Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ARAMCO U.S. RETIREE MEDICAL PAYMENT PLAN

1b Three-digit plan number (PN) ▶ 502

1c Effective date of plan 01/01/2021

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)
ARAMCO SHARED BENEFITS COMPANY

ATTN TAX COUNSEL

12000 SMITH STREET
35TH FLOOR
HOUSTON, TX 77002

2b Employer Identification Number (EIN)
84-4364434

2c Plan Sponsor's telephone number
713-432-4000

2d Business code (see instructions)
211120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	RONALD CHARLES
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3217
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	3219
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3219
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 4H 4Q

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [ ] **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 2
- **(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 01/01/2025 and ending 12/31/2025

A Name of plan
ARAMCO U.S. RETIREE MEDICAL PAYMENT PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
84-4364434

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	0138315	1472	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	638910
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ARAMCO U.S. RETIREE MEDICAL PAYMENT PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
84-4364434

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	0145424	28	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	9856

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

WILLIS TOWERS WATSON US LLC
PO BOX 28852
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	9808	SUPPLEMENTAL COMPENSATION	3

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

WILLIS TOWERS WATSON US LLC
PO BOX 28852
NEW YORK, NY 10087-8852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	48	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** [ ] 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) ▶ ADD

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	734145	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	41875	
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	776020
b	Benefit charges (1) Claims paid	9b(1)	311260	
	(2) Increase (decrease) in claim reserves	9b(2)	216022	
	(3) Incurred claims (add (1) and (2))		9b(3)	527282
	(4) Claims charged		9b(4)	527282
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)	-11971	
	(E) Taxes	9c(1)(E)	3788	
	(F) Charges for risks or other contingencies	9c(1)(F)	84406	
	(G) Other retention charges	9c(1)(G)	172513	
	(H) Total retention		9c(1)(H)	248736
	(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [X] credited.)		9c(2)	0
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	0
	(2) Claim reserves		9d(2)	4671567
	(3) Other reserves		9d(3)	522787
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
ARAMCO U.S. RETIREE MEDICAL PAYMENT PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
84-4364434

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AETNA

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 50	NONE	351000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEDCO / ESI

22-3461740

(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 49 50	NONE	231000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ARAMCO U.S. RETIREE MEDICAL PAYMENT PLAN

B Three-digit plan number (PN) ▶ 502

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

D Employer Identification Number (EIN)
84-4364434

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	788000	892000
(2) Participant contributions	1b(2)	46000	826000
(3) Other	1b(3)	2784000	3764000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	83000	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	0	7000
(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	3701000	5489000
Liabilities			
1g Benefit claims payable	1g	2058000	1969000
1h Operating payables	1h	288000	300000
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2346000	2269000
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1355000	3220000

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)	17438000	
(B) Participants	2a(1)(B)	7262000	
(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)		24700000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17000	
(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)		17000
(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		24717000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20821000	
(2) To insurance carriers for the provision of benefits	2e(2)	1439000	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		22260000
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)	589000	
(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)	3000	
(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)		592000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		22852000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1865000
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] 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: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

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 _____.

Aramco U.S. Retiree Medical Payment Plan

Financial Statements and Supplemental Schedules Required by ERISA

December 31, 2025 and 2024

Aramco U.S. Retiree Medical Payment Plan
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Supplemental Schedules Required by ERISA

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December 31, 2025 21

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025 22

Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because the schedules are not applicable.

Report of Independent Auditors

To the Administrator of Aramco U.S. Retiree Medical Payment Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Aramco U.S. Retiree Medical Payment Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2025, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers LLP
1000 Louisiana Street, Suite 5800
Houston, Texas 77002
(713) 356 4000

www.pwc.com/us

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 auditors' 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 US 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 US 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.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedules Required by ERISA

Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit 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 US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Houston, Texas
October 13, 2026

Aramco U.S. Retiree Medical Payment Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

(Thousands of Dollars)	2025	2024
Assets		
Net assets held in Aramco U.S. Retirement Income Plan - restricted for 401(h) account (Note 10)	$ 703,442	$ 679,289
Investments, at fair value	7	83
Receivables		
Participant contributions	826	46
Employer contributions	892	788
Pharmacy rebates	2,322	2,295
Other receivables - TPA rebates	1,442	487
Accrued interest	-	2
Total receivables	5,482	3,618
Total assets	708,931	682,990
Liabilities		
Payable to claims administrators	20	12
Accrued expenses	5	4
Other payables	275	272
Total liabilities	300	288
Net assets available for benefits	$ 708,631	$ 682,702

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

Aramco U.S. Retiree Medical Payment Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

(Thousands of Dollars)		2025
Additions		
Contributions		
Employer	$	17,438
Participants		7,262
Total contributions		24,700
Interest income		17
Net increase in 401(h) account (Note 10)		24,153
Total additions		48,870
Deductions		
Claims paid, net		20,910
Premiums paid		1,439
Administrative expenses		592
Total deductions		22,941
Net increase during the year		25,929
Net assets available for benefits:		
Beginning of year		682,702
End of year	$	708,631

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

Aramco U.S. Retiree Medical Payment Plan
Statements of Benefit Obligations
December 31, 2025 and 2024

(Thousands of Dollars)	2025	2024
Amounts currently payable		
Claims payable and claims incurred but not reported	$ 1,969	$ 2,058
Postretirement benefit obligations, net of amounts currently payable		
Current retirees	262,495	263,961
Other participants fully eligible for benefits	106,450	110,587
Other participants not yet fully eligible for benefits	72,444	82,378
Total postretirement benefit obligations, net	441,389	456,926
Total benefit obligations	$ 443,358	$ 458,984

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

Aramco U.S. Retiree Medical Payment Plan
Statement of Changes in Benefit Obligations
Year Ended December 31, 2025

(Thousands of Dollars)		
Amounts currently payable		
Balance at beginning of year	$	2,058
Claims and premiums incurred, including claims and premiums reclassified from postretirement benefit obligation		22,260
Claims and insurance premiums paid		(22,349)
Balance at end of year		1,969
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year		456,926
Benefits earned		9,643
Claims and premiums reclassified to amounts currently payable		(24,363)
Interest		25,219
Changes in actuarial assumptions		(10,435)
Other actuarial (gains) / losses		(15,601)
Balance at end of year		441,389
Total benefit obligations	$	443,358

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

1. Description of Plan

General. The following description of the Aramco U.S. Retiree Medical Payment Plan ("Plan") provides only general information about the Plan's provisions. Participants should refer to the Summary Plan Description ("SPD") and plan agreement for a complete description of the Plan's provisions, copies of which may be obtained from Aramco Shared Benefits Company ("ASBCO"), the Plan Sponsor. The financial information presented in this report represents both the obligations and net assets available for benefits of the medical and pharmaceutical portions of the Plan and additional benefits to retired employees.

Certain retired employees of Saudi Arabian Oil Company, Aramco Overseas Company B.V., Aramco Services Company and other specified participating employers (collectively, the "Employer") are eligible to participate in the Plan. Eligible employees may elect to include their eligible dependents in the Plan, which provides certain medical and pharmaceutical benefits to its participants.

Certain Plan assets are held in a voluntary employee beneficiary association ("VEBA") Health Reimbursement Arrangement to fund the covered medical and pharmaceutical benefits ("Medical Benefits"), hold assets of the Plan, and provide for the investment and administration of the assets. The VEBA trust is for the benefit of retirees and their eligible dependents. JPMorgan Chase Bank, N.A. ("JPMorgan") is the trustee of the VEBA trust. The Plan is subject to certain fiduciary reporting and provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Benefits. The Plan provides the Medical Benefits to eligible retirees and their eligible dependents. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act ("COBRA"). The Plan Administrator has appointed third party claims administrators, Aetna Life Insurance Company ("Aetna") and Express Scripts, Inc. ("ESI"), to coordinate the day-to-day administration of Pre-65 claims. Aetna serves as administrator for medical claims and ESI serves as pharmacy benefit manager ("PBM") and administers pharmaceutical claims. Aptia Insurance Services Group, LLC serves as third party administrator for Health Reimbursement Arrangement ("HRA"), Post-65, claims.

Health Reimbursement Arrangement. Medicare-eligible U.S. Dollar retirees and dependents are not eligible for the self-insured Medical Benefits described below. Instead, Medicare-eligible U.S. Dollar retirees and dependents are eligible for obtaining Medical Benefits through an HRA, provided they enroll in a Medicare Advantage or Medicare Supplement plan through the Medicare marketplace offered. All eligible retirees or dependent spouses who are ineligible for Medicare upon attaining age 65 are offered an HRA benefit when enrolling in a qualified individual Healthcare Plan from the non-Medicare eligible marketplace, via the Mercer Marketplace 365, a private exchange. Effective January 1, 2025, individuals hired or rehired by Saudi Arabian Oil Company on or after January 1, 2025 are not eligible for post-Medicare retiree medical coverage provided through the HRA.

The HRA is funded solely through Employer contributions and reimburses eligible participants for qualified medical expenses, subject to an annual ceiling. The HRA allows the roll-forward of any unused balance at the end of the year to the next year, and multiple years may be carried forward. Claims for the previous year must be submitted by March 31st of the current year.

Self-insured Benefits. The Plan is self-insured for the Medical Benefits provided under the Plan. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only arrangements. The claims processors pay directly to or on behalf of participants and are then reimbursed by the Plan's VEBA trust or the 401(h) account. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers

and participants is retained by the Plan. The participants pay the participant portion of Plan premiums for their coverage.

The Plan utilizes a PBM which periodically makes refunds / rebates to the Plan based on the Plan's actual utilization pattern of specific drugs.

401(h) Account. In addition to the normal retirement benefits, the Aramco U.S. Retirement Income Plan includes a Medical Benefit component to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code ("IRC"). A separate account has been established and maintained in the Aramco U.S. Retirement Income Plan for the net assets related to the Medical Benefit component 401(h) account. In accordance with IRC Section 401(h), the Aramco U.S. Retirement Income Plan assets in the 401(h) account may not be used for, or diverted to, any purpose other than providing Medical Benefits for retirees and their eligible beneficiaries or administration of the assets. The related obligations for Medical Benefits are not included in the Aramco U.S. Retirement Income Plan obligations but are reported as obligations in the accompanying financial statements of the Plan. In addition to the self-insured claims, the HRA claims are reimbursed to participants from the 401(h) account and included as a deduction in the changes in the 401(h) account in the Statement of Changes in Net Assets Available for Benefits. See the audited financial statements of the Aramco U.S. Retirement Income Plan notes 1, 5, 7, 8, 9, 11, and 12.

Contributions. In addition to deductibles and copayments, participants contribute specified amounts based on applicable monthly premiums for their respective benefit elections.

The costs of the retiree medical benefits are shared by the Plan and participating retirees. In addition to deductibles and copayments, participant contributions as a percentage of the estimated cost of postretirement benefits for 2025 were as follows.

Retirees - Eligible for Medicare benefits	2.91%
Retirees - Not eligible for Medicare benefits	20.46%

HRA Medicare eligible participants purchase their own healthcare coverage through a private exchange and are excluded from determination of the above percentages. Aptia acts as the third-party administrator and reviews and approves reimbursements. The unused HRA balance was $6,143 thousand and $5,179 thousand at December 31, 2025 and 2024, respectively.

The Plan's deficiency of net assets, excluding the 401(h) account assets, over benefit obligations at December 31, 2025 and 2024 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the current contribution rate. It is expected that the deficiency will be funded through participant contributions, utilization of the 401(h) account and for any claims in excess of this, will be funded by the Employer on a pay-as-you-go-basis.

Reclassifications. Certain reclassifications have been made to prior period amounts within the notes to the financial statements to conform to the current period presentation. These reclassifications had no effect on the Plan's previously reported net assets available for benefits or changes in net assets available for benefits.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates. The accompanying financial statements have been prepared using the accrual basis of accounting. The preparation of financial statements in accordance with principles generally accepted in the United States of America ("GAAP") requires

management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported, claims payable and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Payment of Benefits. Premiums paid by either the Employer or the VEBA trust are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Claims payments paid by the VEBA trust are recorded when paid by the third-party claims processor. These payments are recorded as claims paid in the accompanying statement of changes in net assets available for benefits. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statements of net assets available for benefits.

Refunds / Rebates. Refunds / rebates due from the Plan's PBM are recorded when earned. Refunds / rebates due as of the financial statement date have been reported as receivable, with the offset being netted against claims paid. Pharmacy rebates totaling $2,322 thousand and TPA rebates totaling $1,422 thousand have been netted with claims paid in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025.

Investment Valuation and Income Recognition. Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians. See Note 6 for a discussion of fair value measurements. Purchases and sales of securities are recorded on trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

3. Postretirement Benefit Obligation

A postretirement benefit obligation has been recognized for Medical Benefits for eligible participants and their dependents upon retirement. The benefit obligation represents the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees covered by the Plan. The obligation represents the amount that is expected to be funded by contributions from the participants and Employer, as well as existing assets of the Plan. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated employees and their beneficiaries and dependents, and (b) active employees and beneficiaries and dependents after retirement from service with the Employer.

The actuarial present value of the expected postretirement benefit obligation is determined by an independent actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, termination, or retirement) between the valuation date and the expected date of payment.

Significant assumptions used in preparing the actuarial valuations as of December 31, 2025 and 2024, include the following:

	2025	2024
Discount rate	5.25%	5.55%
Retirement age (Years)		
Domestic employees	50–70+	50–70+
Foreign service employees	50–70+	50–70+
Mortality rates	Pri-2012 total data set mortality tables projected forward from 2012 with generational mortality improvements using scale MP-2021.	Pri-2012 total data set mortality tables projected forward from 2012 with generational mortality improvements using scale MP-2021.

Listed below are the retirement rates varying by age and division for the year ended December 31, 2025.

Age	Domestic Rate (%)	Foreign Rate (%)
50	10.00	5.00
51	10.00	5.00
52	10.00	5.00
53	10.00	5.00
54	10.00	5.00
55	20.00	10.00
56	20.00	10.00
57	20.00	10.00
58	20.00	10.00
59	20.00	10.00
60	20.00	65.00
61	15.00	40.00
62	15.00	40.00
63	15.00	40.00
64	15.00	40.00
65	15.00	50.00
66	15.00	50.00
67	15.00	50.00
68	15.00	50.00
69	15.00	50.00
70+	100.00	100.00

The assumed health care rates by years are as follows:

	2025	2024
2024	N/A	6.75 %
2025	6.50 %	6.50 %
2026	6.25 %	6.25 %
2027	6.00 %	6.00 %
2028	5.75 %	5.75 %
2029	5.50 %	5.50 %
2030	5.25 %	5.25 %
2031 and beyond	5.00 %	5.00 %

The weighted average health care cost trend assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point each year, it would increase the postretirement benefit obligation by $23,364 thousand or 5.25% and $22,900 thousand or 5.01% as of December 31, 2025 and 2024, respectively. The change in actuarial assumptions in the current year is primarily due to lower actual increases in per capita claim costs and administrative expenses compared to higher expected increases. This is offset by the decrease in the discount rate assumption.

The foregoing assumptions are based upon the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

4. Claims Incurred but Not Reported

Claims incurred but not reported ("IBNR") represent the present value of the estimated ultimate cost to the Plan to settle claims related to incidents or illnesses occurring prior to December 31, 2025 and 2024. The estimate presented in the financial statements utilizes data provided by third party administrators. Claims (benefit payments) are recorded on the accompanying statement of changes in net assets available for benefits when paid. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statement of net assets available for benefits.

The Plan's actuary calculates claims incurred but not reported in accordance with accepted actuarial principles. This estimated IBNR amount is reported in the accompanying statements of benefit obligations.

5. Investment Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting under ERISA. Certain information related to investments included in the Plan's financial statements and supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2025 were obtained and derived from information supplied by JPMorgan, the trustee and custodian of assets of the Plan.

As of December 31, 2025 and 2024, the Plan had investments as follows.

(Thousands of Dollars)	**2025**	**2024**
JPMorgan money market mutual fund	$ 7	$ 83
Total money market mutual fund	$ 7	$ 83

	2025	**2024**
JPMorgan-interest receivable	$ -	$ 2
Total interest receivable	$ -	$ 2

Interest income resulted from mutual funds for the year ended December 31, 2025 was $17 thousand.

The certified components of 401(h) account investments in the Plan as of December 31, 2025 and 2024 were as follows.

JPMorgan (Thousands of Dollars)	**2025**	**2024**
Non Interest bearing cash	$ 588	$ 464
Interest bearing cash	78	179
U.S. Government securities (includes $17,334 and $12,240 securities lent, respectively)	167,835	125,185
Corporate debt instruments (includes $44,541 and $37,670 securities lent, respectively)	292,944	271,564
Corporate stock	11	347
Value of interest in common collective trusts	37,013	52,317
Value of interest in registered investment companies	38,920	33,603
Foreign Securities (includes $3,151 and $3,175 securities lent, respectively)	27,040	26,844
Securities Lending Collateral:		
Interest Bearing Cash	39,527	44,630
US Government Securities	26,894	9,604
Due from broker for securities sold	38,750	28,403
Accrued interest and dividends	5,008	4,483
Total assets	674,608	597,623
Due to brokers for securities purchased	90,668	70,935
Collateral owed for securities lending	66,421	54,234
Net certified assets available for benefits	**$ 517,519**	**$ 472,454**

For the year ended December 31, 2025, the 401(h) certified investments (including gains and losses on investments bought and sold, as well as held during the year appreciated in value by $14,722 thousand as follows.

(Thousands of Dollars)	**2025**
Net appreciation from U.S. Government securities	$ 3,465
Net appreciation from corporate debt instruments	6,622
Net appreciation from corporate stocks	3
Net appreciation from common collective trusts	2,188
Net appreciation from registered investment companies	1,175
Net appreciation from other assets	1,269
Net appreciation of assets	$ 14,722
Dividend Income	$ 2,227
Interest Income	$ 22,584

6. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Money market fund: Mutual fund valued at the daily closing price as reported by the fund. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, of the portion of the Plan's assets held in the VEBA trust at fair value as of December 31, 2025 and 2024 for financial assets and liabilities measured at fair value on a recurring basis.

	Fair Value Measurement - December 31, 2025			
(Thousands of Dollars)	Level 1	Level 2	Level 3	Assets/Liabilities at Fair Value
Assets				
Mutual fund	$ 7	$ -	$ -	$ 7
Total assets	$ 7	$ -	$ -	$ 7

	Fair Value Measurement - December 31, 2024			
(Thousands of Dollars)	Level 1	Level 2	Level 3	Assets/Liabilities at Fair Value
Assets				
Mutual fund	$ 83	$ -	$ -	$ 83
Total assets	$ 83	$ -	$ -	$ 83

7. Administrative Expenses

Certain professional fees, administrative fees and expenses relating to the assets held by the trustee are paid by the Plan. Certain other fees and administrative expenses are typically paid by the Employer. The Employer paid audit fees for 2025.

8. Tax Status

The VEBA trust established under the Plan to hold the Plan's net assets is qualified pursuant to Section 501(c) (9) of the IRC, and, accordingly, the VEBA trust's net investment income is exempt from income taxes. The Internal Revenue Service ("IRS") has determined and informed the company by the letter dated October 26, 1996 that the VEBA trust is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the VEBA determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Company has analyzed the tax positions taken or expected to be taken by the Plan and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions and there are currently no audits for any tax periods in progress.

9. Termination of the Plan

Although it has not expressed any intention to do so, the Employer has the right under the Plan to modify the benefits provided to, and contributions required of, participants; to discontinue its contributions at any time, or to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan

may revert to the Employer or be used for purposes other than for the exclusive benefit of the Plan's participants.

10. 401 (h) Account

An allocated portion of the Plan's obligations are funded through contributions made from the 401(h) account in accordance with IRC Section 401(h).

At December 31, 2025 and 2024, the allocation was 53% and 56% to Aramco U.S. Retirement Income Plan and 47% and 44% to the 401(h) account, respectively. Allocation is determined based on the ratio of 401(h) account assets at the end of the month to total of the plans' assets at the end of the month.

In May 1992, the IRS issued a favorable determination related to the amendment, adopted on February 1, 1989, which provided for an additional allocation of plan assets to the Medical Benefit Account as of January 1, 1988, to fund post-1986 postretirement benefit obligations for retirees and their beneficiaries.

Please see Aramco U.S. Retirement Income Plan December 31, 2025 and 2024 financial statements Notes 1, 5, 6, 7, 8, 10 and 11.

The following tables present the components of the net assets available for such obligations and the related changes in net assets available as of December 31, 2025 and 2024 and for the year ended December 31, 2025.

Net Assets Available for Postretirement Health and Welfare Benefits in 401(h) Account

(Thousands of Dollars)	2025	2024
Investments at fair value:		
Interest bearing cash	$ 78	$ 179
U.S. Government securities (includes $17,334 and $12,240 securities lent, respectively)	167,835	125,185
Corporate debt instruments (includes $44.541 and $37,670 securities lent, respectively)	292,944	271,564
Corporate stock	11	347
Partnership / Joint Venture interests	48,699	52,720
Partnership / Real Estate	26,172	27,950
Value of interest in hedge funds	113,068	126,165
Value of interest in common collective trusts	37,013	52,317
Value of interest in registered investment companies	38,920	33,603
Foreign Securities (includes $3,151 and $3,175 securities lent, respectively)	27,040	26,844
Securities Lending Collateral:		
Interest Bearing Cash	39,527	44,630
U.S. Government Securities	26,894	9,604
Total investments at fair value	818,201	771,108
Cash - Non Interest Bearing	588	464
Accrued interest and dividends	5,008	4,483
Due from broker for securities sold	38,750	28,403
Total assets	862,547	804,458
Due to brokers for securities purchased	90,668	70,935
Collateral owed for securities lending	66,421	54,234
Accrued expenses	2,016	-
Total liabilities	159,105	125,169
Net assets available for benefits	$ 703,442	$ 679,289

Changes in Net Assets in 401(h) Account

(Thousands of Dollars)	2025
Net appreciation/(depreciation) in fair value of investments	$ 27,930
Dividends	2,227
Interest	22,584
Health and welfare benefits paid to retirees	(24,271)
Administrative Expenses	(4,317)
Net increase/(decrease) in net assets available for benefits	$ 24,153

11. Reconciliation of Financial Statements to Form 5500

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

(Thousands of Dollars)	2025	2024
Net assets available for benefits per the financial statements	$ 708,631	$ 682,702
Less:		
Net assets held in 401(h) account not included as assets in Form 5500	703,442	679,289
Benefit obligations currently payable	1,969	2,058
Net assets available for benefits per Form 5500	$ 3,220	$ 1,355

The following is a reconciliation of claims paid per the financial statements to the Form 5500 for the year ended December 31, 2025.

(Thousands of Dollars)	2025
Claims paid, net per the financial statements	$ 20,910
Add: Amounts currently payable at December 31, 2025	1,969
Less: Amounts currently payable at December 31, 2024	2,058
Claims paid, net	$ 20,821

The following is a reconciliation of total net additions per the financial statements to the Form 5500 for the year ended December 31, 2025.

(Thousands of Dollars)	2025
Net additions per financial statements	$ 48,870
Deduct: Net increase in 401(h) account not included as assets in Form 5500	24,153
Total income per Form 5500	$ 24,717

Claims and premiums that have been processed and approved for payment at year-end but not paid and claims incurred but not reported are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

The net assets and related activity of the 401(h) account included in the financial statements are not included in the Form 5500 because the assets are held by the Aramco U.S. Retirement Income Plan.

12. Related Party and Party-in-Interest Transactions

Aetna serves as third-party administrator of medical benefits for the Plan. Total administrative fees in the amount of $351 thousand were paid to Aetna for the year ended December 31, 2025.

ESI serves as third-party administrator of pharmaceutical benefits for the Plan. Total administrative fees in the amount of $231 thousand were paid to ESI for the year ended December 31, 2025. The Plan owed ESI accrued expenses in the amount of $20 thousand and $12 thousand at December 31, 2025 and 2024, respectively.

JPMorgan serves as the trustee and custodian of the Plan's assets for the year ended December 31, 2025. The Plan's investments include a short-term money market fund managed by JPMorgan valued at $7 thousand for the year ended December 31, 2025. Trustee and custodian fees of $1 thousand were paid to JPMorgan for the year ended December 31, 2025. The Plan had accrued expenses due to JPMorgan in the amount of $5 thousand and $4 thousand at December 31, 2025 and 2024, respectively.

Aptia serves as third-party administrator of HRA claims. The Company pays Aptia on behalf of the Plan. The Plan reimburses the Company under a loan agreement. Payments to the Company totaled $7,247 thousand for the year ended December 31, 2025. The Plan had accrued payments due to the Company in the amounts of $275 thousand and $272 thousand at December 31, 2025 and 2024, respectively, recorded as Other Payables on the statement of net assets available for benefits.

As described in Note 7, the Plan paid certain expenses related to plan operations and investment activity to these service providers. These transactions are party in interest transactions under ERISA.

13. Risks and Uncertainties

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

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

14. Subsequent Events

In preparing the financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 13, 2026, the date the financial statements were available to be issued.

Supplemental Schedules Required by ERISA

Aramco U.S. Retiree Medical Payment Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest	(d) Cost	(e) Current Value
*	JPMorgan US Govt MMKT Fund	Mutual Fund	$ 7	$ 7
	Total investments		$ 7	$ 7

* Party-in-interest

The information above was derived from data certified as complete and accurate by JPMorgan Chase Bank, N.A., trustee.

Series of Transactions in Excess of 5% of Plan Assets

(a) identify of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)		(c) Purchase price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
JPMorgan US Govt MMKT Fund*	Mutual Fund	26 purchases	7,887,005				7,887,005	7,887,005	
JPMorgan US Govt MMKT Fund*	Mutual Fund	102 sales		7,963,335			7,963,335	7,963,335	

Single Transactions in Excess of 5% of Plan Assets

(a) identify of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
JPMorgan US Govt MMKT Fund*	Mutual Fund	607,412				607,412	607,412	
JPMorgan US Govt MMKT Fund*	Mutual Fund	436,481				436,481	436,481	
JPMorgan US Govt MMKT Fund*	Mutual Fund	392,425				392,425	392,425	
JPMorgan US Govt MMKT Fund*	Mutual Fund	490,019				490,019	490,019	
JPMorgan US Govt MMKT Fund*	Mutual Fund	320,002				320,002	320,002	
JPMorgan US Govt MMKT Fund*	Mutual Fund	995,849				995,849	995,849	
JPMorgan US Govt MMKT Fund*	Mutual Fund	362,575				362,575	362,575	
JPMorgan US Govt MMKT Fund*	Mutual Fund	336,940				336,940	336,940	
JPMorgan US Govt MMKT Fund*	Mutual Fund	330,865				330,865	330,865	
JPMorgan US Govt MMKT Fund*	Mutual Fund	870,906				870,906	870,906	
JPMorgan US Govt MMKT Fund*	Mutual Fund	362,056				362,056	362,056	
JPMorgan US Govt MMKT Fund*	Mutual Fund	594,063				594,063	594,063	
JPMorgan US Govt MMKT Fund*	Mutual Fund	438,880				438,880	438,880	
JPMorgan US Govt MMKT Fund*	Mutual Fund	421,553				421,553	421,553	
JPMorgan US Govt MMKT Fund*	Mutual Fund	422,544				422,544	422,544	
JPMorgan US Govt MMKT Fund*	Mutual Fund		310,656			310,656	310,656	
JPMorgan US Govt MMKT Fund*	Mutual Fund		506,837			506,837	506,837	
JPMorgan US Govt MMKT Fund*	Mutual Fund		331,094			331,094	331,094	

Aramco U.S. Retiree Medical Payment Plan
EIN: 84-4364434
PLAN 502

SCHEDULE H, PART 4, LINE i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
This schedule is included in the attachment "Accountant's Opinion".

SCHEDULE H, PART 4, LINE j – SCHEDULE OF REPORTABLE TRANSACTIONS (SINGLE TRANSACTIONS)
This schedule is included in the attachment "Accountant's Opinion".

Classification: General Use

Aramco U.S. Retiree Medical Payment Plan
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PLAN 502

SCHEDULE H, PART 4, LINE i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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SCHEDULE H, PART 4, LINE j – SCHEDULE OF REPORTABLE TRANSACTIONS (SINGLE TRANSACTIONS)
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