	0		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	25323060
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 851

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

D Employer Identification Number (EIN)
36-1812780

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	103226	12	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 0

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	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)	0		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	69156		
(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)	69156
b Benefit charges (1) Claims paid	9b(1)	683175		
(2) Increase (decrease) in claim reserves	9b(2)	-672602		
(3) Incurred claims (add (1) and (2))			9b(3)	10573
(4) Claims charged			9b(4)	10573
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)	40245		
(E) Taxes	9c(1)(E)	1882		
(F) Charges for risks or other contingencies	9c(1)(F)	2386		
(G) Other retention charges	9c(1)(G)	14070		
(H) Total retention			9c(1)(H)	58583
(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)	2699569
(3) Other reserves			9d(3)	75003
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

B Three-digit plan number (PN) ▶ 851

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

D Employer Identification Number (EIN)
36-1812780

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

1 Coverage Information:

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

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1340523	00000	102094	481	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 0

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	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)	0		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2305051
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

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

B Three-digit plan number (PN) ▶ 851

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

D Employer Identification Number (EIN)
36-1812780

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

(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

(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

(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

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

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

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

AETNA LIFE INSURANCE COMPANY

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 50	N/A	3631426	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EXPRESS SCRIPTS, INC

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 50	N/A	3350059	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WEBMD HEALTH CORP/WEBMD GLOBAL LLC

20-2783228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	N/A	380989	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)

INSPIRA FINANCIAL HEALTH, INC

91-1774434

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 50	N/A	136517	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JPMORGAN CHASE BANK, N.A.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 50 62 72	N/A	6629	Yes [X] No [ ]	Yes [X] No [ ]	7166	Yes [ ] No [X]

(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
JP MORGAN CHASE BANK, N.A.	72	7166
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN INVESTMENT MANAGEMENT INC 13-3200244	REVENUE SHARE ON MUTUAL FUNDS, DRUG REBATES AND RELATED ADMINISTRATION FEES	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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
BP CORPORATION NORTH AMERICA INC RETIREE WELFARE BENEFITS PLAN II

B Three-digit plan number (PN) ▶ 851

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

D Employer Identification Number (EIN)
36-1812780

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	153104	110514
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	41062946	40843445
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18860258	14581601
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	60076308	55535560
Liabilities			
1g Benefit claims payable	1g	18087541	21861122
1h Operating payables	1h	5516528	165556
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	23604069	22026678
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	36472239	33508882

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)	110500000	
(B) Participants	2a(1)(B)	58893395	
(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)		169393395
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	345729	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		345729
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		169739124
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	134305665	
(2) To insurance carriers for the provision of benefits	2e(2)	30890394	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		165196059
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)	7499794	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	6628	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		7506422
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		172702481
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2963357
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II

Financial Statements as of December 31, 2025 and 2024, and for the Year Ended December 31, 2025 with Independent Auditor's Report and Supplemental Schedules

EIN 36-1812780
Plan No. 851

Deloitte & Touche LLP
1111 Bagby Street
Suite 4500
Houston, TX 77002-2591
USA

Tel:+1 713 982 2000
Fax:+1 713 982 2001
www.deloitte.com

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of BP Corporation North America Inc. Retiree Welfare Benefits Plan II (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and statements of benefit obligations as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits and statement of changes in benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and the benefit obligations of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its benefit obligations 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 on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2025 and reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Deloitte & Touche LLP

September 30, 2026

BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2025	**2024**
Assets:		
Cash	$ 110,514	$ 153,104
Investments at fair value -		
JPMorgan U.S. Government Money Market Fund	14,581,601	18,860,258
Rebates and other receivables	40,843,445	41,062,946
Total assets	55,535,560	60,076,308
Liabilities:		
Payable to BP Consolidated Welfare Benefit Plan	114,473	5,461,912
Accrued administrative expenses	51,084	54,616
Total liabilities	165,557	5,516,528
Net assets available for benefits	$ 55,370,003	$ 54,559,780

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

BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2025

Additions to assets attributed to:		
Employer contributions	$	110,500,000
Participant contributions		58,893,395
Interest income		345,729
Total additions		169,739,124
Deductions of assets attributed to:		
Claim payments		130,532,084
HMO premium payments		5,498,177
Insurance premium payments		25,392,217
Administrative expenses		7,506,423
Total deductions		168,928,901
Net increase in net assets during the year		810,223
Net assets available for benefits:		
Beginning of year		54,559,780
End of year	$	55,370,003

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

BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II

STATEMENTS OF BENEFIT OBLIGATIONS

	December 31	
	2025	**2024**
Amounts currently payable to or for participants, beneficiaries, and dependents:		
Claims payable	$ 8,336,122	$ 7,174,541
Claims incurred but not reported	13,525,000	10,913,000
Total amounts currently payable	21,861,122	18,087,541
Post-retirement benefit obligations, net of amounts currently payable:		
Current retirees	792,967,322	724,481,803
Other participants fully eligible for benefits	96,657,837	111,423,711
Participants not yet fully eligible for benefits	274,315,076	219,317,192
Total post-retirement benefits obligation	1,163,940,235	1,055,222,706
Total benefit obligations	$ 1,185,801,357	$ 1,073,310,247

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

BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

Year Ended December 31, 2025

Amounts currently payable to or for participants, beneficiaries, and dependents:		
Balance at beginning of year	$	18,087,541
Increase/(decrease) during the year attributable to:		
Claims and premiums reported and approved for payment		162,584,059
Claims and premiums paid		(161,422,478)
Claims incurred but not reported		2,612,000
Balance at end of year		21,861,122
Post-retirement benefit obligations, net of amounts currently payable:		
Balance at beginning of year		1,055,222,706
Increase/(decrease) during the year attributable to:		
Benefits reclassified to benefits payments		(113,456,728)
Benefits earned		17,460,939
Increase due to passage of time		55,163,618
Updated claim costs, contributions, and aging		(17,671,939)
Changes in actuarial assumptions and other changes		167,221,639
Changes in actuarial assets and other changes		108,717,529
Balance at end of year		1,163,940,235
Total benefit obligations at end of year	$	1,185,801,357

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

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

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

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

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

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

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

Medical Benefits

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

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

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

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

Effective January 1, 2013, the Company implemented an Employer Group Waiver Plan ("EGWP") for a majority of its Medicare eligible retirees. Under EGWP, the Plan receives subsidy reimbursements from the U.S. government and rebates from manufacturers. EGWP subsidy and rebate receivables at December 31, 2025 and 2024 totaled $38 million in each respective year.

Dental Benefits

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

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

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

Group Life Benefits

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

Funding. The Company made monthly contributions to fund the Company's estimated portion of the month's benefit and premium payments. The Plan's deficiency of net assets over benefit obligations at December 31, 2025 and 2024, relates primarily to the funding of the postretirement benefit obligation and it is expected that the deficiency will be funded through future increases in the Company's contribution and the participants' contribution rate.

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

Claims Incurred but Not Reported (IBNR). The Plan's liability for current retiree plan participants' health claims incurred but unreported at year-end is estimated using actuarial methods that use historical trend information developed through studies of medical claim lag patterns incurred in the prior years. The estimated liabilities for retired participants' health claims IBNR as of December 31, 2025 and 2024 are amounts currently payable of statement of benefit obligation. These amounts are paid by the Plan only if claims are submitted and approved for payment.

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

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's independent actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment, and to reflect the portion of those costs expected to be borne by Medicare, the retired participants, and other providers.

Subsequent Events. Management evaluated subsequent events for the Plan through September 30, 2026, the date the financial statements were available to be issued.

3. BENEFIT OBLIGATIONS

The following are significant assumptions used in the postretirement benefit obligation valuations as of December 31, 2025 and 2024:

	2025	2024
Weighted-average discount rate	5.20%	5.50%
Mortality	Employees: Pri.H-2012 Employee Headcount Weighted Mortality Table with no collar adjustments for healthy males and females, with 2 year age setbacks, projected forward using the MP-2021 projection scale. Non-Disabled Retirees:Pri.H-2012 Retiree headcount Weighted Mortality Table with no collar adjustments for healthy males and females, with 2 year age setbacks, projected forward using the MP-2021 projection scale.	Employees: Pri.H-2012 Employee Headcount Weighted Mortality Table with no collar adjustments for healthy males and females, with 2 year age setbacks, projected forward using the MP-2021 projection scale. Non-Disabled Retirees: Pri.H-2012 Retiree headcount Weighted Mortality Table with no collar adjustments for healthy males and females, with 2 year age setbacks, projected forward using the MP-2021 projection scale.
Health care cost trend assumed for next year	5.30%	5.40%
Rate to which the cost trend rate is assumed to decline (ultimate trend rate)	4.50%	4.50%
Year that the rate gradually reaches ultimate trend rate	2032	2032
Effect of 1% increase in health care cost trend rates on the postretirement benefit obligations	$57,509,035	$49,624,198

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

4. FEDERAL INCOME TAX STATUS

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

5. RISKS AND UNCERTAINTIES

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

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

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Plan holds a money market mutual fund in its investment portfolio at December 31, 2025 and 2024, which is managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions. Fees paid for investment management services were included as a reduction of the return earned on the fund.

7. FAIR VALUE MEASUREMENTS

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

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

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

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

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

The Plan held an investment in a money market mutual fund at December 31, 2025 and 2024, of $14,581,601 and $18,860,258, respectively. This investment is classified as Level 1 of the fair value hierarchy. Money market mutual funds are valued using the quoted price in an active market.

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

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as of December 31, 2025 and 2024, per the financial statements to the Form 5500:

	December 31	
	2025	2024
Net assets available for benefits as stated in the financial statements	$ 55,370,003	$ 54,559,780
Less: Claims payable	(8,336,122)	(7,174,541)
Less: Claims incurred but not reported	(13,525,000)	(10,913,000)
Net assets available for benefits per the Plan's Form 5500	$ 33,508,881	$ 36,472,239

The following is a reconciliation of claims and premiums paid for the Year Ended December 31, 2025, per the financial statements to the Form 5500:

Claims payments as stated in the financial statements	$ 130,532,084
HMO premium payments as stated in the financial statements	5,498,177
Insurance premium payments as stated in the financial statements	25,392,217
Claims payable at December 31, 2025	8,336,122
Claims premiums payable at December 31, 2024	(7,174,541)
Claims incurred but not reported at December 31, 2025	13,525,000
Claims incurred but not reported at December 31, 2024	(10,913,000)
Benefits paid as stated in the Plan's Form 5500	$ 165,196,059

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

BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II

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

December 31, 2025

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
* JPMorgan Chase Bank	JPMorgan U.S. Government Money Market Fund - Capital Shares	$ 14,581,601	$ 14,581,601

* Indicates party in interest.

J.P.Morgan

Account Title	BP CORPORATION NORTH AMERICA INC. RETIREE WELFARE
Account Number	P 09788
Reporting Period	DECEMBER 31,2024 THROUGH DECEMBER 31,2025

**"Market value information (including without limitation, prices and accrued income)
furnished in this report has been obtained by sources which JPMorgan believes to be reliable
and is furnished for exclusive use of the customer to whom this statement is addressed
JPMorgan MAKES NO STATEMENT OR WARRANTY, EXPRESSED OR IMPLIED, THAT ANY QUOTED VALUES
necessarily reflect the proceeds which may be received on the sale of a security."**

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	19,039,452 EXPENSES	5% VALUE OF COST OF ASSET	951,972 CURRENT VALUE	NET GAIN OR (LOSS)
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,877,996 10/01/25 BUY 21817	100.0000	0	1,877,996	1,877,996	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,783,761 10/06/25 BUY 21866	100.0000	0	4,783,761	4,783,761	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,496,843 10/07/25 SELL 21873	100.0000	0	4,496,843	4,496,843	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,086,064 10/15/25 BUY 21887	100.0000	0	3,086,064	3,086,064	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 6,181,971 10/17/25 BUY 21896	100.0000	0	6,181,971	6,181,971	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 8,353,190 10/21/25 SELL 21905	100.0000	0	8,353,190	8,353,190	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 15,590,842 10/24/25 BUY 21914	100.0000	0	15,590,842	15,590,842	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,904,203 10/31/25 SELL 21948	100.0000	0	3,904,203	3,904,203	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	19,039,452 EXPENSES	5% VALUE OF COST OF ASSET	951,972 CURRENT VALUE	NET GAIN OR (LOSS)
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,757,328 11/06/25 BUY 21996	100.0000	0	3,757,328	3,757,328	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 8,218,446 11/07/25 SELL 22012	100.0000	0	8,218,446	8,218,446	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,955,181 11/14/25 BUY 22029	100.0000	0	3,955,181	3,955,181	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 5,467,824 11/21/25 SELL 22050	100.0000	0	5,467,824	5,467,824	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,762,241 11/24/25 BUY 22149	100.0000	0	4,762,241	4,762,241	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 991,227 12/03/25 SELL 22277	100.0000	0	991,227	991,227	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,923,464 12/05/25 SELL 22305	100.0000	0	3,923,464	3,923,464	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,573,447 12/08/25 BUY 22323	100.0000	0	3,573,447	3,573,447	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	19,039,452 EXPENSES	5% VALUE OF COST OF ASSET	951,972 CURRENT VALUE	NET GAIN OR (LOSS)
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
3,649,140 12/12/25 BUY 22351	100.0000	0	3,649,140	3,649,140	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
2,758,238 12/15/25 BUY 22359	100.0000	0	2,758,238	2,758,238	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
13,878,231 12/19/25 BUY 22381	100.0000	0	13,878,231	13,878,231	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
9,862,882 12/23/25 SELL 22411	100.0000	0	9,862,882	9,862,882	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
3,192,865 12/26/25 BUY 22441	100.0000	0	3,192,865	3,192,865	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
17,950,349 12/29/25 BUY 22447	100.0000	0	17,950,349	17,950,349	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
19,873,252 12/30/25 SELL 22477	100.0000	0	19,873,252	19,873,252	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
1,458,910 01/07/25 SELL 20659	100.0000	0	1,458,910	1,458,910	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	19,039,452 EXPENSES	5% VALUE OF COST OF ASSET	951,972 CURRENT VALUE	NET GAIN OR (LOSS)
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 6,771,326 01/10/25 SELL 20673	100.0000	0	6,771,326	6,771,326	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,703,828 01/17/25 SELL 20694	100.0000	0	1,703,828	1,703,828	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,894,850 01/23/25 BUY 20704	100.0000	0	2,894,850	2,894,850	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,815,389 01/24/25 BUY 20714	100.0000	0	3,815,389	3,815,389	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,766,488 01/30/25 BUY 20730	100.0000	0	4,766,488	4,766,488	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,144,600 01/31/25 SELL 20744	100.0000	0	4,144,600	4,144,600	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,916,567 02/06/25 BUY 20770	100.0000	0	3,916,567	3,916,567	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 6,030,926 02/07/25 SELL 20778	100.0000	0	6,030,926	6,030,926	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	19,039,452 EXPENSES	5% VALUE OF COST OF ASSET	951,972 CURRENT VALUE	NET GAIN OR (LOSS)
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,224,402 02/12/25 SELL 20794	100.0000	0	2,224,402	2,224,402	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,815,963 02/14/25 BUY 20802	100.0000	0	2,815,963	2,815,963	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,748,632 02/19/25 BUY 20808	100.0000	0	2,748,632	2,748,632	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,348,148 02/21/25 BUY 20821	100.0000	0	1,348,148	1,348,148	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 7,545,611 02/25/25 SELL 20832	100.0000	0	7,545,611	7,545,611	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,976,723 03/06/25 BUY 20894	100.0000	0	3,976,723	3,976,723	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,084,889 03/07/25 BUY 20909	100.0000	0	2,084,889	2,084,889	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,288,973 03/14/25 SELL 20927	100.0000	0	2,288,973	2,288,973	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	19,039,452 EXPENSES	5% VALUE OF COST OF ASSET	951,972 CURRENT VALUE	NET GAIN OR (LOSS)
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,604,749 03/17/25 BUY 20931	100.0000	0	3,604,749	3,604,749	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,283,021 03/21/25 SELL 20953	100.0000	0	4,283,021	4,283,021	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 16,671,059 03/31/25 BUY 20984	100.0000	0	16,671,059	16,671,059	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 6,010,508 04/01/25 SELL 20997	100.0000	0	6,010,508	6,010,508	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,650,830 04/08/25 SELL 21053	100.0000	0	3,650,830	3,650,830	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,083,414 04/15/25 BUY 21069	100.0000	0	3,083,414	3,083,414	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,206,487 04/17/25 BUY 21078	100.0000	0	2,206,487	2,206,487	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 7,421,569 04/22/25 SELL 21091	100.0000	0	7,421,569	7,421,569	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	19,039,452 EXPENSES	5% VALUE OF COST OF ASSET	951,972 CURRENT VALUE	NET GAIN OR (LOSS)
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 6,054,364 04/30/25 BUY 21128	100.0000	0	6,054,364	6,054,364	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,472,985 05/02/25 BUY 21167	100.0000	0	2,472,985	2,472,985	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,328,966 05/06/25 SELL 21184	100.0000	0	3,328,966	3,328,966	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,158,793 05/16/25 BUY 21212	100.0000	0	1,158,793	1,158,793	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,070,203 05/21/25 BUY 21226	100.0000	0	3,070,203	3,070,203	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 7,156,174 05/22/25 SELL 21234	100.0000	0	7,156,174	7,156,174	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,896,483 05/23/25 BUY 21238	100.0000	0	2,896,483	2,896,483	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,898,077 06/05/25 BUY 21316	100.0000	0	2,898,077	2,898,077	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	19,039,452 EXPENSES	5% VALUE OF COST OF ASSET	951,972 CURRENT VALUE	NET GAIN OR (LOSS)
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,644,722 06/06/25 SELL 21322	100.0000	0	3,644,722	3,644,722	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,774,081 06/13/25 BUY 21343	100.0000	0	4,774,081	4,774,081	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,870,089 06/16/25 BUY 21347	100.0000	0	3,870,089	3,870,089	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 6,207,758 06/20/25 SELL 21366	100.0000	0	6,207,758	6,207,758	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 21,040,160 06/27/25 BUY 21384	100.0000	0	21,040,160	21,040,160	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 6,154,935 06/30/25 SELL 21399	100.0000	0	6,154,935	6,154,935	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,284,872 07/03/25 SELL 21450	100.0000	0	3,284,872	3,284,872	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 8,199,963 07/07/25 SELL 21458	100.0000	0	8,199,963	8,199,963	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	19,039,452 EXPENSES	5% VALUE OF COST OF ASSET	951,972 CURRENT VALUE	NET GAIN OR (LOSS)
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,787,126 07/08/25 BUY 21461	100.0000	0	3,787,126	3,787,126	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,423,676 07/15/25 SELL 21479	100.0000	0	2,423,676	2,423,676	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,789,295 07/16/25 BUY 21482	100.0000	0	3,789,295	3,789,295	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 8,030,171 07/21/25 SELL 21500	100.0000	0	8,030,171	8,030,171	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,370,782 07/22/25 BUY 21504	100.0000	0	3,370,782	3,370,782	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,408,737 07/29/25 SELL 21532	100.0000	0	1,408,737	1,408,737	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 5,869,899 07/30/25 BUY 21535	100.0000	0	5,869,899	5,869,899	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,606,557 08/04/25 BUY 21579	100.0000	0	1,606,557	1,606,557	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	19,039,452 EXPENSES	5% VALUE OF COST OF ASSET	951,972 CURRENT VALUE	NET GAIN OR (LOSS)
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,012,718 08/06/25 SELL 21596	100.0000	0	4,012,718	4,012,718	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,895,143 08/13/25 BUY 21611	100.0000	0	1,895,143	1,895,143	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,572,357 08/15/25 BUY 21620	100.0000	0	2,572,357	2,572,357	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,598,898 08/18/25 BUY 21625	100.0000	0	2,598,898	2,598,898	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 7,248,224 08/20/25 SELL 21639	100.0000	0	7,248,224	7,248,224	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,036,944 08/29/25 SELL 21677	100.0000	0	1,036,944	1,036,944	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 8,062,007 09/04/25 BUY 21718	100.0000	0	8,062,007	8,062,007	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 8,809,175 09/05/25 SELL 21732	100.0000	0	8,809,175	8,809,175	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	19,039,452 EXPENSES	5% VALUE OF COST OF ASSET	951,972 CURRENT VALUE	NET GAIN OR (LOSS)
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,733,762 09/08/25 BUY 21736	100.0000	0	3,733,762	3,733,762	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,790,974 09/12/25 BUY 21751	100.0000	0	2,790,974	2,790,974	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,533,287 09/15/25 BUY 21754	100.0000	0	2,533,287	2,533,287	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 7,210,303 09/19/25 SELL 21776	100.0000	0	7,210,303	7,210,303	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,860,345 09/25/25 BUY 21789	100.0000	0	1,860,345	1,860,345	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,108,187 09/30/25 SELL 21810	100.0000	0	1,108,187	1,108,187	0

J.P.Morgan

Account Title	BP CORPORATION NORTH AMERICA INC. RETIREE WELFARE
Account Number	P 09788
Reporting Period	DECEMBER 31,2024 THROUGH DECEMBER 31,2025

**"Market value information (including without limitation, prices and accrued income)
furnished in this report has been obtained by sources which JPMorgan believes to be reliable
and is furnished for exclusive use of the customer to whom this statement is addressed
JPMorgan MAKES NO STATEMENT OR WARRANTY, EXPRESSED OR IMPLIED, THAT ANY QUOTED VALUES
necessarily reflect the proceeds which may be received on the sale of a security."**

BASED ON MARKET VALUE OF 19,039,452 5% VALUE OF 951,972

DESCRIPTION OF ASSET PURCHASE PRICE EXPENSES COST OF ASSET CURRENT VALUE NET GAIN

IDENTITY OF PARTY INVOLVED SELLING PRICE OR (LOSS)

4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END

MONTHLY VARIABLE 12/31/2049

BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS

1,877,996	10/01/25	B	BUY	21817	100.0000	0	1,877,996	1,877,996	0
38,615	10/02/25	B	BUY	21851	100.0000	0	38,615	38,615	0
308,806	10/03/25	S	SELL	21861	100.0000	0	308,806	308,806	0
4,783,761	10/06/25	B	BUY	21866	100.0000	0	4,783,761	4,783,761	0
4,496,843	10/07/25	S	SELL	21873	100.0000	0	4,496,843	4,496,843	0
36,161	10/08/25	S	SELL	21875	100.0000	0	36,161	36,161	0
136,423	10/09/25	S	SELL	21878	100.0000	0	136,423	136,423	0
339,104	10/10/25	S	SELL	21881	100.0000	0	339,104	339,104	0
868,409	10/14/25	S	SELL	21885	100.0000	0	868,409	868,409	0
3,086,064	10/15/25	B	BUY	21887	100.0000	0	3,086,064	3,086,064	0
83,566	10/16/25	S	SELL	21889	100.0000	0	83,566	83,566	0
6,181,971	10/17/25	B	BUY	21896	100.0000	0	6,181,971	6,181,971	0
314,116	10/20/25	S	SELL	21899	100.0000	0	314,116	314,116	0
8,353,190	10/21/25	S	SELL	21905	100.0000	0	8,353,190	8,353,190	0
393,089	10/22/25	S	SELL	21907	100.0000	0	393,089	393,089	0
128,037	10/23/25	S	SELL	21911	100.0000	0	128,037	128,037	0
15,590,842	10/24/25	B	BUY	21914	100.0000	0	15,590,842	15,590,842	0
262,286	10/27/25	S	SELL	21918	100.0000	0	262,286	262,286	0
337,609	10/28/25	S	SELL	21929	100.0000	0	337,609	337,609	0
92,890	10/29/25	S	SELL	21932	100.0000	0	92,890	92,890	0
796,438	10/30/25	S	SELL	21945	100.0000	0	796,438	796,438	0
3,904,203	10/31/25	S	SELL	21948	100.0000	0	3,904,203	3,904,203	0
194,747	11/03/25	S	SELL	21954	100.0000	0	194,747	194,747	0
132,693	11/04/25	S	SELL	21984	100.0000	0	132,693	132,693	0
247,321	11/05/25	S	SELL	21994	100.0000	0	247,321	247,321	0
3,757,328	11/06/25	B	BUY	21996	100.0000	0	3,757,328	3,757,328	0
8,218,446	11/07/25	S	SELL	22012	100.0000	0	8,218,446	8,218,446	0
466,361	11/10/25	S	SELL	22016	100.0000	0	466,361	466,361	0
517,702	11/12/25	S	SELL	22020	100.0000	0	517,702	517,702	0
147,650	11/13/25	S	SELL	22022	100.0000	0	147,650	147,650	0
3,955,181	11/14/25	B	BUY	22029	100.0000	0	3,955,181	3,955,181	0
291,529	11/17/25	S	SELL	22032	100.0000	0	291,529	291,529	0
361,390	11/18/25	S	SELL	22037	100.0000	0	361,390	361,390	0
227,538	11/19/25	S	SELL	22041	100.0000	0	227,538	227,538	0
199,330	11/20/25	S	SELL	22043	100.0000	0	199,330	199,330	0
5,467,824	11/21/25	S	SELL	22050	100.0000	0	5,467,824	5,467,824	0
4,762,241	11/24/25	B	BUY	22149	100.0000	0	4,762,241	4,762,241	0
456,630	11/25/25	S	SELL	22153	100.0000	0	456,630	456,630	0
561,506	11/26/25	S	SELL	22163	100.0000	0	561,506	561,506	0
920,454	11/28/25	B	BUY	22189	100.0000	0	920,454	920,454	0
456,478	12/01/25	S	SELL	22197	100.0000	0	456,478	456,478	0
267,946	12/02/25	S	SELL	22265	100.0000	0	267,946	267,946	0
991,227	12/03/25	S	SELL	22277	100.0000	0	991,227	991,227	0
83,716	12/04/25	S	SELL	22283	100.0000	0	83,716	83,716	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED			BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	19,039,452 EXPENSES	5% VALUE OF COST OF ASSET	951,972 CURRENT VALUE	NET GAIN OR (LOSS)
3,923,464 12/05/25 S SELL	22305		100.0000	0	3,923,464	3,923,464	0
3,573,447 12/08/25 B BUY	22323		100.0000	0	3,573,447	3,573,447	0
419,134 12/09/25 S SELL	22329		100.0000	0	419,134	419,134	0
357,533 12/10/25 S SELL	22335		100.0000	0	357,533	357,533	0
26,505 12/11/25 S SELL	22341		100.0000	0	26,505	26,505	0
3,649,140 12/12/25 B BUY	22351		100.0000	0	3,649,140	3,649,140	0
2,758,238 12/15/25 B BUY	22359		100.0000	0	2,758,238	2,758,238	0
468,924 12/16/25 S SELL	22363		100.0000	0	468,924	468,924	0
407,757 12/17/25 S SELL	22367		100.0000	0	407,757	407,757	0
88,330 12/18/25 S SELL	22371		100.0000	0	88,330	88,330	0
13,878,231 12/19/25 B BUY	22381		100.0000	0	13,878,231	13,878,231	0
427,943 12/22/25 S SELL	22397		100.0000	0	427,943	427,943	0
9,862,882 12/23/25 S SELL	22411		100.0000	0	9,862,882	9,862,882	0
287,311 12/24/25 S SELL	22415		100.0000	0	287,311	287,311	0
3,192,865 12/26/25 B BUY	22441		100.0000	0	3,192,865	3,192,865	0
17,950,349 12/29/25 B BUY	22447		100.0000	0	17,950,349	17,950,349	0
19,873,252 12/30/25 S SELL	22477		100.0000	0	19,873,252	19,873,252	0
55,008 12/31/25 S SELL	22487		100.0000	0	55,008	55,008	0
89,956,723	16	TOTAL BUYS		0	89,956,723	89,956,723	0
76,339,247	46	TOTAL SELLS		0	76,339,247	76,339,247	0
166,295,970		SECURITY TOTAL		0	166,295,970	166,295,970	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS							
108,122 01/02/25 S SELL	20606		100.0000	0	108,122	108,122	0
151,772 01/03/25 S SELL	20641		100.0000	0	151,772	151,772	0
574,947 01/06/25 S SELL	20655		100.0000	0	574,947	574,947	0
1,458,910 01/07/25 S SELL	20659		100.0000	0	1,458,910	1,458,910	0
48,437 01/08/25 S SELL	20665		100.0000	0	48,437	48,437	0
93,814 01/09/25 S SELL	20666		100.0000	0	93,814	93,814	0
6,771,326 01/10/25 S SELL	20673		100.0000	0	6,771,326	6,771,326	0
422,047 01/13/25 S SELL	20677		100.0000	0	422,047	422,047	0
280,166 01/14/25 S SELL	20680		100.0000	0	280,166	280,166	0
423,328 01/15/25 S SELL	20683		100.0000	0	423,328	423,328	0
301,746 01/16/25 S SELL	20685		100.0000	0	301,746	301,746	0
1,703,828 01/17/25 S SELL	20694		100.0000	0	1,703,828	1,703,828	0
442,211 01/21/25 S SELL	20698		100.0000	0	442,211	442,211	0
485,916 01/22/25 S SELL	20701		100.0000	0	485,916	485,916	0
2,894,850 01/23/25 B BUY	20704		100.0000	0	2,894,850	2,894,850	0
3,815,389 01/24/25 B BUY	20714		100.0000	0	3,815,389	3,815,389	0
336,408 01/27/25 S SELL	20719		100.0000	0	336,408	336,408	0
259,188 01/28/25 S SELL	20722		100.0000	0	259,188	259,188	0
101,467 01/29/25 S SELL	20725		100.0000	0	101,467	101,467	0
4,766,488 01/30/25 B BUY	20730		100.0000	0	4,766,488	4,766,488	0

BASED ON MARKET VALUE OF 19,039,452 5% VALUE OF 951,972

DESCRIPTION OF ASSET		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN
IDENTITY OF PARTY INVOLVED		SELLING PRICE				OR (LOSS)
4,144,600 01/31/25 S SELL	20744	100.0000	0	4,144,600	4,144,600	0
303,037 02/03/25 S SELL	20753	100.0000	0	303,037	303,037	0
679,982 02/04/25 S SELL	20764	100.0000	0	679,982	679,982	0
8,861 02/05/25 S SELL	20767	100.0000	0	8,861	8,861	0
3,916,567 02/06/25 B BUY	20770	100.0000	0	3,916,567	3,916,567	0
6,030,926 02/07/25 S SELL	20778	100.0000	0	6,030,926	6,030,926	0
744,438 02/10/25 S SELL	20787	100.0000	0	744,438	744,438	0
249,218 02/11/25 S SELL	20790	100.0000	0	249,218	249,218	0
2,224,402 02/12/25 S SELL	20794	100.0000	0	2,224,402	2,224,402	0
284,179 02/13/25 S SELL	20797	100.0000	0	284,179	284,179	0
2,815,963 02/14/25 B BUY	20802	100.0000	0	2,815,963	2,815,963	0
945,917 02/18/25 S SELL	20806	100.0000	0	945,917	945,917	0
2,748,632 02/19/25 B BUY	20808	100.0000	0	2,748,632	2,748,632	0
208,846 02/20/25 S SELL	20815	100.0000	0	208,846	208,846	0
1,348,148 02/21/25 B BUY	20821	100.0000	0	1,348,148	1,348,148	0
347,952 02/24/25 S SELL	20825	100.0000	0	347,952	347,952	0
7,545,611 02/25/25 S SELL	20832	100.0000	0	7,545,611	7,545,611	0
232,117 02/26/25 S SELL	20835	100.0000	0	232,117	232,117	0
209,960 02/27/25 S SELL	20840	100.0000	0	209,960	209,960	0
835,140 02/28/25 B BUY	20853	100.0000	0	835,140	835,140	0
340,119 03/03/25 S SELL	20860	100.0000	0	340,119	340,119	0
254,868 03/04/25 S SELL	20888	100.0000	0	254,868	254,868	0
45,724 03/05/25 S SELL	20891	100.0000	0	45,724	45,724	0
3,976,723 03/06/25 B BUY	20894	100.0000	0	3,976,723	3,976,723	0
2,084,889 03/07/25 B BUY	20909	100.0000	0	2,084,889	2,084,889	0
420,808 03/10/25 S SELL	20913	100.0000	0	420,808	420,808	0
238,160 03/11/25 S SELL	20916	100.0000	0	238,160	238,160	0
157,675 03/12/25 S SELL	20919	100.0000	0	157,675	157,675	0
351,542 03/13/25 S SELL	20922	100.0000	0	351,542	351,542	0
2,288,973 03/14/25 S SELL	20927	100.0000	0	2,288,973	2,288,973	0
3,604,749 03/17/25 B BUY	20931	100.0000	0	3,604,749	3,604,749	0
472,446 03/18/25 S SELL	20936	100.0000	0	472,446	472,446	0
301,652 03/19/25 S SELL	20939	100.0000	0	301,652	301,652	0
217,872 03/20/25 S SELL	20943	100.0000	0	217,872	217,872	0
4,283,021 03/21/25 S SELL	20953	100.0000	0	4,283,021	4,283,021	0
377,984 03/24/25 S SELL	20957	100.0000	0	377,984	377,984	0
191,403 03/25/25 S SELL	20960	100.0000	0	191,403	191,403	0
207,342 03/26/25 S SELL	20965	100.0000	0	207,342	207,342	0
115,753 03/27/25 S SELL	20968	100.0000	0	115,753	115,753	0
682,956 03/28/25 S SELL	20980	100.0000	0	682,956	682,956	0
16,671,059 03/31/25 B BUY	20984	100.0000	0	16,671,059	16,671,059	0
6,010,508 04/01/25 S SELL	20997	100.0000	0	6,010,508	6,010,508	0
110,211 04/02/25 S SELL	21029	100.0000	0	110,211	110,211	0
186,980 04/03/25 S SELL	21032	100.0000	0	186,980	186,980	0
456,058 04/04/25 S SELL	21042	100.0000	0	456,058	456,058	0
418,078 04/07/25 S SELL	21046	100.0000	0	418,078	418,078	0
3,650,830 04/08/25 S SELL	21053	100.0000	0	3,650,830	3,650,830	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED		BASED ON MARKET PURCHASE PRICE SELLING PRICE	VALUE OF EXPENSES	19,039,452 COST OF ASSET	5% VALUE OF CURRENT VALUE	951,972 NET GAIN OR (LOSS)
137,929 04/09/25 S SELL	21056	100.0000	0	137,929	137,929	0
408,324 04/10/25 S SELL	21059	100.0000	0	408,324	408,324	0
254,926 04/11/25 S SELL	21062	100.0000	0	254,926	254,926	0
193,928 04/14/25 S SELL	21066	100.0000	0	193,928	193,928	0
3,083,414 04/15/25 B BUY	21069	100.0000	0	3,083,414	3,083,414	0
273,915 04/16/25 S SELL	21074	100.0000	0	273,915	273,915	0
2,206,487 04/17/25 B BUY	21078	100.0000	0	2,206,487	2,206,487	0
195,837 04/21/25 B BUY	21083	100.0000	0	195,837	195,837	0
7,421,569 04/22/25 S SELL	21091	100.0000	0	7,421,569	7,421,569	0
262,457 04/23/25 S SELL	21096	100.0000	0	262,457	262,457	0
234,339 04/24/25 S SELL	21100	100.0000	0	234,339	234,339	0
861,079 04/25/25 S SELL	21106	100.0000	0	861,079	861,079	0
544,995 04/28/25 S SELL	21110	100.0000	0	544,995	544,995	0
493,605 04/29/25 S SELL	21117	100.0000	0	493,605	493,605	0
6,054,364 04/30/25 B BUY	21128	100.0000	0	6,054,364	6,054,364	0
15,114 05/01/25 B BUY	21133	100.0000	0	15,114	15,114	0
2,472,985 05/02/25 B BUY	21167	100.0000	0	2,472,985	2,472,985	0
482,673 05/05/25 S SELL	21177	100.0000	0	482,673	482,673	0
3,328,966 05/06/25 S SELL	21184	100.0000	0	3,328,966	3,328,966	0
28,332 05/07/25 S SELL	21187	100.0000	0	28,332	28,332	0
501,909 05/08/25 S SELL	21190	100.0000	0	501,909	501,909	0
180,748 05/09/25 S SELL	21192	100.0000	0	180,748	180,748	0
518,143 05/12/25 S SELL	21197	100.0000	0	518,143	518,143	0
255,983 05/13/25 S SELL	21200	100.0000	0	255,983	255,983	0
117,395 05/14/25 S SELL	21203	100.0000	0	117,395	117,395	0
286,223 05/15/25 S SELL	21205	100.0000	0	286,223	286,223	0
1,158,793 05/16/25 B BUY	21212	100.0000	0	1,158,793	1,158,793	0
318,063 05/19/25 S SELL	21216	100.0000	0	318,063	318,063	0
300,051 05/20/25 S SELL	21220	100.0000	0	300,051	300,051	0
3,070,203 05/21/25 B BUY	21226	100.0000	0	3,070,203	3,070,203	0
7,156,174 05/22/25 S SELL	21234	100.0000	0	7,156,174	7,156,174	0
2,896,483 05/23/25 B BUY	21238	100.0000	0	2,896,483	2,896,483	0
394,953 05/27/25 S SELL	21244	100.0000	0	394,953	394,953	0
369,700 05/28/25 S SELL	21246	100.0000	0	369,700	369,700	0
59,181 05/29/25 S SELL	21249	100.0000	0	59,181	59,181	0
509,896 05/30/25 B BUY	21263	100.0000	0	509,896	509,896	0
15,575 06/02/25 S SELL	21271	100.0000	0	15,575	15,575	0
99,478 06/03/25 S SELL	21300	100.0000	0	99,478	99,478	0
318,579 06/04/25 S SELL	21310	100.0000	0	318,579	318,579	0
2,898,077 06/05/25 B BUY	21316	100.0000	0	2,898,077	2,898,077	0
3,644,722 06/06/25 S SELL	21322	100.0000	0	3,644,722	3,644,722	0
363,832 06/09/25 S SELL	21327	100.0000	0	363,832	363,832	0
456,842 06/10/25 S SELL	21330	100.0000	0	456,842	456,842	0
233,903 06/11/25 S SELL	21333	100.0000	0	233,903	233,903	0
833,702 06/12/25 B BUY	21337	100.0000	0	833,702	833,702	0
4,774,081 06/13/25 B BUY	21343	100.0000	0	4,774,081	4,774,081	0
3,870,089 06/16/25 B BUY	21347	100.0000	0	3,870,089	3,870,089	0

BASED ON MARKET VALUE OF 19,039,452 5% VALUE OF 951,972

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
450,005 06/17/25 S SELL	21353	100.0000	0	450,005	450,005	0
120,042 06/18/25 S SELL	21356	100.0000	0	120,042	120,042	0
6,207,758 06/20/25 S SELL	21366	100.0000	0	6,207,758	6,207,758	0
310,250 06/23/25 S SELL	21370	100.0000	0	310,250	310,250	0
199,380 06/24/25 S SELL	21373	100.0000	0	199,380	199,380	0
98,585 06/25/25 S SELL	21376	100.0000	0	98,585	98,585	0
336,885 06/26/25 S SELL	21379	100.0000	0	336,885	336,885	0
21,040,160 06/27/25 B BUY	21384	100.0000	0	21,040,160	21,040,160	0
6,154,935 06/30/25 S SELL	21399	100.0000	0	6,154,935	6,154,935	0
147,655 07/01/25 S SELL	21404	100.0000	0	147,655	147,655	0
46,116 07/02/25 B BUY	21435	100.0000	0	46,116	46,116	0
3,284,872 07/03/25 S SELL	21450	100.0000	0	3,284,872	3,284,872	0
8,199,963 07/07/25 S SELL	21458	100.0000	0	8,199,963	8,199,963	0
3,787,126 07/08/25 B BUY	21461	100.0000	0	3,787,126	3,787,126	0
31,975 07/09/25 S SELL	21464	100.0000	0	31,975	31,975	0
222,535 07/10/25 S SELL	21467	100.0000	0	222,535	222,535	0
238,218 07/11/25 S SELL	21471	100.0000	0	238,218	238,218	0
440,634 07/14/25 S SELL	21475	100.0000	0	440,634	440,634	0
2,423,676 07/15/25 S SELL	21479	100.0000	0	2,423,676	2,423,676	0
3,789,295 07/16/25 B BUY	21482	100.0000	0	3,789,295	3,789,295	0
136,395 07/17/25 S SELL	21488	100.0000	0	136,395	136,395	0
233,037 07/18/25 S SELL	21492	100.0000	0	233,037	233,037	0
8,030,171 07/21/25 S SELL	21500	100.0000	0	8,030,171	8,030,171	0
3,370,782 07/22/25 B BUY	21504	100.0000	0	3,370,782	3,370,782	0
115,120 07/23/25 S SELL	21508	100.0000	0	115,120	115,120	0
327,249 07/24/25 S SELL	21513	100.0000	0	327,249	327,249	0
296,232 07/25/25 S SELL	21517	100.0000	0	296,232	296,232	0
280,675 07/28/25 S SELL	21521	100.0000	0	280,675	280,675	0
1,408,737 07/29/25 S SELL	21532	100.0000	0	1,408,737	1,408,737	0
5,869,899 07/30/25 B BUY	21535	100.0000	0	5,869,899	5,869,899	0
38,333 07/31/25 S SELL	21541	100.0000	0	38,333	38,333	0
133,165 08/01/25 S SELL	21545	100.0000	0	133,165	133,165	0
1,606,557 08/04/25 B BUY	21579	100.0000	0	1,606,557	1,606,557	0
343,970 08/05/25 S SELL	21589	100.0000	0	343,970	343,970	0
4,012,718 08/06/25 S SELL	21596	100.0000	0	4,012,718	4,012,718	0
410,684 08/07/25 S SELL	21598	100.0000	0	410,684	410,684	0
207,273 08/08/25 S SELL	21601	100.0000	0	207,273	207,273	0
473,391 08/11/25 S SELL	21605	100.0000	0	473,391	473,391	0
579,485 08/12/25 S SELL	21609	100.0000	0	579,485	579,485	0
1,895,143 08/13/25 B BUY	21611	100.0000	0	1,895,143	1,895,143	0
232,163 08/14/25 S SELL	21614	100.0000	0	232,163	232,163	0
2,572,357 08/15/25 B BUY	21620	100.0000	0	2,572,357	2,572,357	0
2,598,898 08/18/25 B BUY	21625	100.0000	0	2,598,898	2,598,898	0
400,895 08/19/25 S SELL	21630	100.0000	0	400,895	400,895	0
7,248,224 08/20/25 S SELL	21639	100.0000	0	7,248,224	7,248,224	0
235,667 08/21/25 S SELL	21643	100.0000	0	235,667	235,667	0
801,188 08/22/25 B BUY	21647	100.0000	0	801,188	801,188	0

BASED ON MARKET VALUE OF 19,039,452 5% VALUE OF 951,972

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
318,486 08/25/25 S SELL	21652	100.0000	0	318,486	318,486	0
250,327 08/26/25 S SELL	21656	100.0000	0	250,327	250,327	0
134,494 08/27/25 S SELL	21658	100.0000	0	134,494	134,494	0
225,061 08/28/25 S SELL	21663	100.0000	0	225,061	225,061	0
1,036,944 08/29/25 S SELL	21677	100.0000	0	1,036,944	1,036,944	0
368,529 09/02/25 S SELL	21685	100.0000	0	368,529	368,529	0
302,785 09/03/25 S SELL	21714	100.0000	0	302,785	302,785	0
8,062,007 09/04/25 B BUY	21718	100.0000	0	8,062,007	8,062,007	0
8,809,175 09/05/25 S SELL	21732	100.0000	0	8,809,175	8,809,175	0
3,733,762 09/08/25 B BUY	21736	100.0000	0	3,733,762	3,733,762	0
408,647 09/09/25 S SELL	21739	100.0000	0	408,647	408,647	0
221,356 09/10/25 S SELL	21742	100.0000	0	221,356	221,356	0
199,519 09/11/25 S SELL	21745	100.0000	0	199,519	199,519	0
2,790,974 09/12/25 B BUY	21751	100.0000	0	2,790,974	2,790,974	0
2,533,287 09/15/25 B BUY	21754	100.0000	0	2,533,287	2,533,287	0
609,597 09/16/25 S SELL	21756	100.0000	0	609,597	609,597	0
288,651 09/17/25 S SELL	21763	100.0000	0	288,651	288,651	0
111,011 09/18/25 S SELL	21765	100.0000	0	111,011	111,011	0
7,210,303 09/19/25 S SELL	21776	100.0000	0	7,210,303	7,210,303	0
328,677 09/22/25 S SELL	21780	100.0000	0	328,677	328,677	0
342,482 09/23/25 S SELL	21783	100.0000	0	342,482	342,482	0
538,939 09/24/25 S SELL	21786	100.0000	0	538,939	538,939	0
1,860,345 09/25/25 B BUY	21789	100.0000	0	1,860,345	1,860,345	0
442,217 09/26/25 S SELL	21793	100.0000	0	442,217	442,217	0
82,676 09/29/25 S SELL	21797	100.0000	0	82,676	82,676	0
1,108,187 09/30/25 S SELL	21810	100.0000	0	1,108,187	1,108,187	0
149,876,018	42 TOTAL BUYS		0	149,876,018	149,876,018	0
167,772,148	145 TOTAL SELLS		0	167,772,148	167,772,148	0
317,648,166	SECURITY TOTAL		0	317,648,166	317,648,166	0

BP CORPORATION NORTH AMERICA INC.
RETIREE WELFARE BENEFITS PLAN II

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

December 31, 2025

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
* JPMorgan Chase Bank	JPMorgan U.S. Government Money Market Fund - Capital Shares	$ 14,581,601	$ 14,581,601

* Indicates party-in-interest.