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 04/01/2025 and ending 03/31/2026

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

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

D Check box if filing under:
- ☐ 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 CONSOLIDATED WELFARE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 504

1c Effective date of plan 03/01/1967

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**	16131
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)**	13215
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	12656
b	Retired or separated participants receiving benefits	**6b**	2979
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	15635
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4D 4E 4F 4H 4L 4Q

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** ☐ **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)** [X] **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 14
- **(4)** [X] **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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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	H50831	1426	04/01/2025	03/31/2026

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

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(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	10967946
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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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	29	04/01/2025	03/31/2026

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	

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ 0

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	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	212431
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

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

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OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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	51	04/01/2025	03/31/2026

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

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

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

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

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

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

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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	507360
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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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	35	04/01/2025	03/31/2026

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**	311923
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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	12086364	9798	04/01/2025	03/31/2026

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	1954119
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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	LK030287	11445	04/01/2025	03/31/2026

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** [X] 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**	6420351
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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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	0151411	13607	04/01/2025	03/31/2026

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	32314

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	
	32261	SUPPLEMENTAL COMPENSATION	3

(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	
	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** [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	3723084
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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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
CIGNA HEALTH AND LIFE INSURANCE COMPANY AND AFFILIATES

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	2501767,3215856	1988	04/01/2025	03/31/2026

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

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	584176
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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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	0095520	7125	04/01/2025	03/31/2026

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	57184

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	
	57131	SUPPLEMENTAL COMPENSATION	3

(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	
	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 ▶

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	6632759
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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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
METLIFE LEGAL PLANS, 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
34-1650967	00000	7800010	3001	04/01/2025	03/31/2026

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
69606	10093

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 H&B ADMINISTRATION
PO BOX 850502
MINNEAPOLIS, MN 55485

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
69606	0	N/A	3

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

MERCER HEALTH & BENEFITS ADMIN LLC
121 RIVER STREET FL5
HOBOKEN, NJ 07030

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	10093	SUPPLEMENTAL 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 ▶

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** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ LEGAL

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	685839
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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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	0215543	12854	04/01/2025	03/31/2026

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	4076

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	
	4023	SUPPLEMENTAL COMPENSATION	3

(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	
	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 ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [X] 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	547237
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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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	0215544	13968	04/01/2025	03/31/2026

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	2476

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	
	2423	SUPPLEMENTAL COMPENSATION	3

(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	
	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 ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [X] 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	328450
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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	LK0100136	907	04/01/2025	03/31/2026

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	382087
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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	COP800500	410	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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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	401941
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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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).. . . . . [X] Yes [ ] No

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

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

HEALTHCARE SERVICE CORPORATION

36-1236610

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

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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	11913963	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	3808456	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	2039670	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)

CIGNA HEALTH AND LIFE INSURANCE COM

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 31 38 49 50 62	N/A	377523	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

HEALTH CARE SERVICE CORPORATION

36-1236610

(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	156403	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LIFE INSURANCE CO. OF NORTH AMERICA

23-1503749

(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	94128	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)

PROGYNY, INC

27-2220139

(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 15 50	N/A	47792	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	45571	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	15737	Yes [X] No [ ]	Yes [X] No [ ]	5007	Yes [X] 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)

LYRA HEALTH INTERNATIONAL LIMITED

85 GRESHAM STREET
LONDON, UNITED KINGDOM EC2V 7NQ GB

(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	14872	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JPMORGAN CHASE BANK, N.A.	72	5007

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPMORGAN INVESTMENT MANAGEMENT INC. 13-3200244	REVENUE SHARE ON MUTUAL FUNDS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	62	0

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	49	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OMADA COMPLETE 500 SANSOME ST. #200 SAN FRANCISCO, CA 94111	COMPENSATION FOR EXPLAINING SERVICES AND ENCOURAGING AND FACILITATING ENROLLMENT IN DIABETES AND HYPERTENSION CIGNA: $0.18 PER PARTICIPANT

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	62	0

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	62	0

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	62	0

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	62	0

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	49	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMPLIFON HEARING HEALTHCARE 85-0437037	VOLUME BASED MARKETING FEES FOR PARTICIPATION IN THE CIGNA HEALTHY REWARDS PROGRAM: $0.12 PER MEMBER PER YEAR

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	49	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CASTLIGHT HEALTH 26-1989091	DEFRAY CIGNA'S COST FOR THE INFRASTRUCTURE CHANGES; REIMBURSEMENT FOR CIGNA DESIGNATION (CCD) INFORMATION; REIMBURSEMENT CUSTOMER ACCESS TO COST ESTIMATE INFORMATION; REIMBURSED FOR ACCESS TO CLIENT PAID CLAIM FILES: $3.24 PER PARTICIPANT

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	49	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OMADA HEALTH, INC. 45-2355015	COMPENSATION FOR EXPLAINING SERVICES AND ENCOURAGING AND FACILITATING ENROLLMENT IN DIGITAL DIABETES PREVENTIVE CARE SERVICES PROVIDER: $1.72 PER PARTICIPANT

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SAGAMORE HEALTH NETWORK HOSPITALS	11595 NORTH MERIDIAN ST. SUITE 600 CARMEL, IN 46032	NETWORK ADMINISTRATION FEES: $0.06 PER PARTICIPANT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	62	0

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

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 04/01/2025 and ending 03/31/2026

A Name of plan
BP CONSOLIDATED WELFARE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 504

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	78007	120575
(3) Other	1b(3)	12641964	7123866
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	670478	1315146
(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)	4143950	12831025
(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	17534399	21390612
Liabilities			
1g Benefit claims payable	1g	26863210	32445311
1h Operating payables	1h	417186	354696
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	27280396	32800007
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	-9745997	-11409395

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)	251359964	
(B) Participants	2a(1)(B)	56292144	
(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)		307652108
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	318764	
(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)		318764
(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		307970872
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	256414712	
(2) To insurance carriers for the provision of benefits	2e(2)	34705443	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		291120155
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)	18498378	
(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)	15737	
(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)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		18514115
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		309634270
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1663398
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 CONSOLIDATED WELFARE BENEFIT PLAN

Financial Statements as of March 31, 2026 and 2025, and for the Year Ended March 31, 2026
with Independent Auditor's Report and Supplemental Schedules

EIN 36-1812780
Plan No. 504

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 Consolidated Welfare Benefit Plan

Opinion

We have audited the financial statements of BP Consolidated Welfare Benefit Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and statements of benefit obligations as of March 31, 2026 and 2025, and the related statement of changes in net assets available for benefits and statement of changes in benefit obligations for the year ended March 31, 2026, 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 March 31, 2026 and 2025, and the changes in its net assets available for benefits and changes in its benefit obligations for the year ended March 31, 2026, 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 March 31, 2026 and reportable transactions for the year ended March 31, 2026 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 CONSOLIDATED WELFARE BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	March 31	
	2026	2025
Assets:		
Cash	$ 1,315,146	$ 670,478
Rebates and other receivables	7,244,441	12,719,971
Investments at fair value -		
JPMorgan U.S. Government Money Market Fund	12,831,025	4,143,950
Total assets	21,390,612	17,534,399
Liabilities:		
Accrued administrative expenses	354,696	417,186
Total liabilities	354,696	417,186
Net assets available for benefits	$ 21,035,916	$ 17,117,213

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

BP CONSOLIDATED WELFARE BENEFIT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended March 31, 2026

Additions to assets attributed to:		
Employer contributions	$	251,359,964
Participant contributions		56,292,144
Interest income		318,764
Total additions		307,970,872
Deductions of assets attributed to:		
Claim payments		250,806,912
HMO premium payments		12,583,838
Insurance premium payments		22,147,304
Administrative expenses		18,514,115
Total deductions		304,052,169
Net increase in net assets during the year		3,918,703
Net assets available for benefits:		
Beginning of year		17,117,213
End of year	$	21,035,916

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

BP CONSOLIDATED WELFARE BENEFIT PLAN

STATEMENTS OF BENEFIT OBLIGATIONS

	March 31	
	2026	2025
Amounts currently payable to or for participants, beneficiaries, and dependents:		
Claims and premiums payable	$ 7,046,677	$ 7,787,632
Claims incurred but not reported	25,398,634	19,075,578
Total amounts currently payable	32,445,311	26,863,210
Post-employment benefit obligation reserve for long-term disability claims, net of amounts currently payable	8,000,000	9,400,000
COBRA Benefits	4,100,000	1,300,000
Total post-employment benefits obligation	12,100,000	10,700,000
Total benefit obligations	$ 44,545,311	$ 37,563,210

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

BP CONSOLIDATED WELFARE BENEFIT PLAN

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

Year Ended March 31, 2026

Amounts currently payable to or for participants, beneficiaries, and dependents:		
Balance at beginning of year	$	26,863,210
Increase/(decrease) during the year attributable to:		
Claims and premiums incurred, including claims reclassified from actuarial reserve for long-term disability claims		284,797,099
Claims and premiums paid		(285,538,054)
Claims incurred but not reported		6,323,056
Balance at end of year		32,445,311
Post-employment benefit obligation reserve for long-term disability claims:		
Balance at beginning of year		9,400,000
Increase/(decrease) during the year attributable to:		
Claims reclassified to amounts currently payable		(1,400,000)
Interest cost		400,000
Changes in actuarial assumptions		(400,000)
Balance at end of year		8,000,000
COBRA Benefits:		
Balance at beginning of year		1,300,000
Increase during year attributable to - benefits earned		2,800,000
Balance at end of year		4,100,000
Total benefit obligations at end of year	$	44,545,311

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

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The BP Consolidated Welfare Benefit Plan (the "Plan") is a welfare plan established for the purpose of paying various benefits to eligible participants, 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 employees of the Company and its affiliates that elect to participate ("participating affiliates") in the Plan. Eligible participants are those employees of the Company and participating affiliates who meet eligibility requirements defined in the 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 made through payroll deduction, or direct payment according to contribution schedules established periodically by the Plan Administrator. Participant contribution rates vary depending upon the coverage elected.

The Plan offers individuals, who would otherwise lose group health coverage as the result of a qualifying event, the opportunity to elect to continue coverage under the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

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 under the Plan, 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.

Dental Benefits

The Plan offers dental and orthodontic benefit coverage to eligible employees of the Company and participating affiliates. Eligible participants are those employees of the Company and participating affiliates who meet eligibility requirements defined in the 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. COBRA coverage is offered to qualified beneficiaries in accordance with the requirements of COBRA.

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

Group Life and Accidental Death and Dismemberment

The Plan provides group life and accidental death and dismemberment insurance coverage that provides benefits to beneficiaries of eligible employees of the Company and participating affiliates in the event of death or dismemberment.

Eligible participants include employees of the Company and those separated from the Company and participating affiliates who meet the Plan's eligibility requirements. Life coverage under the Plan is provided through insured contracts. The Company pays the full cost of this insurance.

Group Universal Life

The Plan offers a Group Universal Life ("GUL") plan, which allows eligible employees the opportunity to purchase additional levels of coverage. Participant contributions are made through payroll deduction or direct payment according to contribution schedules established by the insurer. The Company does not contribute toward GUL coverage, which is a fully insured benefit.

Occupational Accidental Death

The Plan provides additional financial protection from an injury or death as the result of a work-related accident for eligible employees of the Company and participating affiliates and their survivors. Eligible participants are those employees of the Company and participating affiliates who meet eligibility requirements defined in the summary plan description and pursuant to the Company's policies.

Death benefits under the Plan are provided through an insured contract. The Company pays the full cost of this insurance.

Pretax Health Care Contributions

The Plan offers eligible employees the opportunity to pay required contributions and premiums for group health coverage on a pretax basis under Section 125 of the Internal Revenue Code (the "Code").

Vision Care

The Plan offers employee vision care benefits to eligible employees of the Company and participating affiliates. Benefits are also offered to eligible dependents, spouses, and domestic partners of participants.

Participant contributions are made through payroll deduction or direct payment according to contribution schedules established periodically by the Plan Administrator. The Company does not contribute toward vision care, which is a fully insured benefit.

Long-Term Disability

The Plan provides long-term disability for eligible employees of the Company and participating affiliates and offers eligible employees the opportunity to purchase additional levels of coverage. Benefits under the Plan are provided through an insured contract. Participant contributions for additional coverage are made through payroll deduction.

For certain employees who incurred a disability prior to April 1, 2000, and for certain employees who incurred a disability prior to January 1, 2002, the Plan continues to provide long-term disability benefits on a self-insured basis. These self-insured benefits are administered by a third-party administrator pursuant to an administrative services agreement. Claims are funded through the Trust.

Short-Term Disability

The Plan provides short-term disability for eligible employees of the Company and participating affiliates. Benefits under the Plan are provided through an insured contract.

Health Care and Dependent Care Spending Accounts

The Plan offers health care and dependent care spending accounts as employee benefits established under Section 125 and Section 129 of the Code, respectively. Participants may set aside money on a pretax basis to pay for certain medical, dental, vision, or dependent care expenses through this benefit.

Eligible participants are those employees of the Company and participating affiliates who meet eligibility requirements defined in the plan documents.

Participant contributions are made through payroll deduction. Amounts contributed to a spending account for a coverage period but not used during that period are forfeited. Forfeited money is used to offset costs of the Plan. Forfeitures balance is minimal and not significant.

Concurrent with the establishment of the spending accounts, the Company entered into an administrative services agreement under which claims processing services are provided. Claims are reviewed for eligibility. Reimbursements are made by the third-party administrator to the participants.

Legal Services

The Plan offers participants access to legal assistance through a national network of attorneys managed by a third-party provider. Eligible participants are those employees of the Company and participating affiliates who meet the Plan's eligibility requirements. Participant contributions are made through payroll deduction or direct payment according to contribution schedules established by the third-party provider. The Company does not contribute toward Legal Services coverage.

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 a third-party administrator for claims that have been paid but not yet reimbursed by the Plan are recorded as claims payable on 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.

Certain premiums and wellness incentives are paid from the general assets of the Company; however, all premiums and wellness incentives are recorded in the accompanying statement of changes in net assets available for benefits, regardless of whether they were paid from Plan assets or from the general assets of the Company.

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 makes 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 March 31, 2026 and 2025, 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 trust account of the BP Corporation North America Inc. Retiree Welfare Benefit Plan II. Any contributions subsequently determined to relate to BP Consolidated Welfare Plan participants are recognized as an other receivable and transferred to the Plan on a monthly basis.

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

Plan obligations at March 31, 2026 and 2025, for incurred but not reported claims are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

A post-employment benefit obligation has been recognized for health and welfare benefits for individuals currently on long-term disability or COBRA. Long-term disability obligations are estimated by an actuary based on reserve reports prepared from historical long-term disability benefits data. Estimated Plan obligations for long-term disability claims are calculated using the SOA 95A Table. Discount rates of 5.08% and 5.07% were applied for plan years ended March 31, 2026 and 2025, respectively. The obligation for COBRA benefits is estimated by an actuary based on the actual number of employees utilizing COBRA benefits as of the measurement date and claim payment history and includes an estimate for claims incurred by COBRA participants that have not yet been reported.

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 Code as a Voluntary Employee 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 investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Plan holds a money market mutual fund in its investment portfolio at March 31, 2026 and 2025, 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 March 31, 2026 and 2025, of $12,831,025 and $4,143,950, 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 March 31, 2026 and 2025, per the financial statements to the Form 5500:

	March 31	
	2026	2025
Net assets available for benefits as stated in the financial statements	$ 21,035,916	$ 17,117,213
Less: Claims and premiums payable	(7,046,677)	(7,787,632)
Less: Claims incurred but not reported	(25,398,634)	(19,075,578)
Net assets available for benefits per the Plan's Form 5500	$ (11,409,395)	$ (9,745,997)

The following is a reconciliation of claims and premiums paid for the year ended March 31, 2026, per the financial statements to the Form 5500:

Claims payments as stated in the financial statements	$ 250,806,912
HMO premium payments as stated in the financial statements	12,583,838
Insurance premium payments as stated in the financial statements	22,147,304
Claims payable at March 31, 2026	5,633,685
Premiums payable at March 31, 2026	1,412,992
Claims and premiums payable at March 31, 2026	7,046,677
Claims payable at March 31, 2025	(6,348,941)
Premiums payable at March 31, 2025	(1,438,691)
Claims and premiums payable at March 31, 2025	(7,787,632)
Claims incurred but not reported at March 31, 2026	25,398,634
Claims incurred but not reported at March 31, 2025	(19,075,578)
Benefits paid as stated in the Plan's Form 5500	$ 291,120,155

Claims and premiums 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.

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

March 31, 2026

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	$12,831,025	$12,831,025

* Indicates party in interest.

J.P.Morgan

Account Title	BP CONSOLIDATED WELFARE PLAN 504
Account Number	P 47376
Reporting Period	MARCH 31,2025 THROUGH MARCH 31,2026

**"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	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 1,802,396 10/01/25 BUY 71176178	100.0000	0	1,802,396	1,802,396	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,041,769 10/02/25 SELL 71176185	100.0000	0	2,041,769	2,041,769	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 382,100 10/03/25 BUY 71176212	100.0000	0	382,100	382,100	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,580,962 10/06/25 BUY 71176218	100.0000	0	4,580,962	4,580,962	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,261,249 10/07/25 SELL 71176224	100.0000	0	4,261,249	4,261,249	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,517,413 10/08/25 SELL 71176229	100.0000	0	1,517,413	1,517,413	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 628,799 10/09/25 SELL 71176232	100.0000	0	628,799	628,799	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,936,138 10/10/25 BUY 71176253	100.0000	0	4,936,138	4,936,138	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 1,694,482 10/14/25 SELL 71176259	100.0000	0	1,694,482	1,694,482	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 555,780 10/15/25 SELL 71176261	100.0000	0	555,780	555,780	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 476,174 10/16/25 SELL 71176268	100.0000	0	476,174	476,174	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 6,723,829 10/17/25 BUY 71176297	100.0000	0	6,723,829	6,723,829	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 440,874 10/20/25 SELL 71176301	100.0000	0	440,874	440,874	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,415,316 10/21/25 SELL 71176307	100.0000	0	4,415,316	4,415,316	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 738,657 10/22/25 SELL 71176310	100.0000	0	738,657	738,657	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 500,452 10/23/25 SELL 71176316	100.0000	0	500,452	500,452	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 3,725,352 10/24/25 BUY 71176336	100.0000	0	3,725,352	3,725,352	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 448,940 10/27/25 SELL 71176340	100.0000	0	448,940	448,940	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 847,396 10/28/25 SELL 71176343	100.0000	0	847,396	847,396	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,085,689 10/29/25 SELL 71176351	100.0000	0	1,085,689	1,085,689	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,600,846 10/30/25 SELL 71176370	100.0000	0	2,600,846	2,600,846	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 12,908,953 10/31/25 BUY 71176400	100.0000	0	12,908,953	12,908,953	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,601,922 11/03/25 SELL 71176408	100.0000	0	1,601,922	1,601,922	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 657,391 11/04/25 SELL 71176412	100.0000	0	657,391	657,391	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 1,182,055 11/05/25 SELL 71176423	100.0000	0	1,182,055	1,182,055	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 560,441 11/06/25 SELL 71176426	100.0000	0	560,441	560,441	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,502,231 11/07/25 SELL 71176449	100.0000	0	3,502,231	3,502,231	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,494,693 11/10/25 SELL 71176458	100.0000	0	1,494,693	1,494,693	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,739,025 11/12/25 SELL 71176461	100.0000	0	1,739,025	1,739,025	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 370,973 11/13/25 SELL 71176464	100.0000	0	370,973	370,973	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,646,794 11/14/25 BUY 71176498	100.0000	0	4,646,794	4,646,794	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 537,880 11/17/25 SELL 71176502	100.0000	0	537,880	537,880	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 1,726,511 11/18/25 SELL 71176504	100.0000	0	1,726,511	1,726,511	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 546,354 11/19/25 SELL 71176508	100.0000	0	546,354	546,354	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 358,774 11/20/25 SELL 71176510	100.0000	0	358,774	358,774	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,533,216 11/21/25 BUY 71176539	100.0000	0	1,533,216	1,533,216	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,595,608 11/24/25 SELL 71176683	100.0000	0	1,595,608	1,595,608	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,208,633 11/25/25 SELL 71176687	100.0000	0	1,208,633	1,208,633	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 838,787 11/26/25 SELL 71176709	100.0000	0	838,787	838,787	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 7,479,746 11/28/25 BUY 71176777	100.0000	0	7,479,746	7,479,746	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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					
3,140,676 12/01/25 SELL 71176791	100.0000	0	3,140,676	3,140,676	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
910,436 12/02/25 SELL 71176803	100.0000	0	910,436	910,436	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
1,005,514 12/03/25 SELL 71176811	100.0000	0	1,005,514	1,005,514	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
344,405 12/04/25 SELL 71176815	100.0000	0	344,405	344,405	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
1,486,203 12/05/25 BUY 71176877	100.0000	0	1,486,203	1,486,203	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
1,097,767 12/08/25 SELL 71176889	100.0000	0	1,097,767	1,097,767	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
1,120,443 12/09/25 SELL 71176893	100.0000	0	1,120,443	1,120,443	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
1,317,883 12/10/25 SELL 71176905	100.0000	0	1,317,883	1,317,883	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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					
222,366 12/11/25 SELL 71176911	100.0000	0	222,366	222,366	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
7,091,759 12/12/25 BUY 71176971	100.0000	0	7,091,759	7,091,759	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
681,081 12/15/25 SELL 71176987	100.0000	0	681,081	681,081	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
1,086,646 12/16/25 SELL 71176993	100.0000	0	1,086,646	1,086,646	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
689,971 12/17/25 SELL 71176999	100.0000	0	689,971	689,971	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
328,354 12/18/25 SELL 71177003	100.0000	0	328,354	328,354	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
6,856,402 12/19/25 BUY 71177055	100.0000	0	6,856,402	6,856,402	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
11,638,247 12/22/25 SELL 71177063	100.0000	0	11,638,247	11,638,247	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 2,183,467 12/23/25 SELL 71177075	100.0000	0	2,183,467	2,183,467	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 14,290,794 12/30/25 BUY 71177169	100.0000	0	14,290,794	14,290,794	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 691,507 12/31/25 SELL 71177187	100.0000	0	691,507	691,507	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 555,119 01/02/26 BUY 71177227	100.0000	0	555,119	555,119	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,312,076 01/05/26 SELL 71177267	100.0000	0	1,312,076	1,312,076	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,679,463 01/06/26 SELL 71177281	100.0000	0	3,679,463	3,679,463	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 520,261 01/07/26 SELL 71177285	100.0000	0	520,261	520,261	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,230,817 01/09/26 SELL 71177345	100.0000	0	1,230,817	1,230,817	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 716,288 01/12/26 SELL 71177355	100.0000	0	716,288	716,288	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 833,730 01/13/26 SELL 71177361	100.0000	0	833,730	833,730	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 576,737 01/14/26 SELL 71177367	100.0000	0	576,737	576,737	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 373,719 01/15/26 SELL 71177373	100.0000	0	373,719	373,719	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,777,042 01/16/26 BUY 71177441	100.0000	0	4,777,042	4,777,042	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 482,584 01/20/26 SELL 71177449	100.0000	0	482,584	482,584	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,985,140 01/21/26 SELL 71177465	100.0000	0	4,985,140	4,985,140	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 347,915 01/22/26 SELL 71177471	100.0000	0	347,915	347,915	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 2,052,451 01/23/26 BUY 71177521	100.0000	0	2,052,451	2,052,451	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 461,643 01/26/26 SELL 71177529	100.0000	0	461,643	461,643	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 705,538 01/27/26 SELL 71177533	100.0000	0	705,538	705,538	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 482,659 01/28/26 SELL 71177555	100.0000	0	482,659	482,659	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 596,887 01/29/26 SELL 71177561	100.0000	0	596,887	596,887	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 5,930,912 01/30/26 BUY 71177627	100.0000	0	5,930,912	5,930,912	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,071,689 02/02/26 SELL 71177637	100.0000	0	2,071,689	2,071,689	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 997,667 02/03/26 SELL 71177643	100.0000	0	997,667	997,667	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 1,039,259 02/04/26 SELL 71177655	100.0000	0	1,039,259	1,039,259	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 5,582,812 02/05/26 BUY 71177683	100.0000	0	5,582,812	5,582,812	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,519,689 02/06/26 SELL 71177729	100.0000	0	3,519,689	3,519,689	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 482,323 02/09/26 SELL 71177739	100.0000	0	482,323	482,323	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,578,606 02/10/26 SELL 71177751	100.0000	0	1,578,606	1,578,606	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 755,215 02/11/26 SELL 71177757	100.0000	0	755,215	755,215	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 213,286 02/12/26 SELL 71177763	100.0000	0	213,286	213,286	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 6,817,637 02/13/26 BUY 71177821	100.0000	0	6,817,637	6,817,637	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 1,276,474 02/17/26 SELL 71177827	100.0000	0	1,276,474	1,276,474	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 684,107 02/18/26 SELL 71177833	100.0000	0	684,107	684,107	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,050,900 02/19/26 SELL 71177839	100.0000	0	1,050,900	1,050,900	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,344,611 02/20/26 SELL 71177897	100.0000	0	1,344,611	1,344,611	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,216,558 02/23/26 SELL 71177915	100.0000	0	1,216,558	1,216,558	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,124,048 02/24/26 SELL 71177919	100.0000	0	1,124,048	1,124,048	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 545,933 02/25/26 SELL 71177941	100.0000	0	545,933	545,933	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,174,786 02/26/26 SELL 71177953	100.0000	0	1,174,786	1,174,786	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 8,710,480 02/27/26 BUY 71178015	100.0000	0	8,710,480	8,710,480	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,215,575 03/02/26 SELL 71178031	100.0000	0	2,215,575	2,215,575	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 735,029 03/03/26 SELL 71178037	100.0000	0	735,029	735,029	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 622,577 03/04/26 SELL 71178047	100.0000	0	622,577	622,577	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 231,897 03/05/26 SELL 71178053	100.0000	0	231,897	231,897	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 401,947 03/09/26 SELL 71178123	100.0000	0	401,947	401,947	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,534,705 03/10/26 SELL 71178135	100.0000	0	1,534,705	1,534,705	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 636,969 03/11/26 SELL 71178141	100.0000	0	636,969	636,969	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 362,514 03/12/26 SELL 71178149	100.0000	0	362,514	362,514	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 7,170,446 03/13/26 BUY 71178209	100.0000	0	7,170,446	7,170,446	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 663,043 03/16/26 SELL 71178225	100.0000	0	663,043	663,043	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 832,725 03/17/26 SELL 71178235	100.0000	0	832,725	832,725	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 813,783 03/18/26 SELL 71178241	100.0000	0	813,783	813,783	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 430,877 03/19/26 SELL 71178253	100.0000	0	430,877	430,877	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 565,261 03/20/26 BUY 71178303	100.0000	0	565,261	565,261	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 599,171 03/23/26 SELL 71178311	100.0000	0	599,171	599,171	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 1,300,456 03/24/26 SELL 71178325	100.0000	0	1,300,456	1,300,456	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 753,615 03/25/26 SELL 71178331	100.0000	0	753,615	753,615	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,250,630 03/27/26 BUY 71178397	100.0000	0	2,250,630	2,250,630	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 5,516,592 03/30/26 BUY 71178415	100.0000	0	5,516,592	5,516,592	0
4812C0670 JPMORGAN US GOVERNMENT MONEY MARKET FUND OPEN-END MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,113,378 03/31/26 SELL 71178441	100.0000	0	2,113,378	2,113,378	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,312,988 04/01/25 BUY 71174930	100.0000	0	3,312,988	3,312,988	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 517,115 04/02/25 SELL 71174937	100.0000	0	517,115	517,115	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 564,623 04/03/25 SELL 71174940	100.0000	0	564,623	564,623	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 1,852,093 04/04/25 BUY 71174966	100.0000	0	1,852,093	1,852,093	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 544,053 04/07/25 SELL 71174970	100.0000	0	544,053	544,053	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,340,357 04/08/25 SELL 71174979	100.0000	0	4,340,357	4,340,357	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 805,193 04/09/25 SELL 71174982	100.0000	0	805,193	805,193	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 584,835 04/10/25 SELL 71174987	100.0000	0	584,835	584,835	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,333,263 04/11/25 BUY 71175011	100.0000	0	3,333,263	3,333,263	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 510,851 04/14/25 SELL 71175015	100.0000	0	510,851	510,851	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 690,332 04/15/25 SELL 71175017	100.0000	0	690,332	690,332	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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					
547,708 04/16/25 SELL 71175020	100.0000	0	547,708	547,708	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
4,776,171 04/17/25 BUY 71175051	100.0000	0	4,776,171	4,776,171	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
611,514 04/21/25 SELL 71175057	100.0000	0	611,514	611,514	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
2,485,570 04/22/25 SELL 71175062	100.0000	0	2,485,570	2,485,570	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
401,738 04/23/25 SELL 71175065	100.0000	0	401,738	401,738	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
559,397 04/24/25 SELL 71175068	100.0000	0	559,397	559,397	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
4,375,888 04/25/25 BUY 71175091	100.0000	0	4,375,888	4,375,888	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
609,020 04/28/25 SELL 71175095	100.0000	0	609,020	609,020	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 3,013,331 04/29/25 SELL 71175115	100.0000	0	3,013,331	3,013,331	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,274,175 04/30/25 SELL 71175128	100.0000	0	2,274,175	2,274,175	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,200,733 05/01/25 SELL 71175135	100.0000	0	2,200,733	2,200,733	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 8,226,024 05/02/25 BUY 71175160	100.0000	0	8,226,024	8,226,024	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,171,933 05/05/25 SELL 71175172	100.0000	0	1,171,933	1,171,933	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,886,131 05/06/25 SELL 71175179	100.0000	0	2,886,131	2,886,131	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,219,361 05/07/25 SELL 71175184	100.0000	0	1,219,361	1,219,361	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,346,081 05/09/25 BUY 71175208	100.0000	0	3,346,081	3,346,081	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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					
747,862 05/12/25 SELL 71175212	100.0000	0	747,862	747,862	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
767,523 05/13/25 SELL 71175214	100.0000	0	767,523	767,523	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
508,508 05/14/25 SELL 71175216	100.0000	0	508,508	508,508	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
752,068 05/15/25 SELL 71175219	100.0000	0	752,068	752,068	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
4,598,831 05/16/25 BUY 71175253	100.0000	0	4,598,831	4,598,831	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
508,307 05/19/25 SELL 71175257	100.0000	0	508,307	508,307	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
543,768 05/20/25 SELL 71175261	100.0000	0	543,768	543,768	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
511,527 05/21/25 SELL 71175264	100.0000	0	511,527	511,527	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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					
3,371,864 05/22/25 SELL 71175271	100.0000	0	3,371,864	3,371,864	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
3,098,680 05/23/25 BUY 71175296	100.0000	0	3,098,680	3,098,680	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
797,788 05/27/25 SELL 71175308	100.0000	0	797,788	797,788	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
986,102 05/28/25 SELL 71175310	100.0000	0	986,102	986,102	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
696,579 05/29/25 SELL 71175313	100.0000	0	696,579	696,579	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
609,675 05/30/25 BUY 71175345	100.0000	0	609,675	609,675	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
2,141,488 06/02/25 SELL 71175355	100.0000	0	2,141,488	2,141,488	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
634,617 06/03/25 SELL 71175360	100.0000	0	634,617	634,617	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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					
1,059,258 06/04/25 SELL 71175371	100.0000	0	1,059,258	1,059,258	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
7,586,904 06/05/25 BUY 71175374	100.0000	0	7,586,904	7,586,904	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
2,538,651 06/06/25 SELL 71175398	100.0000	0	2,538,651	2,538,651	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
535,281 06/09/25 SELL 71175402	100.0000	0	535,281	535,281	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
1,035,116 06/10/25 SELL 71175407	100.0000	0	1,035,116	1,035,116	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
636,592 06/11/25 SELL 71175409	100.0000	0	636,592	636,592	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
493,941 06/12/25 SELL 71175413	100.0000	0	493,941	493,941	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
5,816,970 06/13/25 BUY 71175445	100.0000	0	5,816,970	5,816,970	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 363,822 06/16/25 SELL 71175449	100.0000	0	363,822	363,822	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 684,591 06/17/25 SELL 71175455	100.0000	0	684,591	684,591	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 475,334 06/18/25 SELL 71175458	100.0000	0	475,334	475,334	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,995,677 06/20/25 SELL 71175488	100.0000	0	1,995,677	1,995,677	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 975,100 06/23/25 SELL 71175492	100.0000	0	975,100	975,100	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 877,659 06/24/25 SELL 71175494	100.0000	0	877,659	877,659	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 344,991 06/25/25 SELL 71175497	100.0000	0	344,991	344,991	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 578,030 06/26/25 SELL 71175500	100.0000	0	578,030	578,030	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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					
3,063,219 06/27/25 BUY 71175528	100.0000	0	3,063,219	3,063,219	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
2,809,930 06/30/25 BUY 71175551	100.0000	0	2,809,930	2,809,930	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
2,838,158 07/01/25 SELL 71175558	100.0000	0	2,838,158	2,838,158	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
479,786 07/02/25 SELL 71175564	100.0000	0	479,786	479,786	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
2,370,534 07/03/25 BUY 71175593	100.0000	0	2,370,534	2,370,534	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
3,928,552 07/07/25 SELL 71175601	100.0000	0	3,928,552	3,928,552	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
888,983 07/08/25 SELL 71175604	100.0000	0	888,983	888,983	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
1,334,641 07/09/25 SELL 71175609	100.0000	0	1,334,641	1,334,641	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 4,914,568 07/10/25 BUY 71175614	100.0000	0	4,914,568	4,914,568	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 486,619 07/11/25 SELL 71175635	100.0000	0	486,619	486,619	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 369,074 07/14/25 SELL 71175638	100.0000	0	369,074	369,074	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,216,457 07/15/25 SELL 71175653	100.0000	0	1,216,457	1,216,457	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 463,822 07/16/25 SELL 71175655	100.0000	0	463,822	463,822	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 483,646 07/17/25 SELL 71175658	100.0000	0	483,646	483,646	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 5,643,424 07/18/25 BUY 71175679	100.0000	0	5,643,424	5,643,424	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,494,830 07/21/25 SELL 71175687	100.0000	0	3,494,830	3,494,830	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 800,751 07/22/25 SELL 71175689	100.0000	0	800,751	800,751	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 491,275 07/23/25 SELL 71175693	100.0000	0	491,275	491,275	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 234,274 07/24/25 SELL 71175695	100.0000	0	234,274	234,274	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 4,624,842 07/25/25 BUY 71175722	100.0000	0	4,624,842	4,624,842	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,139,125 07/28/25 SELL 71175731	100.0000	0	1,139,125	1,139,125	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,860,374 07/29/25 SELL 71175737	100.0000	0	1,860,374	1,860,374	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 745,557 07/30/25 SELL 71175740	100.0000	0	745,557	745,557	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 1,379,585 07/31/25 SELL 71175752	100.0000	0	1,379,585	1,379,585	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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					
5,138,339 08/04/25 BUY 71175784	100.0000	0	5,138,339	5,138,339	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
1,358,173 08/05/25 SELL 71175795	100.0000	0	1,358,173	1,358,173	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
5,273,882 08/06/25 SELL 71175803	100.0000	0	5,273,882	5,273,882	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
2,887,089 08/08/25 BUY 71175829	100.0000	0	2,887,089	2,887,089	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
767,704 08/11/25 SELL 71175834	100.0000	0	767,704	767,704	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
759,855 08/12/25 SELL 71175836	100.0000	0	759,855	759,855	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
412,793 08/13/25 SELL 71175839	100.0000	0	412,793	412,793	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
436,146 08/14/25 SELL 71175842	100.0000	0	436,146	436,146	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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					
6,486,696 08/15/25 BUY 71175874	100.0000	0	6,486,696	6,486,696	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
566,225 08/18/25 SELL 71175878	100.0000	0	566,225	566,225	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
1,114,140 08/19/25 SELL 71175880	100.0000	0	1,114,140	1,114,140	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
3,544,041 08/20/25 SELL 71175888	100.0000	0	3,544,041	3,544,041	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
257,837 08/21/25 SELL 71175890	100.0000	0	257,837	257,837	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
3,280,638 08/22/25 BUY 71175915	100.0000	0	3,280,638	3,280,638	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
364,199 08/25/25 SELL 71175920	100.0000	0	364,199	364,199	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
879,463 08/26/25 SELL 71175923	100.0000	0	879,463	879,463	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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					
725,453 08/27/25 SELL 71175926	100.0000	0	725,453	725,453	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
832,253 08/28/25 SELL 71175937	100.0000	0	832,253	832,253	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
2,623,879 08/29/25 BUY 71175969	100.0000	0	2,623,879	2,623,879	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
2,213,933 09/02/25 SELL 71175978	100.0000	0	2,213,933	2,213,933	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
1,357,733 09/03/25 SELL 71175983	100.0000	0	1,357,733	1,357,733	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
6,660,086 09/04/25 BUY 71175988	100.0000	0	6,660,086	6,660,086	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
4,149,054 09/05/25 SELL 71176019	100.0000	0	4,149,054	4,149,054	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
362,335 09/08/25 SELL 71176023	100.0000	0	362,335	362,335	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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					
877,617 09/09/25 SELL 71176025	100.0000	0	877,617	877,617	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
789,034 09/10/25 SELL 71176030	100.0000	0	789,034	789,034	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
417,982 09/11/25 SELL 71176033	100.0000	0	417,982	417,982	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
5,769,827 09/12/25 BUY 71176064	100.0000	0	5,769,827	5,769,827	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
648,609 09/15/25 SELL 71176073	100.0000	0	648,609	648,609	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
741,255 09/16/25 SELL 71176075	100.0000	0	741,255	741,255	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
703,449 09/17/25 SELL 71176078	100.0000	0	703,449	703,449	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
270,493 09/18/25 SELL 71176080	100.0000	0	270,493	270,493	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 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 2,226,140 09/19/25 SELL 71176109	100.0000	0	2,226,140	2,226,140	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 494,841 09/22/25 SELL 71176113	100.0000	0	494,841	494,841	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 870,210 09/23/25 SELL 71176115	100.0000	0	870,210	870,210	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 457,016 09/24/25 SELL 71176118	100.0000	0	457,016	457,016	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 3,157,890 09/25/25 BUY 71176122	100.0000	0	3,157,890	3,157,890	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 626,604 09/29/25 SELL 71176153	100.0000	0	626,604	626,604	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049 BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS 2,979,131 09/30/25 SELL 71176169	100.0000	0	2,979,131	2,979,131	0

J.P.Morgan

Account Title	BP CONSOLIDATED WELFARE PLAN 504
Account Number	P 47376
Reporting Period	MARCH 31,2025 THROUGH MARCH 31,2026

**"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
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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 4,164,650 5% VALUE OF 208,232

DESCRIPTION OF ASSET / IDENTITY OF PARTY INVOLVED				PURCHASE PRICE / SELLING PRICE	EXPENSES	COST OF ASSET	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								
1,802,396	10/01/25	B	BUY	71176178	100.0000	0	1,802,396	1,802,396	0
2,041,769	10/02/25	S	SELL	71176185	100.0000	0	2,041,769	2,041,769	0
382,100	10/03/25	B	BUY	71176212	100.0000	0	382,100	382,100	0
4,580,962	10/06/25	B	BUY	71176218	100.0000	0	4,580,962	4,580,962	0
4,261,249	10/07/25	S	SELL	71176224	100.0000	0	4,261,249	4,261,249	0
1,517,413	10/08/25	S	SELL	71176229	100.0000	0	1,517,413	1,517,413	0
628,799	10/09/25	S	SELL	71176232	100.0000	0	628,799	628,799	0
4,936,138	10/10/25	B	BUY	71176253	100.0000	0	4,936,138	4,936,138	0
1,694,482	10/14/25	S	SELL	71176259	100.0000	0	1,694,482	1,694,482	0
555,780	10/15/25	S	SELL	71176261	100.0000	0	555,780	555,780	0
476,174	10/16/25	S	SELL	71176268	100.0000	0	476,174	476,174	0
6,723,829	10/17/25	B	BUY	71176297	100.0000	0	6,723,829	6,723,829	0
440,874	10/20/25	S	SELL	71176301	100.0000	0	440,874	440,874	0
4,415,316	10/21/25	S	SELL	71176307	100.0000	0	4,415,316	4,415,316	0
738,657	10/22/25	S	SELL	71176310	100.0000	0	738,657	738,657	0
500,452	10/23/25	S	SELL	71176316	100.0000	0	500,452	500,452	0
3,725,352	10/24/25	B	BUY	71176336	100.0000	0	3,725,352	3,725,352	0
448,940	10/27/25	S	SELL	71176340	100.0000	0	448,940	448,940	0
847,396	10/28/25	S	SELL	71176343	100.0000	0	847,396	847,396	0
1,085,689	10/29/25	S	SELL	71176351	100.0000	0	1,085,689	1,085,689	0
2,600,846	10/30/25	S	SELL	71176370	100.0000	0	2,600,846	2,600,846	0
12,908,953	10/31/25	B	BUY	71176400	100.0000	0	12,908,953	12,908,953	0
1,601,922	11/03/25	S	SELL	71176408	100.0000	0	1,601,922	1,601,922	0
657,391	11/04/25	S	SELL	71176412	100.0000	0	657,391	657,391	0
1,182,055	11/05/25	S	SELL	71176423	100.0000	0	1,182,055	1,182,055	0
560,441	11/06/25	S	SELL	71176426	100.0000	0	560,441	560,441	0
3,502,231	11/07/25	S	SELL	71176449	100.0000	0	3,502,231	3,502,231	0
1,494,693	11/10/25	S	SELL	71176458	100.0000	0	1,494,693	1,494,693	0
1,739,025	11/12/25	S	SELL	71176461	100.0000	0	1,739,025	1,739,025	0
370,973	11/13/25	S	SELL	71176464	100.0000	0	370,973	370,973	0
4,646,794	11/14/25	B	BUY	71176498	100.0000	0	4,646,794	4,646,794	0
537,880	11/17/25	S	SELL	71176502	100.0000	0	537,880	537,880	0
1,726,511	11/18/25	S	SELL	71176504	100.0000	0	1,726,511	1,726,511	0
546,354	11/19/25	S	SELL	71176508	100.0000	0	546,354	546,354	0
358,774	11/20/25	S	SELL	71176510	100.0000	0	358,774	358,774	0
1,533,216	11/21/25	B	BUY	71176539	100.0000	0	1,533,216	1,533,216	0
1,595,608	11/24/25	S	SELL	71176683	100.0000	0	1,595,608	1,595,608	0
1,208,633	11/25/25	S	SELL	71176687	100.0000	0	1,208,633	1,208,633	0
838,787	11/26/25	S	SELL	71176709	100.0000	0	838,787	838,787	0
7,479,746	11/28/25	B	BUY	71176777	100.0000	0	7,479,746	7,479,746	0
3,140,676	12/01/25	S	SELL	71176791	100.0000	0	3,140,676	3,140,676	0
910,436	12/02/25	S	SELL	71176803	100.0000	0	910,436	910,436	0
1,005,514	12/03/25	S	SELL	71176811	100.0000	0	1,005,514	1,005,514	0
344,405	12/04/25	S	SELL	71176815	100.0000	0	344,405	344,405	0

DESCRIPTION OF ASSET			BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 CURRENT VALUE	NET GAIN OR (LOSS)
IDENTITY OF PARTY INVOLVED							
1,486,203	12/05/25	B BUY 71176877	100.0000	0	1,486,203	1,486,203	0
1,097,767	12/08/25	S SELL 71176889	100.0000	0	1,097,767	1,097,767	0
1,120,443	12/09/25	S SELL 71176893	100.0000	0	1,120,443	1,120,443	0
1,317,883	12/10/25	S SELL 71176905	100.0000	0	1,317,883	1,317,883	0
222,366	12/11/25	S SELL 71176911	100.0000	0	222,366	222,366	0
7,091,759	12/12/25	B BUY 71176971	100.0000	0	7,091,759	7,091,759	0
681,081	12/15/25	S SELL 71176987	100.0000	0	681,081	681,081	0
1,086,646	12/16/25	S SELL 71176993	100.0000	0	1,086,646	1,086,646	0
689,971	12/17/25	S SELL 71176999	100.0000	0	689,971	689,971	0
328,354	12/18/25	S SELL 71177003	100.0000	0	328,354	328,354	0
6,856,402	12/19/25	B BUY 71177055	100.0000	0	6,856,402	6,856,402	0
11,638,247	12/22/25	S SELL 71177063	100.0000	0	11,638,247	11,638,247	0
2,183,467	12/23/25	S SELL 71177075	100.0000	0	2,183,467	2,183,467	0
14,290,794	12/30/25	B BUY 71177169	100.0000	0	14,290,794	14,290,794	0
691,507	12/31/25	S SELL 71177187	100.0000	0	691,507	691,507	0
555,119	01/02/26	B BUY 71177227	100.0000	0	555,119	555,119	0
1,312,076	01/05/26	S SELL 71177267	100.0000	0	1,312,076	1,312,076	0
3,679,463	01/06/26	S SELL 71177281	100.0000	0	3,679,463	3,679,463	0
520,261	01/07/26	S SELL 71177285	100.0000	0	520,261	520,261	0
35,365	01/08/26	S SELL 71177291	100.0000	0	35,365	35,365	0
1,230,817	01/09/26	S SELL 71177345	100.0000	0	1,230,817	1,230,817	0
716,288	01/12/26	S SELL 71177355	100.0000	0	716,288	716,288	0
833,730	01/13/26	S SELL 71177361	100.0000	0	833,730	833,730	0
576,737	01/14/26	S SELL 71177367	100.0000	0	576,737	576,737	0
373,719	01/15/26	S SELL 71177373	100.0000	0	373,719	373,719	0
4,777,042	01/16/26	B BUY 71177441	100.0000	0	4,777,042	4,777,042	0
482,584	01/20/26	S SELL 71177449	100.0000	0	482,584	482,584	0
4,985,140	01/21/26	S SELL 71177465	100.0000	0	4,985,140	4,985,140	0
347,915	01/22/26	S SELL 71177471	100.0000	0	347,915	347,915	0
2,052,451	01/23/26	B BUY 71177521	100.0000	0	2,052,451	2,052,451	0
461,643	01/26/26	S SELL 71177529	100.0000	0	461,643	461,643	0
705,538	01/27/26	S SELL 71177533	100.0000	0	705,538	705,538	0
482,659	01/28/26	S SELL 71177555	100.0000	0	482,659	482,659	0
596,887	01/29/26	S SELL 71177561	100.0000	0	596,887	596,887	0
5,930,912	01/30/26	B BUY 71177627	100.0000	0	5,930,912	5,930,912	0
2,071,689	02/02/26	S SELL 71177637	100.0000	0	2,071,689	2,071,689	0
997,667	02/03/26	S SELL 71177643	100.0000	0	997,667	997,667	0
1,039,259	02/04/26	S SELL 71177655	100.0000	0	1,039,259	1,039,259	0
5,582,812	02/05/26	B BUY 71177683	100.0000	0	5,582,812	5,582,812	0
3,519,689	02/06/26	S SELL 71177729	100.0000	0	3,519,689	3,519,689	0
482,323	02/09/26	S SELL 71177739	100.0000	0	482,323	482,323	0
1,578,606	02/10/26	S SELL 71177751	100.0000	0	1,578,606	1,578,606	0
755,215	02/11/26	S SELL 71177757	100.0000	0	755,215	755,215	0
213,286	02/12/26	S SELL 71177763	100.0000	0	213,286	213,286	0
6,817,637	02/13/26	B BUY 71177821	100.0000	0	6,817,637	6,817,637	0
1,276,474	02/17/26	S SELL 71177827	100.0000	0	1,276,474	1,276,474	0
684,107	02/18/26	S SELL 71177833	100.0000	0	684,107	684,107	0

BASED ON MARKET VALUE OF 4,164,650 5% VALUE OF 208,232

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
1,050,900 02/19/26 S SELL 71177839	100.0000	0	1,050,900	1,050,900	0
1,344,611 02/20/26 S SELL 71177897	100.0000	0	1,344,611	1,344,611	0
1,216,558 02/23/26 S SELL 71177915	100.0000	0	1,216,558	1,216,558	0
1,124,048 02/24/26 S SELL 71177919	100.0000	0	1,124,048	1,124,048	0
545,933 02/25/26 S SELL 71177941	100.0000	0	545,933	545,933	0
1,174,786 02/26/26 S SELL 71177953	100.0000	0	1,174,786	1,174,786	0
8,710,480 02/27/26 B BUY 71178015	100.0000	0	8,710,480	8,710,480	0
2,215,575 03/02/26 S SELL 71178031	100.0000	0	2,215,575	2,215,575	0
735,029 03/03/26 S SELL 71178037	100.0000	0	735,029	735,029	0
622,577 03/04/26 S SELL 71178047	100.0000	0	622,577	622,577	0
231,897 03/05/26 S SELL 71178053	100.0000	0	231,897	231,897	0
145,123 03/06/26 B BUY 71178115	100.0000	0	145,123	145,123	0
401,947 03/09/26 S SELL 71178123	100.0000	0	401,947	401,947	0
1,534,705 03/10/26 S SELL 71178135	100.0000	0	1,534,705	1,534,705	0
636,969 03/11/26 S SELL 71178141	100.0000	0	636,969	636,969	0
362,514 03/12/26 S SELL 71178149	100.0000	0	362,514	362,514	0
7,170,446 03/13/26 B BUY 71178209	100.0000	0	7,170,446	7,170,446	0
663,043 03/16/26 S SELL 71178225	100.0000	0	663,043	663,043	0
832,725 03/17/26 S SELL 71178235	100.0000	0	832,725	832,725	0
813,783 03/18/26 S SELL 71178241	100.0000	0	813,783	813,783	0
430,877 03/19/26 S SELL 71178253	100.0000	0	430,877	430,877	0
565,261 03/20/26 B BUY 71178303	100.0000	0	565,261	565,261	0
599,171 03/23/26 S SELL 71178311	100.0000	0	599,171	599,171	0
1,300,456 03/24/26 S SELL 71178325	100.0000	0	1,300,456	1,300,456	0
753,615 03/25/26 S SELL 71178331	100.0000	0	753,615	753,615	0
178,532 03/26/26 S SELL 71178351	100.0000	0	178,532	178,532	0
2,250,630 03/27/26 B BUY 71178397	100.0000	0	2,250,630	2,250,630	0
5,516,592 03/30/26 B BUY 71178415	100.0000	0	5,516,592	5,516,592	0
2,113,378 03/31/26 S SELL 71178441	100.0000	0	2,113,378	2,113,378	0
128,519,149 26 TOTAL BUYS		0	128,519,149	128,519,149	0
117,476,643 94 TOTAL SELLS		0	117,476,643	117,476,643	0
245,995,792 SECURITY TOTAL		0	245,995,792	245,995,792	0
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARES - FUND MONTHLY VARIABLE 12/31/2049					
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS					
3,312,988 04/01/25 B BUY 71174930	100.0000	0	3,312,988	3,312,988	0
517,115 04/02/25 S SELL 71174937	100.0000	0	517,115	517,115	0
564,623 04/03/25 S SELL 71174940	100.0000	0	564,623	564,623	0
1,852,093 04/04/25 B BUY 71174966	100.0000	0	1,852,093	1,852,093	0
544,053 04/07/25 S SELL 71174970	100.0000	0	544,053	544,053	0
4,340,357 04/08/25 S SELL 71174979	100.0000	0	4,340,357	4,340,357	0
805,193 04/09/25 S SELL 71174982	100.0000	0	805,193	805,193	0
584,835 04/10/25 S SELL 71174987	100.0000	0	584,835	584,835	0
3,333,263 04/11/25 B BUY 71175011	100.0000	0	3,333,263	3,333,263	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 CURRENT VALUE	NET GAIN OR (LOSS)
510,851 04/14/25 S SELL 71175015	100.0000	0	510,851	510,851	0
690,332 04/15/25 S SELL 71175017	100.0000	0	690,332	690,332	0
547,708 04/16/25 S SELL 71175020	100.0000	0	547,708	547,708	0
4,776,171 04/17/25 B BUY 71175051	100.0000	0	4,776,171	4,776,171	0
611,514 04/21/25 S SELL 71175057	100.0000	0	611,514	611,514	0
2,485,570 04/22/25 S SELL 71175062	100.0000	0	2,485,570	2,485,570	0
401,738 04/23/25 S SELL 71175065	100.0000	0	401,738	401,738	0
559,397 04/24/25 S SELL 71175068	100.0000	0	559,397	559,397	0
4,375,888 04/25/25 B BUY 71175091	100.0000	0	4,375,888	4,375,888	0
609,020 04/28/25 S SELL 71175095	100.0000	0	609,020	609,020	0
3,013,331 04/29/25 S SELL 71175115	100.0000	0	3,013,331	3,013,331	0
2,274,175 04/30/25 S SELL 71175128	100.0000	0	2,274,175	2,274,175	0
2,200,733 05/01/25 S SELL 71175135	100.0000	0	2,200,733	2,200,733	0
8,226,024 05/02/25 B BUY 71175160	100.0000	0	8,226,024	8,226,024	0
1,171,933 05/05/25 S SELL 71175172	100.0000	0	1,171,933	1,171,933	0
2,886,131 05/06/25 S SELL 71175179	100.0000	0	2,886,131	2,886,131	0
1,219,361 05/07/25 S SELL 71175184	100.0000	0	1,219,361	1,219,361	0
169,430 05/08/25 S SELL 71175186	100.0000	0	169,430	169,430	0
3,346,081 05/09/25 B BUY 71175208	100.0000	0	3,346,081	3,346,081	0
747,862 05/12/25 S SELL 71175212	100.0000	0	747,862	747,862	0
767,523 05/13/25 S SELL 71175214	100.0000	0	767,523	767,523	0
508,508 05/14/25 S SELL 71175216	100.0000	0	508,508	508,508	0
752,068 05/15/25 S SELL 71175219	100.0000	0	752,068	752,068	0
4,598,831 05/16/25 B BUY 71175253	100.0000	0	4,598,831	4,598,831	0
508,307 05/19/25 S SELL 71175257	100.0000	0	508,307	508,307	0
543,768 05/20/25 S SELL 71175261	100.0000	0	543,768	543,768	0
511,527 05/21/25 S SELL 71175264	100.0000	0	511,527	511,527	0
3,371,864 05/22/25 S SELL 71175271	100.0000	0	3,371,864	3,371,864	0
3,098,680 05/23/25 B BUY 71175296	100.0000	0	3,098,680	3,098,680	0
797,788 05/27/25 S SELL 71175308	100.0000	0	797,788	797,788	0
986,102 05/28/25 S SELL 71175310	100.0000	0	986,102	986,102	0
696,579 05/29/25 S SELL 71175313	100.0000	0	696,579	696,579	0
609,675 05/30/25 B BUY 71175345	100.0000	0	609,675	609,675	0
2,141,488 06/02/25 S SELL 71175355	100.0000	0	2,141,488	2,141,488	0
634,617 06/03/25 S SELL 71175360	100.0000	0	634,617	634,617	0
1,059,258 06/04/25 S SELL 71175371	100.0000	0	1,059,258	1,059,258	0
7,586,904 06/05/25 B BUY 71175374	100.0000	0	7,586,904	7,586,904	0
2,538,651 06/06/25 S SELL 71175398	100.0000	0	2,538,651	2,538,651	0
535,281 06/09/25 S SELL 71175402	100.0000	0	535,281	535,281	0
1,035,116 06/10/25 S SELL 71175407	100.0000	0	1,035,116	1,035,116	0
636,592 06/11/25 S SELL 71175409	100.0000	0	636,592	636,592	0
493,941 06/12/25 S SELL 71175413	100.0000	0	493,941	493,941	0
5,816,970 06/13/25 B BUY 71175445	100.0000	0	5,816,970	5,816,970	0
363,822 06/16/25 S SELL 71175449	100.0000	0	363,822	363,822	0
684,591 06/17/25 S SELL 71175455	100.0000	0	684,591	684,591	0
475,334 06/18/25 S SELL 71175458	100.0000	0	475,334	475,334	0
1,995,677 06/20/25 S SELL 71175488	100.0000	0	1,995,677	1,995,677	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED	BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 CURRENT VALUE	NET GAIN OR (LOSS)
975,100 06/23/25 S SELL 71175492	100.0000	0	975,100	975,100	0
877,659 06/24/25 S SELL 71175494	100.0000	0	877,659	877,659	0
344,991 06/25/25 S SELL 71175497	100.0000	0	344,991	344,991	0
578,030 06/26/25 S SELL 71175500	100.0000	0	578,030	578,030	0
3,063,219 06/27/25 B BUY 71175528	100.0000	0	3,063,219	3,063,219	0
2,809,930 06/30/25 B BUY 71175551	100.0000	0	2,809,930	2,809,930	0
2,838,158 07/01/25 S SELL 71175558	100.0000	0	2,838,158	2,838,158	0
479,786 07/02/25 S SELL 71175564	100.0000	0	479,786	479,786	0
2,370,534 07/03/25 B BUY 71175593	100.0000	0	2,370,534	2,370,534	0
3,928,552 07/07/25 S SELL 71175601	100.0000	0	3,928,552	3,928,552	0
888,983 07/08/25 S SELL 71175604	100.0000	0	888,983	888,983	0
1,334,641 07/09/25 S SELL 71175609	100.0000	0	1,334,641	1,334,641	0
4,914,568 07/10/25 B BUY 71175614	100.0000	0	4,914,568	4,914,568	0
486,619 07/11/25 S SELL 71175635	100.0000	0	486,619	486,619	0
369,074 07/14/25 S SELL 71175638	100.0000	0	369,074	369,074	0
1,216,457 07/15/25 S SELL 71175653	100.0000	0	1,216,457	1,216,457	0
463,822 07/16/25 S SELL 71175655	100.0000	0	463,822	463,822	0
483,646 07/17/25 S SELL 71175658	100.0000	0	483,646	483,646	0
5,643,424 07/18/25 B BUY 71175679	100.0000	0	5,643,424	5,643,424	0
3,494,830 07/21/25 S SELL 71175687	100.0000	0	3,494,830	3,494,830	0
800,751 07/22/25 S SELL 71175689	100.0000	0	800,751	800,751	0
491,275 07/23/25 S SELL 71175693	100.0000	0	491,275	491,275	0
234,274 07/24/25 S SELL 71175695	100.0000	0	234,274	234,274	0
4,624,842 07/25/25 B BUY 71175722	100.0000	0	4,624,842	4,624,842	0
1,139,125 07/28/25 S SELL 71175731	100.0000	0	1,139,125	1,139,125	0
1,860,374 07/29/25 S SELL 71175737	100.0000	0	1,860,374	1,860,374	0
745,557 07/30/25 S SELL 71175740	100.0000	0	745,557	745,557	0
1,379,585 07/31/25 S SELL 71175752	100.0000	0	1,379,585	1,379,585	0
86,956 08/01/25 S SELL 71175775	100.0000	0	86,956	86,956	0
5,138,339 08/04/25 B BUY 71175784	100.0000	0	5,138,339	5,138,339	0
1,358,173 08/05/25 S SELL 71175795	100.0000	0	1,358,173	1,358,173	0
5,273,882 08/06/25 S SELL 71175803	100.0000	0	5,273,882	5,273,882	0
175,570 08/07/25 S SELL 71175806	100.0000	0	175,570	175,570	0
2,887,089 08/08/25 B BUY 71175829	100.0000	0	2,887,089	2,887,089	0
767,704 08/11/25 S SELL 71175834	100.0000	0	767,704	767,704	0
759,855 08/12/25 S SELL 71175836	100.0000	0	759,855	759,855	0
412,793 08/13/25 S SELL 71175839	100.0000	0	412,793	412,793	0
436,146 08/14/25 S SELL 71175842	100.0000	0	436,146	436,146	0
6,486,696 08/15/25 B BUY 71175874	100.0000	0	6,486,696	6,486,696	0
566,225 08/18/25 S SELL 71175878	100.0000	0	566,225	566,225	0
1,114,140 08/19/25 S SELL 71175880	100.0000	0	1,114,140	1,114,140	0
3,544,041 08/20/25 S SELL 71175888	100.0000	0	3,544,041	3,544,041	0
257,837 08/21/25 S SELL 71175890	100.0000	0	257,837	257,837	0
3,280,638 08/22/25 B BUY 71175915	100.0000	0	3,280,638	3,280,638	0
364,199 08/25/25 S SELL 71175920	100.0000	0	364,199	364,199	0
879,463 08/26/25 S SELL 71175923	100.0000	0	879,463	879,463	0
725,453 08/27/25 S SELL 71175926	100.0000	0	725,453	725,453	0

DESCRIPTION OF ASSET IDENTITY OF PARTY INVOLVED			BASED ON MARKET VALUE OF PURCHASE PRICE SELLING PRICE	4,164,650 EXPENSES	5% VALUE OF COST OF ASSET	208,232 CURRENT VALUE	NET GAIN OR (LOSS)
832,253	08/28/25 S SELL	71175937	100.0000	0	832,253	832,253	0
2,623,879	08/29/25 B BUY	71175969	100.0000	0	2,623,879	2,623,879	0
2,213,933	09/02/25 S SELL	71175978	100.0000	0	2,213,933	2,213,933	0
1,357,733	09/03/25 S SELL	71175983	100.0000	0	1,357,733	1,357,733	0
6,660,086	09/04/25 B BUY	71175988	100.0000	0	6,660,086	6,660,086	0
4,149,054	09/05/25 S SELL	71176019	100.0000	0	4,149,054	4,149,054	0
362,335	09/08/25 S SELL	71176023	100.0000	0	362,335	362,335	0
877,617	09/09/25 S SELL	71176025	100.0000	0	877,617	877,617	0
789,034	09/10/25 S SELL	71176030	100.0000	0	789,034	789,034	0
417,982	09/11/25 S SELL	71176033	100.0000	0	417,982	417,982	0
5,769,827	09/12/25 B BUY	71176064	100.0000	0	5,769,827	5,769,827	0
648,609	09/15/25 S SELL	71176073	100.0000	0	648,609	648,609	0
741,255	09/16/25 S SELL	71176075	100.0000	0	741,255	741,255	0
703,449	09/17/25 S SELL	71176078	100.0000	0	703,449	703,449	0
270,493	09/18/25 S SELL	71176080	100.0000	0	270,493	270,493	0
2,226,140	09/19/25 S SELL	71176109	100.0000	0	2,226,140	2,226,140	0
494,841	09/22/25 S SELL	71176113	100.0000	0	494,841	494,841	0
870,210	09/23/25 S SELL	71176115	100.0000	0	870,210	870,210	0
457,016	09/24/25 S SELL	71176118	100.0000	0	457,016	457,016	0
3,157,890	09/25/25 B BUY	71176122	100.0000	0	3,157,890	3,157,890	0
74,877	09/26/25 S SELL	71176149	100.0000	0	74,877	74,877	0
626,604	09/29/25 S SELL	71176153	100.0000	0	626,604	626,604	0
2,979,131	09/30/25 S SELL	71176169	100.0000	0	2,979,131	2,979,131	0
110,364,529	26	TOTAL BUYS		0	110,364,529	110,364,529	0
112,719,956	100	TOTAL SELLS		0	112,719,956	112,719,956	0
223,084,485		SECURITY TOTAL		0	223,084,485	223,084,485	0

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

March 31, 2026

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	$12,831,025	$12,831,025

* Indicates party-in-interest.