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 6047(e), 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

2010

This Form is Open to Public

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Part I	Annual Report Ider	ntification Information	/ / /		10/21/2010		
	dar plan year 2010 or fiscal		/01/2010	and ending	12/31/2010		
A This r	eturn/report is for:	a multiemployer plan;	□ .	e-employer plan; or			
		X a single-employer plan;	∐ a DFE (s	pecify)			
R Thie r	eturn/report is:	the first return/report;	the final	return/report;			
J 111131	eturineport is.	an amended return/report;	a short p	lan year return/report (les	ss than 12 months).		
If the	olan is a collectively-bargain	ed plan, check here			🕱		
	box if filing under:	X Form 5558;		c extension;	the DFVC program;		
Onec	Dox if filling direct.	special extension (enter de		CONTROL 444 (3 SECTION			
Part	Basic Plan Inform	nation—enter all requested inform					
1a Name of plan Marathon Oil Company Employee Assistance Program					1b Three-digit plan		
		• •			number (PN) ▶	507	
					1c Effective date of pl 04/01/1990	an	
a Plan	sponsor's name and addres	ss (employer, if for a single-employe	r plan)		2b Employer Identification		
(Add	ress should include room or	suite no.)	2507 (38)		Number (EIN)		
Mar	athon Oil Company	<i>t</i>			25-1410539		
					2c Sponsor's telephor number	ne	
		(713)629-6600					
5555 San Felipe Road				2d Business code (see			
Houston			TX	77056-2723	instructions) 324110		
		\wedge				7777	
		/)					
	\sim						
		ncomplete filing of this return/rep				adulaa	
Jnder pe	enalties of perjury and other into and attachments, as well	penalties/set forth in the instructions as the electronic version of this retu	rn/report, and to the b	est of my knowledge and	on, including accompanying sche belief, it is true, correct, and con	nplete.	
	1 90/10	111//	1///	T			
SIGN	$\mathcal{A} \cap \mathcal{A}$		1115/101	R. L. Sovine J	r.		
HERE	Signature of plan admin	strator	Date	Enter name of individu	al signing as plan administrator		
	•						
SIGN							
HERE	Signature of employer/pl	an sponsor	Date	Enter name of individu	al signing as employer or plan sp	ponsor	
SIGN							
HERE	Signature of DFE		Date	Enter name of individu	al signing as DFE		
For Pan	erwork Reduction Act Noti	ice and OMB Control Numbers, se	e the instructions for	or Form 5500.	Form 5500	0 (2010	





Form 5500 (2010) v.092307.1

	Form 5500 (2010)	Pa	ige 2					
3a	3a Plan administrator's name and address (if same as plan sponsor, enter "Same") R. L. Sovine Jr. 5555 San Felipe Road				3b Administrator's EIN 27-3212390 3c Administrator's telephone number (713) 629-6600			
	Houston	TX	770)56	-2723			
4	If the name and/or EIN of the plan sponsor has changed since the last return/re the plan number from the last return/report:	port filed for	this p	olan,	enter th	e name, Ell	N and	4b EIN
а	a Sponsor's name							4c PN
5	Total number of participants at the beginning of the plan year						5	9,751
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).							7,731
а	Active participants					. 6a	9,654	
b	b Retired or separated participants receiving benefits						. 6b	78
С	C Other retired or separated participants entitled to future benefits						. 6c	0
d	d Subtotal. Add lines 6a, 6b, and 6c.						. 6d	9,732
e	Deceased participants whose beneficiaries are receiving or are entitled to receiv	ive benefits				•••••	. 6e	
f	Total. Add lines 6d and 6e		******				. 6f	
g	g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)						. 6g	
h	h Number of participants that 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			
	If the plan provides pension benefits, enter the applicable pension feature code: If the plan provides welfare benefits, enter the applicable welfare feature codes fr							
9a	(1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) X General assets of the sponsor	Plan ber (1) (2) (3) (4) ached, and, v	x	Ins Co Tru Ge	surance de secti ust eneral as	on 412(e)(3) sets of the s	insuran	ce contracts
ŧ	Pension Schedules (1) R (Retirement Plan Information)	b Genera (1)	Sch	edu		nancial Infor	mation)	

(2)

(3)

(4)

(5)

(6)

I (Financial Information - Small Plan)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

C (Service Provider Information)

A (Insurance Information)

(2)

(3)

actuary

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

Form 5558 (Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

File With IRS Only

Par	t I Identification										
A	Name of filer, plan administrator, or plan sponsor (see instructions) B Filer's identifying number (see instructions).										
	Marathon Oil Company	M Employer ide	Employer identification number (EIN).								
	Number, street, and room or suite no. (If a P.O. box, see instructions)	25-1410539	25-1410539								
	5555 San Felipe Road	Social securi	ty number (SSN	1							
	City or town, state, and ZIP code		.,								
	Houston TX 77056-2723										
C	Plan name	Plan		Plan year ending—							
		number	MM	MM DD YY							
1	Marathon Oil Company Employee Assistance Program	5 0 7	12	31	2010						
			1								
2			-								
3	3										
Par	t II Extension of Time to File Form 5500 or Form 5500-EZ	see instructions,)								
1	I request an extension of time until 10 / 15 / 2011 to file Form 5500 or Form 5500-EZ.										
	The application is automatically approved to the date shown on line normal due date of Form 5500 or 5500-EZ for which this extension is remonths after the normal due date.	1 (above) if: (a) the quested, and (b) the	Form 5558 ne date on lir	is filed on one 1 is no m	or before the ore than 21/2						
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-Ea	Z filed after the due	date for the	plans listed	in C above.						
Note	e. A signature is not required if you are requesting an extension to file Form 5500	or Form 5500-EZ.									
2	I request an extension of time until to file Form 5330. You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330. Enter the Code section(s) imposing the tax , , , ,										
b	Enter the payment amount attached			b							
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the reversion State in detail why you need the extension	n/amendment date	•	· [c]							
					•••••••						
	••••••				•••••						
			• • • • • • • • • • • • • • • • • • • •								
Unde	er penalties of perjury, I declare that to the best of my knowledge and belief, the statement orized to prepare this application.	ents made on this form	are true, correc	ct, and comple	te, and that I am						
Sign	nature ▶	Date ▶									