Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022

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

2022

This Form is Open to Public Inspection

12/31/2022

Enter name of individual signing as DFE

and ending

A This	return/report is for:	a multiemployer plan		ployer plan (Filers checking this b mployer information in accordanc		ns.)
		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 ye	ear return/report (less than 12 mc	onths)	
C If the	plan is a collectively-barga	ப் ained plan, check here		.	X	
		X Form 5558	automatic exte	_	the DFVC program	
D Ched	k box if filing under:	special extension (enter description	<u> </u>		The Brive program	
F If this	is a retroactively adopted	plan permitted by SECURE Act section		. Γ	٦	
Part II		nation—enter all requested information				
	ne of plan	nation—enter all requested information	ווכ		1b Three-digit plan	
LOCK	HEED MARTIN CORPORA	ATION GROUP INSURANCE PLAN FO	R RETIRED EMPLO	YEES	number (PN) ▶	591
					1c Effective date of pl 01/01/1993	an
		er, if for a single-employer plan) , apt., suite no. and street, or P.O. Box)			2b Employer Identifica Number (EIN)	ation
City	or town, state or province,	country, and ZIP or foreign postal code		uctions)	52-1893632	
LOCKH	EED MARTIN CORPORA	TION			2c Plan Sponsor's telephone	
					number 863-647-0370	
	OCKLEDGE DRIVE, CCT-	115			2d Business code (see	
BETHE	SDA, MD 20817				instructions) 339900	
Caution	: A penalty for the late or	incomplete filing of this return/report	rt will be assessed	unless reasonable cause is es	tablished.	
Under pe	enalties of perjury and other	er penalties set forth in the instructions,	I declare that I have	examined this return/report, inclu	iding accompanying sche	
stateme	nts and attachments, as we	ell as the electronic version of this return	n/report, and to the b	est of my knowledge and belief,	it is true, correct, and con	nplete.
0.01						
SIGN HERE	Filed with authorized/valid	d electronic signature.	10/13/2023	ROBERT MUENINGHOFF		
	Signature of plan admi	nistrator	Date	Enter name of individual signir	ng as plan administrator	
SIGN						
HERE			1	F		
	Signature of employer/	pian sponsor	Date	Enter name of individual signir	ng as employer or plan sp	onsor
SIGN						
HERE			<u> </u>			

Form 5500 (2022) Page 2 **3a** Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number 4b EIN 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: а Sponsor's name **4d** PN Plan Name 5 Total number of participants at the beginning of the plan year 46656 5 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). 0 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)45018 Retired or separated participants receiving benefits 6b 0 Other retired or separated participants entitled to future benefits..... 45018 Subtotal. Add lines 6a(2), 6b, and 6c. 6d Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. 6e Total. Add lines 6d and 6e. 6f Number of participants with account balances as of the end of the plan year (only defined contribution plans 6g Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested... 6h Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) 8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B 4D 4E 4Q 9a Plan funding arrangement (check all that apply) **9b** Plan benefit arrangement (check all that apply) (1) Insurance (1) Insurance Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance contracts (2) (3) (3) Trust

(4)

(1)

(2)

(3)

(4)

(5)

(6)

b General Schedules

X

X

X

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

General assets of the sponsor

H (Financial Information)

A (Insurance Information)

C (Service Provider Information)

I (Financial Information – Small Plan)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

(4)

(1)

(2)

(3)

a Pension Schedules

actuary

General assets of the sponsor

R (Retirement Plan Information)

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

Page 3

Form 5500 (2022)

Receipt Confirmation Code

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

2022

For calendar plan year 20	22 or fiscal plar	n year beginning 01/01/2022		and er	nding 12/31/2022	
A Name of plan				B Thre	e-digit	
	PRPORATION	GROUP INSURANCE PLAN F	OR RETIRED	plan	number (PN)	591
EMPLOYEES						
C Plan enoneor's name a	e chown on lin	e 2a of Form 5500		D Emple	oyer Identification Number	or (FIN)
•	Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION				1893632	51 (CIIV)
LOCKITLED WARTIN OC	OKI OKATION			02	100002	
		ning Insurance Contract. Individual contracts grouped				
1 Coverage Information:						
(a) Name of insurance ca						
AETNA HEALTH INC AZ	2 SR HMO					
	(c) NAIC	(d) Contract or	(e) Approximate n		Policy or	contract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To
23-2169745	95109	172310;172312	8		01/01/2022	12/31/2022
		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	other persons in
descending order of the amount paid.						
(a) 10tal a	(a) Total amount of commissions paid (b) Total amount of fees paid					
2.5						
3 Persons receiving com		ees. (Complete as many entrie			t f	
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commissio	ns paid		
commissions pa		(c) Amount		(d) Purpos	е	(e) Organization code
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid	
		F	ees and other commissio	ns naid		
(b) Amount of sales ar commissions pa		(c) Amount	oco ana otner commissio	(d) Purpos	<u> </u>	(e) Organization code
соннивыеня ра	iu	(o) Amount		(a) i dipos	<u> </u>	(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	Welfare Benefit Contract Informa If more than one contract covers the same g the information may be combined for reporti employees, the entire group of such individu	roup of employees of the ng purposes if such cont	racts are exp	erience-rated as a unit	. Where co	ontracts cover individual	
8	Bene	fit and contract type (check all applicable boxes)	-					_
	а	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance	
	늗] · · · · · · · · · · · · · · · · · · ·	片	<u> </u>	<u></u>	alas maant	봄	
	e	, , , , , , , , , , , , , , , , , , ,	. H		Supplemental unem	bioyment	h Prescription drug	
	'	Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract	
	m	Other (specify)						
9 E	Exper	rience-rated contracts:						
	a P	remiums: (1) Amount received		9a(1)				
	((2) Increase (decrease) in amount due but unpaid		9a(2)				
	((3) Increase (decrease) in unearned premium rese	rve	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)		
	С	Remainder of premium: (1) Retention charges (or	ı 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 ir	cash, or	credited.)	9c(2)		
		Status of policyholder reserves at end of year: (1)	_			9d(1)		_
		(2) Claim reserves	•			9d(2)		_
		(3) Other reserves				9d(3)		_
		Dividends or retroactive rate refunds due. (Do no				9e		
10		nexperience-rated contracts:		` '	,	•		
		Total premiums or subscription charges paid to ca	arrier			10a	3857	'n
	b	If the carrier, service, or other organization incurre	ed any specific costs in c	onnection wit	th the acquisition or		000.	_
		retention of the contract or policy, other than repo				10b		
		sify nature of costs.		•				
Pa	art I\	V Provision of Information						_
11	Did	the insurance company fail to provide any informa	ation necessary to comp	ete Schedule	Α?	Yes	X No	
		e answer to line 11 is "Yes." specify the information			<u> </u>			

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

2022

For calendar plan year 20	22 or fiscal plar	year beginning 01/01/2022			and en	nding 12/31/2022	
A Name of plan LOCKHEED MARTIN CO EMPLOYEES	ORPORATION (GROUP INSURANCE PLAN F	OR	RETIRED		e-digit number (PN)	591
LWI LOTELS							
C Plan sponsor's name a	s shown on line	e 2a of Form 5500			D Emplo	yer Identification Numbe	er (EIN)
LOCKHEED MARTIN CO	RPORATION				52-	1893632	
Part I Information a separa	tion Concer ate Schedule A	ning Insurance Contract. Individual contracts grouped	ct C as a	Coverage, Fees, a unit in Parts II and II	and Con	nmissions Provide in ported on a single Scheo	formation for each contract lule A.
1 Coverage Information:							
(a) Name of insurance ca	rrier						
AETNA HEALTH INC FL							
	(c) NAIC	(d) Contract or		(e) Approximate nu	ımber of	Policy or	contract year
(b) EIN	code	identification number		persons covered a policy or contrac		(f) From	(g) To
59-2411584	95088	0701220HNO		4		01/01/2022	12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal	commissions paid. Li	st in line 3	the agents, brokers, and	other persons in
(a) Total amount of commissions paid				(b) To	otal amount of fees paid		
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	s as	s needed to report all	persons).		
	(a) Name a	nd address of the agent, broke	r, o	r other person to who	m commiss	ions or fees were paid	
			200	and other commission	no poid		
(b) Amount of sales ar commissions pa		(c) Amount	2 2 2 5		(d) Purpos	e.	(e) Organization code
commissions pa		(0) / 1110 0111			(4)	<u>-</u>	(c) c.gam_auscoac
	(a) Name a					·	
	(a) Name a	nd address of the agent, broke	r, o	r otner person to wnor	n commiss	ions or tees were paid	
(b) Amount of sales ar	nd base	F.e	ees	and other commission	ns paid		
commissions pa		(c) Amount	(d) Purpose			(e) Organization code	

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oode
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	I Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a unit	. Where co	ontracts cover individual	
8	Bene	fit and contract type (check all applicable boxes)		•	<u> </u>		<u>`</u>	-
	а ∏	Health (other than dental or vision)	b Dental	с	Vision		d Life insurance	
	片		H	<u> </u>	4	-1		
	e	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	pioyment	h Prescription drug	
	' <u> </u>	Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract	
	m	Other (specify)						
9 1	Exper	ience-rated contracts:						
	a P	remiums: (1) Amount received		9a(1)				
	(2) Increase (decrease) in amount due but unpaid	l	9a(2)				
	(3) Increase (decrease) in unearned premium res	erve	9a(3)				
	(4) Earned ((1) + (2) - (3))				9a(4)	()
	b	Benefit charges (1) Claims paid		9b(1)				
	(2) Increase (decrease) in claim reserves		9b(2)				
	(3) Incurred claims (add (1) and (2))				9b(3)	()
	(4) Claims charged				9b(4)		
	C	Remainder of premium: (1) Retention charges (o	n an accrual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges		9c(1)(G)				
		(H) Total retention				9c(1)(H))
	((2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
	d :	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	e I	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	9e		
10	Non	experience-rated contracts:						
	a [·]	Total premiums or subscription charges paid to c	arrier			10a	124180	3
	b	If the carrier, service, or other organization incurr	ed anv specific costs in c	onnection wit	h the acquisition or			
	1	retention of the contract or policy, other than repo				10b		
	Брес	ify nature of costs.						
	art I\						□	_
<u>11</u>	Did	the insurance company fail to provide any inform	ation necessary to comp	ete Schedule	A?	Yes	X No	_
12	If the	e answer to line 11 is "Yes." specify the informati	on not provided.					

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

2022

For calendar plan year 20	22 or fiscal plar	n year beginning 01/01/2022		and er	nding 12/31/2022	
A Name of plan				B Thre	e-digit	
	PRPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	591
EMPLOYEES						
C Plan enoncor's name of	ne chown on line	22 of Form 5500		D Emple	oyer Identification Number	or (EINI)
•	Plan sponsor's name as shown on line 2a of Form 5500 OCKHEED MARTIN CORPORATION				1893632	(CIIV)
LOCKITLED WARTINGC	RECKATION			02	1000002	
		ning Insurance Contract. Individual contracts grouped a				
1 Coverage Information:						
(-) Name of the common of the						
(a) Name of insurance ca AETNA HEALTH INC GA						
	())) ()	(1) 0	(e) Approximate n	umber of	Policy or	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	it end of	(f) From	(g) To
 58-1649568	95094	172310;172312	policy or contract	t year	01/01/2022	12/31/2022
00-10-0000	33034	172010,172012	200		01/01/2022	12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	s as needed to report all	persons).		
	(a) Name a	nd address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid	
			ees and other commissio	ne naid		
(b) Amount of sales ar commissions pa		(c) Amount	oco una otnor commissio	(d) Purpos	<u> </u>	(e) Organization code
		(c) / uno uni		(4)		(c) organization code
	(a) Name a	and address of the agent, broke	r or other person to who	m commiss	ions or fees were naid	
	(a) Name a	ind address of the agent, broke	r, or other person to who	III COIIIIII33	ions or ices were paid	
	<u> </u>					
(b) Amount of sales ar			ees and other commissio			
commissions pa	id	(c) Amount		(d) Purpos	e	(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	I Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a unit	. Where co	ontracts cover individual
8	Bene	fit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance
	늗			<u> </u>	4	-1	
	e	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	pioyment	h Prescription drug
	ı <u>ا</u>	Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9 1	Exper	ience-rated contracts:					
	a P	remiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
	(3) Increase (decrease) in unearned premium res	erve	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)	
	С	Remainder of premium: (1) Retention charges (o	n 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 ir	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)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	9e	
10	Non	experience-rated contracts:					
	а	Total premiums or subscription charges paid to c	arrier			10a	1541118
	b	If the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	h the acquisition or		
		retention of the contract or policy, other than repo				10b	
	Spec	ify nature of costs.					
Pa	art I\	/ Provision of Information					
11	Did	the insurance company fail to provide any inform	ation necessary to comp	ete Schedule	e A?	Yes	X No
12	If th	e answer to line 11 is "Yes." specify the informati	on not provided.				

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

2022

For calendar plan year 20	22 or fiscal plar	n year beginning 01/01/2022		and er	nding 12/31/2022	
A Name of plan				B Thre		
	PRPORATION	GROUP INSURANCE PLAN F	OR RETIRED	plan	number (PN)	591
EMPLOYEES						
C Plan sponsor's name a	e chown on lin	e 2a of Form 5500		D Emple	oyer Identification Number	or (FINI)
LOCKHEED MARTIN CO		e 2a 011 01111 3300			1893632	(LIIV)
LOOKITEED MAKTIN OC	THE OTTATION			52		
		ning Insurance Contract. Individual contracts grouped				
1 Coverage Information:						_
(a) Name of insurance ca						
AETNA HEALTH INC VA	A SR HMO					
(c) NAIC (d) Contract or persons solvers					Policy or	contract year
(b) EIN	code	identification number	persons covered at end of policy or contract year		(f) From	(g) To
23-2169745	95109	19528	1	1		12/31/2022
2 Insurance fee and com	mission informa	ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	other persons in
descending order of the			'			
(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	s as needed to report all	persons).		
	(a) Name a	nd address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid	
		Fe	ees and other commissio	ns paid		
(b) Amount of sales ar commissions pa		(c) Amount	(d) Purpose			(e) Organization code
1		X-7				(17 - 3
	(a) Name a	nd address of the agent, broke	r or other person to who	m commiss	ions or fees were paid	
	(4)	adai see er ane agent, srene	.,			
	<u> </u>	F	oo and other semmi:-	no noid		
(b) Amount of sales ar			ees and other commissio		•	(a) Oman's attended to
commissions pa	Ia	(c) Amount		(d) Purpos	U	(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
	-				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	and base				
commissions para			code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(4)		,			
	Т				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(h) Associated sples and have	Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
	-				
			1-3		
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization		
commissions paid	(O) / Arribuint	(a) i dipose	code		

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of emp the information may be combined for reporting purposes employees, the entire group of such individual contracts	s if such contrac	cts are expe	erience-rated as a	a unit. Where cont	tracts cover individual	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision) b Denta	al	С	Vision	d	Life insurance	
	еĪ	Temporary disability (accident and sickness) f Long-	term disability	a	Supplemental u	nemployment h	Prescription drug	
	ί		contract		PPO contract		Indemnity contract	
	m∫	Other (specify)	oonii dot	-`_	11100011111111	•		
	···· [United (specify)						
9	Evne	perience-rated contracts:						
_		Premiums: (1) Amount received		9a(1)				
		. ,		9a(2)				
		(2) Increase (decrease) in amount due but unpaid		9a(2)				
		(3) Increase (decrease) in unearned premium reserve				92(4)	()
	h	(4) Earned ((1) + (2) - (3))		9b(1)		9a(4)		_
	b	3 (/ - 1		9b(1)				
		(2) Increase (decrease) in claim reserves				9b(3)	()
		(3) Incurred claims (add (1) and (2))						_
	_	(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an accrual		. (4)(4)				
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees	<u> </u>	9c(1)(B)				
		(C) Other specific acquisition costs		0c(1)(C)				
		(D) Other expenses		0c(1)(D)				
		(E) Taxes		0c(1)(E)				
		(F) Charges for risks or other contingencies		c(1)(F)				
		(G) Other retention charges	<u></u>	9c(1)(G)				
		(H) Total retention				9c(1)(H))
		(2) Dividends or retroactive rate refunds. (These amounts we	ere paid in c	ash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount hele	ld to provide be	nefits after	retirement			
		(2) Claim reserves	•					_
		(3) Other reserves						_
	е	Dividends or retroactive rate refunds due. (Do not include am						_
10	No	onexperience-rated contracts:			,			Ī
	а	Total premiums or subscription charges paid to carrier				10a	8949	_
	b	If the carrier, service, or other organization incurred any specification of the contract or policy, other than reported in Part I	ific costs in con	nection witl	h the acquisition o	or	0343	2
	Spe	ecify nature of costs.	i, iiiic 2 above,	roport arrio	,			_
Р	- u - l	IV Provision of Information						_
	art l						1 No.	_
		id the insurance company fail to provide any information necess		e Schedule	A?	Yes	No	_
12	If th	the answer to line 11 is "Ves" specify the information not provid	hed b					

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

2022

For calendar plan year 20	22 or fiscal plar	n year beginning 01/01/2022			and en	nding 12/31/2022		
A Name of plan LOCKHEED MARTIN CO	ORPORATION (GROUP INSURANCE PLAN F	OR	RETIRED		e-digit number (PN)	591	
EMPLOYEES			Pi		pian	Trumber (FTV)		
C Plan sponsor's name a	as shown on line	e 2a of Form 5500			D Emplo	yer Identification Numbe	r (EIN)	
LOCKHEED MARTIN CO	ORPORATION					1893632	. ,	
Part I Information a separation	tion Concer ate Schedule A	ning Insurance Contract. Individual contracts grouped	ct C	Coverage, Fees, a unit in Parts II and II	and Com	nmissions Provide inf	ormation for each contract ule A.	
1 Coverage Information:								
(a) Name of insurance ca	ırrier							
AETNA HEALTH INC MI								
	(c) NAIC	(d) Contract or		(e) Approximate nu		Policy or	contract year	
(b) EIN	code	identification number		persons covered at en policy or contract year		(f) From	(g) To	
23-2169745	95109	19528	19528			01/01/2022	12/31/2022	
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal	commissions paid. L	st in line 3	the agents, brokers, and	other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	s as	s needed to report all	persons).			
	(a) Name a	nd address of the agent, broke	r, oı	r other person to who	m commiss	ions or fees were paid		
(b) Amount of sales a	nd hase	Fe	ees	and other commission	ns paid			
commissions pa		(c) Amount			(d) Purpos	е	(e) Organization code	
	(a) Name a	and address of the agent, broke	er o	r other person to who	m commiss	ions or fees were paid		
	(a) Hamo a	ind dudiese of the agent, broke	,, 01	Totalor porcon to who	11 00111111100	iono or roco wore paid		
		F	999	and other commission	ns naid		<u> </u>	
(b) Amount of sales an commissions pa		(c) Amount			(d) Purpos	e	(e) Organization code	
		V-7			, , , , , , , ,		(5, 0.9525 3000	

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
	-				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	and base				
commissions para			code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(4)		,			
	Т				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(h) Associated sples and have	Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
	-				
			1-3		
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization		
commissions paid	(O) / Arribuint	(a) i dipose	code		

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of er the information may be combined for reporting purpos employees, the entire group of such individual contract	es if such contra	cts are expe	erience-rated as a	unit. Where co	ntracts cover individua	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	ntal	С	Vision		d Life insurance	
	е	Temporary disability (accident and sickness) f Lon	ng-term disability	a	Supplemental un	emplovment	h Prescription drug	1
	i		O contract		PPO contract		I ☐ Indemnity contra	
	~ ∟		o contract] TT O contract			O.
	m	Other (specify)						
9								
_		perience-rated contracts:		00(1)			-	
		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)		00(4)		0
	L	(4) Earned ((1) + (2) - (3))				9a(4)		
	b	3 (7-		9b(1)			_	
		(2) Increase (decrease) in claim reserves	<u></u>	9b(2)		0h/3\		0
		(3) Incurred claims (add (1) and (2))						
	_	(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an accru		0-(4)(4)			_	
		(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	<u> </u>	9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges				0 (1)(1)		0
		(H) Total retention						
		(2) Dividends or retroactive rate refunds. (These amounts v	were paid in c	ash, or	credited.)	··· 9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount h	neld to provide be	enefits after	retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not include a	amount entered i	n line 9c(2)	.)	9e		
10	No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to carrier				10a		39482
	b	If the carrier, service, or other organization incurred any speretention of the contract or policy, other than reported in Parent Contract or policy of the Contract or policy or	ecific costs in cor rt I, line 2 above,	nection wit report amo	h the acquisition or ount	10b		
D		Provision of Information						
	art l					п., г		
11	Dic	id the insurance company fail to provide any information nece	essary to complet	e Schedule	A?	Yes	X No	
12	If th	the answer to line 11 is "Ves" specify the information not prov	vided					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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OMB No. 1210-0110

2022

For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022			and en	iding 12/31/2022	2	
A Name of plan					B Three-digit			
	DRPORATION	GROUP INSURANCE PLAN F	OR	RETIRED		number (PN)	•	591
EMPLOYEES								
C Plan sponsor's name a	as shown on lin	e 2a of Form 5500			D Emplo	yer Identification N	Number (EIN)
LOCKHEED MARTIN CO						1893632	`	,
Part I Information a separ	tion Concer ate Schedule A	rning Insurance Contract. Individual contracts grouped	ct C	Coverage, Fees, a unit in Parts II and II	and Con	nmissions Prov	vide infor Schedule	mation for each contract e A.
1 Coverage Information:								
(a) Name of incurance of	rrior							
(a) Name of insurance ca AETNA INC NORTHERN								
AETNA INC NORTHERI	N NJ SK HIVIO							
				(e) Approximate nu		Po	licy or co	ontract year
(b) EIN	code	identification number		persons covered at end of policy or contract year		(f) From		(g) To
52-1270921	95287	19528		2		01/01/2022		12/31/2022
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 com	missions and f	ees. (Complete as many entrie	es as	s needed to report all	persons).			_
	(a) Name a	and address of the agent, broke	er, o	r other person to whor	n commiss	ions or fees were	paid	
(b) Amount of sales a			ees	and other commission				
commissions pa	id	(c) Amount			(d) Purpos	е		(e) Organization code
	(a) Name a	and address of the agent, broke	er o	r other person to whor	m commiss	ions or fees were	naid	
	(u) Hamo c	and address of the agent, broke	, O	r dater person to who	11 00111111100	ions of fees were	pulu	
(b) Amount of sales a	(b) Amount of sales and base Fees and other commissions paid							
commissions pa		(c) Amount			(d) Purpos	е		(e) Organization code
								<u> </u>

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
	-				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	and base				
commissions para			code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(4)		,			
	Т				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(h) Associated sples and have	Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
	-				
			1-3		
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization		
commissions paid	(O) / Arribuint	(a) i dipose	code		

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art l	III Welfare Benefit Contract Informati If more than one contract covers the same gro the information may be combined for reporting employees, the entire group of such individual	oup of employees of the purposes if such cont	racts are ex	cperience-rated as a	unit. Where co	ntracts cover individual
8	Bene	nefit and contract type (check all applicable boxes)		-			
	а		Dental	С	Vision		d Life insurance
	L		봄		H		
	e [Long-term disabili		=	nemployment	h Prescription drug
	ı	Stop loss (large deductible)	X HMO contract	K	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Expe	erience-rated contracts:					
	а	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid		9a(2)			
		(3) Increase (decrease) in unearned premium reserv	/e	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)	
	С	Remainder of premium: (1) Retention charges (on a	n accrual basis)		1		
		(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)	l .	1. (0.00	
		(H) Total retention			_		0
		(2) Dividends or retroactive rate refunds. (These ar					
	d	Status of policyholder reserves at end of year: (1) A	mount held to provide	benefits aft	er retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves					
		1	nclude amount entered	d in line 9c(2) .)	9e	
10	No	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to carr	ier			10a	13779
	b	If the carrier, service, or other organization incurred					
	Sno	retention of the contract or policy, other than reporte	d in Part I, line 2 abov	e, report ar	nount	10b	
	Spe	ecify nature of costs.					
Р	art I	IV Provision of Information					
		d the insurance company fail to provide any informati	on nococcert to come	loto Sabadi	ulo A2	Yes	X No
11				iete ochedu	IIE A!	103	7 140
12	. If th	the answer to line 11 is "Yes," specify the information	not provided.				

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

2022

For calendar plan year 20	22 or fiscal plar	n year beginning 01/01/2022			and en	nding 12/31/2022	
A Name of plan LOCKHEED MARTIN CO	GROUP INSURANCE PLAN F	OR RETIRED			e-digit number (PN)	591	
EMPLOYEES						Thamber (F14)	
C Plan sponsor's name a	as shown on line	e 2a of Form 5500			D Emplo	yer Identification Numbe	er (EIN)
LOCKHEED MARTIN CO	ORPORATION					1893632	,
Part I Information a separ	tion Concer ate Schedule A	ning Insurance Contract. Individual contracts grouped	ct C	Coverage, Fees, a unit in Parts II and II	and Con	nmissions Provide info	formation for each contract lule A.
1 Coverage Information:							
(a) Name of insurance ca	rrior						
AETNA HEALTH INC SO		SR HMO					
	(c) NAIC	(d) Contract or		(e) Approximate nu		Policy or	contract year
(b) EIN	code	identification number		persons covered at end of policy or contract year		(f) From	(g) To
52-1270921	95287	19528		28		01/01/2022	12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal	commissions paid. Li	st in line 3	the agents, brokers, and	other persons in
(a) Total	amount of comr	missions paid			(b) To	otal amount of fees paid	
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	s as	s needed to report all	persons).		
	(a) Name a	nd address of the agent, broke	er, or	r other person to who	m commiss	ions or fees were paid	
(b) Amount of sales a	nd hase	Fe	ees	and other commission	ns paid		
commissions pa		(c) Amount	(d) Purpose		e	(e) Organization code	
	(a) Name a	and address of the agent, broke	er, or	r other person to who	m commiss	ions or fees were paid	
	. ,	,	,	•			
(b) Amount of calca as	ad bass	F	ees	and other commission	ns paid		
(b) Amount of sales an commissions pa		(c) Amount			(d) Purpose		(e) Organization code
	l						Ī

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			0000
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	,		
			T
(b) Amount of sales and base		Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(c) Amount	(u) Fulpose	code
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
			,,,,,

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6))		7d	0
	е	Deductions:	70(4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2) 7e(3)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	76(4)		
		,			
				- (F)	
	£	(5) Total deductions.			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of emp the information may be combined for reporting purposes employees, the entire group of such individual contracts	s if such contra	cts are expe	erience-rated as a	unit. Where con	tracts cover individual	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision) b Denta	al	С	Vision	C	Life insurance	
	еĪ	Temporary disability (accident and sickness) f Long-	-term disability	a	Supplemental ur	nemplovment h	n Prescription drug	
	ί		contract		PPO contract		I Indemnity contract	
	. ∟		Contract	∟				
	m	Other (specify)						
9	Evno							_
_		perience-rated contracts: Premiums: (1) Amount received		02/1)				
			<u> </u>	9a(1)				
		(2) Increase (decrease) in amount due but unpaid		9a(2)				
		(3) Increase (decrease) in unearned premium reserve		9a(3)		00(4)		0
	L	(4) Earned ((1) + (2) - (3))				9a(4)		_
	b	3 () - 1		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)		01 (0)		0
		(3) Incurred claims (add (1) and (2))						-
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an accrual						
		(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	9	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 we	ere 🗌 paid in c	ash, or	credited.)	9c(2)		
	d			_				
	~	(2) Claim reserves						
		(3) Other reserves						
	Δ	Dividends or retroactive rate refunds due. (Do not include am						
10	No	onexperience-rated contracts:	iount entered ii	1 IIIIe 30(2)	.)	Je		
	_	Total premiums or subscription charges paid to carrier				10a	0050	
	a						26523	<u>39</u>
	b Sne	If the carrier, service, or other organization incurred any speci retention of the contract or policy, other than reported in Part I ecify nature of costs.	ific costs in con I, line 2 above,	nection wit report amo	h the acquisition count	n 10b		
Pa	art l	IV Provision of Information						
11	Dic	id the insurance company fail to provide any information necess	sary to complet	e Schedule	A?	Yes	No	
12	If ti	the answer to line 11 is "Ves" specify the information not provide	ded •					_

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

2022

For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022	
A Name of plan				B Thre	e-digit	
	RPORATION	GROUP INSURANCE PLAN F	OR RETIRED	plan	number (PN)	591
EMPLOYEES						
C Plan sponsor's name a	o chown on lin	o 20 of Form 5500		D Emple	oyer Identification Numb	oor (EINI)
LOCKHEED MARTIN CO		e za di Folili 5500			-1893632	ei (Ciiv)
LOCKITEED WARTIN CC	KFORATION			02	1000002	
Part I Informat	ion Concer ate Schedule A	rning Insurance Contract. Individual contracts grouped	ct Coverage, Fees as a unit in Parts II and	, and Con	nmissions Provide in ported on a single Sche	nformation for each contract
1 Coverage Information:						
(-) No						
(a) Name of insurance ca						
AETNA LIFE INSURANCE	CO.					
	(c) NAIC	(d) Contract or	(e) Approximate		Policy of	or contract year
(b) EIN	code	identification number	persons covered policy or contra		(f) From	(g) To
06-6033492	95234	0701220	21	0	01/01/2022	12/31/2022
		ation. Enter the total fees and t	otal commissions paid.	List in line 3	the agents, brokers, ar	d other persons in
descending order of the	amount of com	missions naid		(b) T	otal amount of fees paid	 I
(a) Total a	amount of com	Tilissions paid		(D) T	otal alliourit of lees paid	<u> </u>
2.5		/0 11	1 1			
Persons receiving com		ees. (Complete as many entrie				
	(a) Name a	and address of the agent, broke	er, or other person to wil	OIII COIIIIIISS	sions or rees were paid	
(b) Amount of sales ar	nd hase	F	ees and other commissi	ons paid		
commissions pa		(c) Amount	(d) Purpose			(e) Organization code
	(a) Name a	and address of the agent, broke	er, or other person to wh	om commiss	sions or fees were paid	
		F	ees and other commissi	ons naid		
(b) Amount of sales ar commissions pa		(c) Amount	SSS GING SCHOOL GOITHINGS	es and other commissions paid (d) Purpose		(e) Organization code
Commissions pa	iu .	(o) / anodite		(w) i dipos	_	(c) Organization code

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			0000
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	,		
			T
(b) Amount of sales and base		Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(c) Amount	(u) Fulpose	code
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nai	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
			,,,,,

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6))		7d	0
	е	Deductions:	70(4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2) 7e(3)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	76(4)		
		,			
				- (F)	
	£	(5) Total deductions.			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such complexes, the entire group of such individual contracts with each	ntracts are e	xperience-rated as a ι	unit. Where co	ntracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)				
	a	X Health (other than dental or vision) b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness) f Long-term disab	oility a	Supplemental une	employment	h Prescription drug
	i	Stop loss (large deductible) j HMO contract		PPO contract	Jp.10 J	I Indemnity contract
	m [• • • • • • • • • • • • • • • • • • • •			I I Indominity contract
	m	Other (specify)				
9	Evno	erience-rated contracts:				
9	•	Premiums: (1) Amount received	. 9a(1)			_
		(2) Increase (decrease) in amount due but unpaid				-
		(3) Increase (decrease) in amount due but dispaid				_
		(4) Earned ((1) + (2) - (3))			9a(4)	0
	_					
		(2) Increase (decrease) in claim reserves				-
		(3) Incurred claims (add (1) and (2))		l	9b(3)	0
		(4) Claims charged				
		Remainder of premium: (1) Retention charges (on an accrual basis)				
		(A) Commissions	9c(1)(A))		
		(B) Administrative service or other fees				
		(C) Other specific acquisition costs	2 (4) (2)			
		(D) Other expenses	0-(4)(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				
		(2) Claim reserves				
		(3) Other reserves			9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount entere	ed in line 9c((2) .)	9е	
10	No	onexperience-rated contracts:				
	а	Total premiums or subscription charges paid to carrier			10a	797203
	b	If the carrier, service, or other organization incurred any specific costs in retention of the contract or policy, other than reported in Part I, line 2 about				
	Эре	ecify nature of costs.				
P	art l	IV Provision of Information				
11	Dic	d the insurance company fail to provide any information necessary to com	plete Schedu	ule A?	Yes	X No
12	lf ti	the answer to line 11 is "Yes." specify the information not provided.	· · ·			

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

2022

							-
For calendar plan year 20	22 or fiscal plan	n year beginning 01/01/2022		and er	nding 12/31/2022)	_
A Name of plan				B Thre	e-digit		
	ORPORATION	GROUP INSURANCE PLAN FO	OR RETIRED		number (PN)	•	591
EMPLOYEES							
C Plan sponsor's name a	as shown on lin	e 2a of Form 5500		D Emple	oyer Identification N	lumber	(FIN)
LOCKHEED MARTIN CO		e 2a 011 01111 3300		-	-1893632	lullibei	(LIIV)
LOOKITEED WATERING OC	on on one			02			
Part I Information a separ	tion Concer ate Schedule A	ning Insurance Contrac . Individual contracts grouped a	t Coverage, Fees, as a unit in Parts II and I	and Con	nmissions Provi	ide info Schedu	rmation for each contract le A.
1 Coverage Information:							
-							
(a) Name of insurance ca							
AETNA HEALTH INC SO	OUTHEAST PA	SR HMO					
_	(a) NIAIC	(d) Contract or	(e) Approximate n	umber of	Pol	licy or c	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	at end of	(f) From		(g) To
00.04.00745	05400	40500	policy or contrac	ι year			
23-2169745	95109	19528	27		01/01/2022		12/31/2022
2 Insurance fee and com	mission informa	ation. Enter the total fees and to	tal commissions naid. I	ist in line 3	the agents brokers	s and o	other persons in
descending order of the		ation. Enter the total lees and to	tar commissions para. E		the agente, broken	o, and c	outer persons in
(a) Total	amount of com	missions paid		(b) To	otal amount of fees	paid	
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).			
<u> </u>		and address of the agent, broker			sions or fees were p	aid	
		Γ-					<u> </u>
(b) Amount of sales a			es and other commissio	'			(a) Onnonimation and
commissions pa	liu	(c) Amount		(d) Purpos	<u>e</u>		(e) Organization code
	, , ,					.,	
	(a) Name a	and address of the agent, broker	r, or other person to who	m commiss	sions or fees were p	paid	
(b) Amount of sales a	nd hase	Fe	es and other commissio	ns paid			
commissions pa		(c) Amount	(d) Purpose		е		(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art l	If more than one contract covers the same grouthe information may be combined for reporting	up of employees of the purposes if such contr	acts are	expe	érience-rated as a unit.	Where co	ontracts cove	
_	_	employees, the entire group of such individual	contracts with each ca	mer may	be t	ireated as a unit for pu	rposes or t	inis report.	
8	Bene	efit and contract type (check all applicable boxes)				•		. —	
	а	Health (other than dental or vision)	Dental	•	С	Vision		d Life in:	surance
	е	Temporary disability (accident and sickness) f	Long-term disabilit	y <u></u>	gΠ	Supplemental unemp	loyment	h Prescr	iption drug
	iΓ	Stop loss (large deductible)	X HMO contract		k∏	PPO contract		I Indem	nity contract
	m	Other (specify)			ш				•
	L	Outlot (Specify) /							
0	Evno	erience-rated contracts:							
9		Premiums: (1) Amount received		02/1)				_	
		• •		9a(1) 9a(2)				_	
		(2) Increase (decrease) in amount due but unpaid		9a(2)					
		(4) Formed (41) + (2) (2))	-	. ,			02/4)		0
	_	(4) Earned ((1) + (2) - (3))	Г	9b(1)			9a(4)		
		Benefit charges (1) Claims paid		9b(1)					
		(2) Increase (decrease) in claim reserves	-				9b(3)		0
		(3) Incurred claims (add (1) and (2))							
		(4) Claims charged					9b(4)		
	С			00/1)//					
		(A) Commissions	ļ t	9c(1)(A					
		(B) Administrative service or other fees	l l	9c(1)(E					
		(C) Other specific acquisition costs		9c(1)(E	-				
		(D) Other expenses	ļ t	9c(1)(E				_	
		(E) Taxes	ħ		-			_	
		(F) Charges for risks or other contingencies		9c(1)(F				_	
		(G) Other retention charges	-	9c(1)(0					
		(H) Total retention	_		_		9c(1)(H))	0
		(2) Dividends or retroactive rate refunds. (These am	ounts were 📗 paid in	cash, or	c	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Ar	nount held to provide b	enefits a	fter	retirement	9d(1)		
		(2) Claim reserves					9d(2)		
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not in	clude amount entered	in line 9	c(2).)	9e		
10	No	nexperience-rated contracts:							
	а	Total premiums or subscription charges paid to carrie	er				10a		226775
	b	If the carrier, service, or other organization incurred a	anv specific costs in co	nnection	with	n the acquisition or			
		retention of the contract or policy, other than reported					10b		
	Spe	cify nature of costs.							
Р	art I	IV Provision of Information							
11	Did	d the insurance company fail to provide any informatio	n necessary to comple	ete Sche	<u>du</u> le	A?	Yes	X No	
		he answer to line 11 is "Yes." specify the information r						-	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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File as an attachment to Form 5500.

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OMB No. 1210-0110

2022

For calendar plan year 20	22 or fiscal plar	n year beginning 01/01/2022		and er	nding 12/31/2022	
A Name of plan				B Thre	e-digit	
	PRPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	591
EMPLOYEES						
C Plan sponsor's name a	e chown on line	e 2a of Form 5500		D Emple	oyer Identification Number	or (FINI)
LOCKHEED MARTIN CO		e 2a 01 F01111 3300		-	1893632	(LIIV)
LOCKITEED WARTIN CC	RECKATION			02	1000002	
		ning Insurance Contract. Individual contracts grouped a				
1 Coverage Information:						_
(-) Name of Section						
(a) Name of insurance ca						
AETNA HEALTH INC TX	SR					
	(c) NAIC	(d) Contract or	(e) Approximate no		Policy or	contract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To
76-0189680	95490	172310;172312	220		01/01/2022	12/31/2022
2 Insurance fee and com	mission informa	ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, brokers, and	other persons in
descending order of the						
(a) Total a	amount of comr	missions paid		(b) To	otal amount of fees paid	
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).		
	(a) Name a	nd address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid	
(1) A ()		Fe	ees and other commissio	ns paid		
(b) Amount of sales ar commissions pa		(c) Amount		(d) Purpos	e	(e) Organization code
		(0)		(4)		(0) 0.9
	(a) Name a	nd address of the agent, broke	r or other person to who	m commiss	ions or fees were naid	
	(a) Name a	ind address of the agent, broken	, or other person to who	111 00111111100	iono di 1000 Wore pala	
	<u> </u>					
(b) Amount of sales ar			ees and other commissio			
commissions pa	id	(c) Amount		(d) Purpos	e	(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	I Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a uni	t. Where co	ontracts cover individual
8	Bene	fit and contract type (check all applicable boxes)					
	а □	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance
	片		븜	<u> </u>	<u></u>		
	e	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	pioyment	h Prescription drug
	' <u> </u>	Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Exper	ience-rated contracts:					
	a P	remiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
	(3) Increase (decrease) in unearned premium res	erve	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	b I	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 (o	n 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 s	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 i	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)).)	9e	
10	Non	experience-rated contracts:					
	a ⁻	Total premiums or subscription charges paid to c	arrier			10a	1005097
	b	If the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	th the acquisition or		
		retention of the contract or policy, other than repo				10b	
	Spec	ify nature of costs.					
	art I\			1-4- 0-1	A0	Vos	X No
		the insurance company fail to provide any inform		ete Schedule	9 A /	Yes	X No
12	If the	e answer to line 11 is "Yes." specify the informati	on not provided.				

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.

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OMB No. 1210-0110

2022

For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022	
A Name of plan				B Thre	e-digit	
	DRPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	591
EMPLOYEES						
C Plan sponsor's name a	e chown on lin	e 2a of Form 5500		D Emple	oyer Identification Numbe	or (FINI)
LOCKHEED MARTIN CO		e 2a 01 F01111 3300			1893632	i (LIIV)
LOCK ILLD WARTIN CC	OKATION			02	1000002	
Part I Information a separa	tion Concer ate Schedule A	ning Insurance Contract. Individual contracts grouped a	ct Coverage, Fees, as a unit in Parts II and I	and Con	nmissions Provide in ported on a single Scheo	formation for each contract ule A.
1 Coverage Information:						
(a) Name of insurance ca						
ANTHEM, INC - CA SR HI	MO					
	(c) NAIC	(d) Contract or	(e) Approximate n		Policy or	contract year
(b) EIN	(c) NAIC code	identification number	persons covered a policy or contract		(f) From	(g) To
35-2145715	62825	173039H043	13	n year	01/01/2022	12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	other persons in
(a) Total	amount of com	missions paid		(b) To	otal amount of fees paid	
3 Persons receiving com	missions and fo	ees. (Complete as many entrie	s as needed to report all	persons).		
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid	
			ees and other commissio	na naid		
(b) Amount of sales an commissions pa		(c) Amount	ees and other commission	(d) Purpos	^	(e) Organization code
commissions pa	iu .	(C) Amount		(u) Fulpos	<u> </u>	(e) Organization code
	(a) Name a	and address of the agent, broke	r, or otner person to wno	m commiss	ions or fees were paid	
(b) Amount of sales a	nd hase	Fe	ees and other commissio	ns paid		
commissions pa		(c) Amount		(d) Purpos	e	(e) Organization code
	1	1				

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oode
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such employees, the entire group of such individual contracts with each	contracts are expe	erience-rated as a unit. Where o	contracts cover individual
8	Ben	enefit and contract type (check all applicable boxes)			
	а	Health (other than dental or vision) b Dental	с	Vision	d Life insurance
	еĪ	Temporary disability (accident and sickness) f Long-term dis	ability \mathbf{a}	Supplemental unemployment	h Prescription drug
	i	Stop loss (large deductible)		PPO contract	I Indemnity contract
	m		🗀		. 🗆
9 E	Ехре	perience-rated contracts:			
	a I	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))	<u></u>	9a(4)	0
	b	Benefit charges (1) Claims paid	9b(1)		
		(2) Increase (decrease) in claim reserves			
		(3) Incurred claims (add (1) and (2))		9b(3)	0
		(4) Claims charged		21.40	
	С				
	•	(A) Commissions	- (4)(4)		_
		• •			
		(B) Administrative service or other fees	0 (4)(0)		
		(C) Other specific acquisition costs	0-(4)(D)		
		(D) Other expenses	0 - (4)(5)		
		(E) Taxes	0 (4)(5)		
		(F) Charges for risks or other contingencies			
		(G) Other retention charges	9c(1)(G)		-
		(H) Total retention			1) 0
		(2) Dividends or retroactive rate refunds. (These amounts were page 2)	aid in cash, or 📗 d	credited.) 9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to prov	vide benefits after	retirement 9d(1)	
		(2) Claim reserves			
		(3) Other reserves			
	е	Dividends or retroactive rate refunds due. (Do not include amount en			
10	No	Nonexperience-rated contracts:		,	
. •	а			10a	112841
	_				112841
	b	If the carrier, service, or other organization incurred any specific costs retention of the contract or policy, other than reported in Part I, line 2 a	in connection with above, report amo	n the acquisition or unt	
		t IV Provision of Information			
		'		Пу	V N
		Did the insurance company fail to provide any information necessary to co	omplete Schedule	A? Yes	X No
12	If t	f the answer to line 11 is "Yes," specify the information not provided.			

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

2022

							-
For calendar plan year 2	2022 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022	2	_
A Name of plan				B Thre	e-digit		
LOCKHEED MARTIN C	CORPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	•	591
LIVIPLOTEES							
C Plan sponsor's name	as shown on lin	e 2a of Form 5500		D Emplo	yer Identification N	Jumber	(FIN)
LOCKHEED MARTIN C		C 24 OF FORM 3000		-	·1893632	Mullibel	
Part I Information a sepa	ation Concer arate Schedule A	ning Insurance Contrac . Individual contracts grouped a	t Coverage, Fees, as a unit in Parts II and II	and Con	nmissions Prov ported on a single	ride info Schedu	rmation for each contract le A.
1 Coverage Information	1:						
(a) Name of insurance of ANTHEM, INC - CA HMC							
		1	(e) Approximate no	umbar of	I Po	licy or c	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a				
	code	identinoation number	policy or contrac	t year	(f) From		(g) To
35-2145715	62825	173039	1		01/01/2022		12/31/2022
2 Inquirence fee and see	mmissism inform	ation. Enter the total face and to	tal asymmissions noid. I	iat in lina 2	the agente broken	. and a	other nersens in
descending order of the		ation. Enter the total fees and to	ital commissions paid. L	ist in line 3	the agents, broker	s, and c	otner persons in
(a) Tota	l amount of com	missions paid		(b) To	otal amount of fees	paid	
3 Persons receiving co	mmissions and f	ees. (Complete as many entries	s as needed to report all	persons).			
<u> </u>		and address of the agent, broker			ions or fees were	paid	
		<u> </u>					
			and other commission	no noid			
(b) Amount of sales commissions p		(c) Amount	es and other commissio	(d) Purpos	Δ		(e) Organization code
Commissions	pard	(c) Amount		(u) i dipos	<u> </u>		(c) Organization code
	(a) Name a	and address of the agent, broker	or other person to who	m commiss	ions or fees were I	naid	
	(a) Name a	and address of the agent, broker	, or other person to who	in commissi	ions or rees were p	paid	
	Г						T
(b) Amount of sales			es and other commissio				
commissions p	paid	(c) Amount		(d) Purpos	e		(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated sples and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art l	Welfare Benefit Control If more than one contract couthe information may be comb employees, the entire group of	ers the same of ined for report	group of employees of th ing purposes if such con	tracts are ex	cperience-rated as a	a unit. Where co	ontracts cover individual
8	Bene	efit and contract type (check all app						<u> </u>
_	а	Health (other than dental or vision	•	b Dental	С	Vision		d Life insurance
	L		·	<u> </u>		H		
	e [Temporary disability (accident an	a sickness)	f Long-term disabil		=	nemployment	h Prescription drug
	ı	Stop loss (large deductible)		j 🛚 HMO contract	K	PPO contract		I Indemnity contract
	m	Other (specify)						
9	Expe	erience-rated contracts:						
	а	Premiums: (1) Amount received			9a(1)			
		(2) Increase (decrease) in amount of	due but unpaid	l	9a(2)			
		(3) Increase (decrease) in unearne	d premium res	erve	9a(3)			
		(4) Earned ((1) + (2) - (3))					9a(4)	0
	b	Benefit charges (1) Claims paid			9b(1)			
		(2) Increase (decrease) in claim res	serves		9b(2)			
		(3) Incurred claims (add (1) and (2))				9b(3)	0
		(4) Claims charged					9b(4)	
	С	Remainder of premium: (1) Retent	ion charges (o	n an accrual basis)		1		
		(A) Commissions			9c(1)(A)			
		(B) Administrative service or ot			9c(1)(B)			
		(C) Other specific acquisition c	osts		9c(1)(C)			_
		(D) Other expenses			9c(1)(D)			_
		(E) Taxes			9c(1)(E)			_
		(F) Charges for risks or other c	_		9c(1)(F)			_
		(G) Other retention charges				l .	- 4040	
		(H) Total retention				_		0
		(2) Dividends or retroactive rate re-						
	d	Status of policyholder reserves at e	end of year: (1) Amount held to provide	benefits aft	er retirement	9d(1)	
		(2) Claim reserves					9d(2)	
		(3) Other reserves						
		Dividends or retroactive rate refund	ds due. (Do no	ot include amount entere	d in line 9c(2) .)	9e	
10	No	nexperience-rated contracts:						
	а	Total premiums or subscription cha	arges paid to c	arrier			10a	12511
	b	If the carrier, service, or other orga						
	Sno	retention of the contract or policy, or	other than repo	orted in Part I, line 2 abo	ve, report ar	nount	10b	
	Spe	cify nature of costs.						
Р	art I	IV Provision of Informat	ion					
11		the insurance company fail to prov		ation necessary to comp	lete Schedi	ıle A?	Yes	X No
					note outledt	II∪ ∧:	П . 20	
14	i it th	he answer to line 11 is "Yes," specif	y ine intormati	on not provided. 🔻				

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

2022

	1	pa. 544 15 2	=: :: =: : : = : : : : : : : : : : : :			mspection
For calendar plan year	2022 or fiscal pla	n year beginning 01/01/2022		and en	nding 12/31/2022	
A Name of plan LOCKHEED MARTIN EMPLOYEES	CORPORATION	GROUP INSURANCE PLAN FO		3 Thre	e-digit number (PN)	591
C Plan sponsor's nam	e as shown on lin	e 2a of Form 5500	I	•	yer Identification Number	(EIN)
LOCKHEED MARTIN	CORPORATION			52-	1893632	
Part I Inform on a sep	nation Concer parate Schedule A	rning Insurance Contract Lindividual contracts grouped a	t Coverage, Fees, ar s a unit in Parts II and III c	nd Com an be re	nmissions Provide info ported on a single Schedo	ormation for each contract ule A.
1 Coverage Information	n:					
(a) Name of insurance		ARE PLAN OF GEORGIA, INC				
	(c) NAIC	(d) Contract or	(e) Approximate num	ber of	Policy or	contract year
(b) EIN	code	identification number	persons covered at e policy or contract y		(f) From	(g) To
58-1638390 96962		174524	3		01/01/2022	12/31/2022
2 Insurance fee and condescending order of		ation. Enter the total fees and tot	al commissions paid. List	in line 3	the agents, brokers, and	other persons in
(a) Tot	al amount of com	missions paid		(b) To	otal amount of fees paid	
3 Persons receiving c	ommissions and f	ees. (Complete as many entries	as needed to report all pe	rsons).		
	(a) Name a	and address of the agent, broker,	or other person to whom	commiss	ions or fees were paid	
(b) Amount of sales	and base	Fee	es and other commissions	paid		
commissions	paid	(c) Amount	(d)) Purpose	e	(e) Organization code
	(a) Name a	and address of the agent, broker,	or other person to whom	commiss	ions or fees were paid	
		Га.	es and other commissions	naid		
(b) Amount of sales commissions		(c) Amount) Purpose	e.	(e) Organization code
COMMISSIONS	paid	(o) / anount	(0,	, . a.pos	-	(e) Organization code
						1

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oode
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated sples and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	I Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a unit	. Where co	ontracts cover individual
8	Bene	fit and contract type (check all applicable boxes)	-				
	а □	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance
	片		H	<u> </u>	<u></u>	-1	븜
	e	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	pioyment	h Prescription drug
	ľШ	Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9 1	Exper	ience-rated contracts:					
	a P	remiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
	(3) Increase (decrease) in unearned premium res	erve	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 (o	n 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 i	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)).)	9e	
10	Non	experience-rated contracts:					
	a ·	Total premiums or subscription charges paid to c	arrier			10a	175423
	b	If the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	th the acquisition or		
		retention of the contract or policy, other than repo				10b	
	Spec	ify nature of costs.					
Pa	art I\	/ Provision of Information					
11	Did	the insurance company fail to provide any inform	ation necessary to compl	ete Schedule	A?	Yes	X No
12	If the	e answer to line 11 is "Yes." specify the informati	on not provided.				

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

2022

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022								
A Name of plan					B Thre	e-digit		
	PROPRATION	GROUP INSURANCE PLAN F	OR	RETIRED		number (PN)	•	591
EMPLOYEES								
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500			D Emplo	yer Identification N	Number (EIN)
LOCKHEED MARTIN CO						1893632	`	,
Part I Information a separa	ion Concer ate Schedule A	rning Insurance Contract. Individual contracts grouped	ct C	Coverage, Fees, a unit in Parts II and II	and Con	nmissions Prov	ride infor Schedule	mation for each contract e A.
1 Coverage Information:								
(a) Name of insurance ca	rrier							
CIGNA HEALTHCARE OF								
CIONA FILALIFICANL OF	AZ							
4.) FIN	(c) NAIC	(d) Contract or		(e) Approximate nu		Po	licy or co	ntract year
(b) EIN	code	identification number		persons covered a policy or contrac		(f) From		(g) To
86-0334392	95125	4225		23		01/01/2022		12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and t	otal	commissions paid. Li	st in line 3	the agents, broker	s, and of	her persons in
(a) Total a	amount of com	missions paid			(b) To	otal amount of fees	paid	
3 Persons receiving com	missions and fo	ees. (Complete as many entrie	es as	s needed to report all	persons).			_
	(a) Name a	and address of the agent, broke	er, o	r other person to whor	n commiss	ions or fees were	paid	
			000	and other commission	no poid			
(b) Amount of sales ar commissions pa		(c) Amount	ees	and other commission	is paid (d) Purpose	<u> </u>		(e) Organization code
σοιτιπισσιστίο μα	iu .	(b) / timodift			(a) i diposi	<u> </u>		(c) Organization oode
	(a) Name a	and address of the agent, broke	er, o	r other person to whor	m commiss	ions or fees were	paid	
(b) Amount of sales ar			ees	and other commission	-			
commissions pa	id	(c) Amount			(d) Purpose	е		(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Ease and other commissions paid	(e)		
(b) Amount of sales and base	(b) Amount of sales and base				
commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base			Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
commissions paid	.,		code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(4) 114	The aria address of the agent, protect	, or other percent to whom commissions or roos were paid			
			T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Face and other commissions noid	(-)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
	İ	I and the second	I		

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art I	Welfare Benefit Contract Information If more than one contract covers the same group of employees the information may be combined for reporting purposes if such employees, the entire group of such individual contracts with ea	contracts are expe	erience-rated as a unit. Where o	contracts cover individual
8	Ben	enefit and contract type (check all applicable boxes)			
	а	Health (other than dental or vision) b Dental	С	Vision	d Life insurance
	e Ī	Temporary disability (accident and sickness) f Long-term dis	sability a	Supplemental unemployment	h Prescription drug
	i	Stop loss (large deductible) j X HMO contract		PPO contract	I Indemnity contract
	m		<u></u>	1	
9 E	Ехре	perience-rated contracts:			
;	a i	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			
		(3) Incurred claims (add (1) and (2))		9b(3)	0
		(4) Claims charged			
	С				
	•	(A) Commissions	- (4)(4)		
		(B) Administrative service or other fees			
		(C) Other specific acquisition costs	0 (4)(0)		
		(D) Other expenses	0-(4)(D)		
		(E) Taxes	0-(4)(5)		
		(F) Charges for risks or other contingencies			
		(G) Other retention charges		0-(4)(1	1) 0
		(H) Total retention			·) ·
		(2) Dividends or retroactive rate refunds. (These amounts were $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	aid in cash, or ∐ o		
	d	, , , , ,			
		(2) Claim reserves		9d(2)	
		(3) Other reserves		9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount en	ntered in line 9c(2).	.) 9e	
10	No	lonexperience-rated contracts:			
	а	Total premiums or subscription charges paid to carrier		10a	81813
	b	If the carrier, service, or other organization incurred any specific costs	s in connection with	h the acquisition or	
	-	retention of the contract or policy, other than reported in Part I, line 2	above, report amo	ount	
;	Spe	pecify nature of costs.			•
Pa	rt l	t IV Provision of Information			
			amendata Octobril	A? Yes	X No
		Did the insurance company fail to provide any information necessary to c	complete Schedule	A: res	/ INO
12	If th	f the answer to line 11 is "Yes," specify the information not provided.			

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

2022

							-
For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022	<u>)</u>	_
A Name of plan				B Thre	e-digit		
LOCKHEED MARTIN CO	ORPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	•	591
LIVIFLUTEES							
C Plan sponsor's name a	as shown on lin	e 2a of Form 5500		D Emplo	oyer Identification N	lumher	(FIN)
LOCKHEED MARTIN CO		C 24 OF FORM 3000			-1893632	Idilibei	(LIIV)
Part I Information on a separ	tion Concer ate Schedule A	ning Insurance Contrac . Individual contracts grouped a	t Coverage, Fees, as a unit in Parts II and I	and Con	nmissions Prov	ide info Schedu	rmation for each contract le A.
1 Coverage Information:							
(a) Name of insurance ca EYEMED VISION CARE	arrier						
ETEMED VISION CARE							
/b) FINI	(c) NAIC	(d) Contract or	(e) Approximate n		Pol	icy or c	contract year
(b) EIN	code	identification number	persons covered at end of policy or contract year		(f) From		(g) To
43-0949844	71870	9660556 & SUBS	214		01/01/2022		12/31/2022
2 Incurance foe and com	mission inform	ation. Enter the total fees and to	tal commissions paid. I	ict in line 3	the agents broker	e and c	other persons in
descending order of the		alion. Enter the total lees and to	tai commissions paid. L	ist iii iiile 3	the agents, brokers	s, and c	other persons in
(a) Total	amount of com	missions paid		(b) To	otal amount of fees	paid	
3 Persons receiving com	missions and f	ees. (Complete as many entries	s as needed to report all	persons).			
<u> </u>		and address of the agent, broker			ions or fees were p	oaid	
		<u> </u>	<u>. </u>				
		Γ-	as and other commission	no noid			
(b) Amount of sales an commissions pa		(c) Amount	es and other commissio	(d) Purpos	^		(e) Organization code
Commissions pa	liu	(C) Amount		(u) Fulpos	С		(e) Organization code
	(a) Nama a	and address of the agent, broker	or other person to who	m commiss	iona or food word n		
	(a) Name a	ind address of the agent, broker	, or other person to who	ill Collilliss	ions or lees were p	Jaiu	
	1						T
(b) Amount of sales a	nd base		es and other commissio	ns paid			4
commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oode
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated sples and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art l					
		If more than one contract covers the same group of employees of the				
		the information may be combined for reporting purposes if such con				
_		employees, the entire group of such individual contracts with each of	carrier may be	irealed as a utilit for pr	urposes or tr	із герогі.
8	Bene	efit and contract type (check all applicable boxes)	_	1		- 🗖
	а	Health (other than dental or vision)	c X	Vision	(d Life insurance
	е	Temporary disability (accident and sickness) f Long-term disabi	ility g	Supplemental unem	ployment	h Prescription drug
	iΓ	Stop loss (large deductible) j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)	<u> </u>	ı		L ,
	···· L	_ Other (specify) F				
^						
9	•	erience-rated contracts:	0.(4)			-
		Premiums: (1) Amount received				_
		(2) Increase (decrease) in amount due but unpaid				_
		(3) Increase (decrease) in unearned premium reserve				0
	_	(4) Earned ((1) + (2) - (3))			9a(4)	0
		Benefit charges (1) Claims paid				
		(2) Increase (decrease) in claim reserves				
		(3) Incurred claims (add (1) and (2))			9b(3)	0
		(4) Claims charged			9b(4)	
	С	Remainder of premium: (1) Retention charges (on an accrual basis)				
		(A) Commissions				
		(B) Administrative service or other fees				
		(C) Other specific acquisition costs				
		(D) Other expenses				
		(E) Taxes				
		(F) Charges for risks or other contingencies				
		(G) Other retention charges	9c(1)(G)		1	
		(H) Total retention			9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These amounts were paid i	in cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	e benefits after	retirement	9d(1)	
		(2) Claim reserves			9d(2)	
		(3) Other reserves			9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount entered	ed in line 9c(2)	.)	9e	
10	No	nexperience-rated contracts:				
	а	Total premiums or subscription charges paid to carrier			10a	15042
	b	If the carrier, service, or other organization incurred any specific costs in	connection wit	h the acquisition or		
		retention of the contract or policy, other than reported in Part I, line 2 abo			10b	
	Spe	cify nature of costs.				
D	art I	V Provision of Information				
				т.	Voc 5	No.
		If the insurance company fail to provide any information necessary to comp	piete Schedule	A?	Yes	No
12	If th	he answer to line 11 is "Yes." specify the information not provided.				

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

2022

					-
For calendar plan year 20)22 or fiscal pla	n year beginning 01/01/2022	a	nd ending 12/31/2022	
A Name of plan			В	Three-digit	
LOCKHEED MARTIN CO	ORPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan number (PN)	591
LIVIFLUTEES					
C Plan sponsor's name a	as shown on lin	e 2a of Form 5500	D F	Employer Identification Num	her (FIN)
LOCKHEED MARTIN CO		C 2a 011 01111 3000		52-1893632	por (Liiv)
Part I Informa on a separ	tion Concer ate Schedule A	rning Insurance Contract. Individual contracts grouped a	t Coverage, Fees, and as a unit in Parts II and III can	Commissions Provide be reported on a single Scho	information for each contract edule A.
1 Coverage Information:					
-					
(a) Name of insurance ca					
KAISER FOUNDATION H	EALTH PLAN (OF WASHINGTON OPTIONS, IN	NC.		
	(c) NAIC	(d) Contract or	(e) Approximate number		or contract year
(b) EIN	code	identification number	persons covered at end policy or contract year	of (f) From	(g) To
91-1467158	47055	6778600	policy of contract year	01/01/2022	12/31/2022
2 Insurance fee and com- descending order of the		ation. Enter the total fees and tot	tal commissions paid. List in I	ine 3 the agents, brokers, a	nd other persons in
(a) Total	amount of com	missions paid		(b) Total amount of fees pai	d
3 Persons receiving com	nmissions and f	ees. (Complete as many entries	as needed to report all perso	ns).	
	(a) Name a	and address of the agent, broker	, or other person to whom com	nmissions or fees were paid	
		F_	es and other commissions pai	d	
(b) Amount of sales a commissions page		(c) Amount		ırpose	(e) Organization code
		(6) / 1110 1111	(4)		(o) organization occur
	(a) Name a	and address of the agent, broker	or other person to whom com	missions or fees were naid	
	(a) Hamo c	and address of the agent, protein	, or ourse person to whom som	mileolofie of feee were paid	
(b) Amount of sales a			es and other commissions pai		
commissions pa	nid	(c) Amount	(d) Pu	ırpose	(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	I Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a unit	. Where co	ontracts cover individual
8	Bene	fit and contract type (check all applicable boxes)		•	<u> </u>		
	а □	Health (other than dental or vision)	b Dental	с	Vision		d Life insurance
	片		H	<u> </u>	<u></u>	-1	븜
	e	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	pioyment	h Prescription drug
	' <u> </u>	Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Exper	ience-rated contracts:					
	a P	remiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
	(3) Increase (decrease) in unearned premium res	erve	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	b I	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 (o	n 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 s	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 i	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)).)	9e	
10	Non	experience-rated contracts:					
	a ⁻	Total premiums or subscription charges paid to c	arrier			10a	14114
	b	If the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	th the acquisition or		
		retention of the contract or policy, other than repo				10b	
	Spec	ify nature of costs.					
	art I\					V	
		the insurance company fail to provide any inform		ete Schedule	A?	Yes	X No
12	If the	e answer to line 11 is "Yes." specify the informati	on not provided.				

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.

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OMB No. 1210-0110

2022

							-
For calendar plan year 20)22 or fiscal plai	n year beginning 01/01/2022		and er	nding 12/31/2022	<u>)</u>	_
A Name of plan				B Thre	e-digit		
LOCKHEED MARTIN CO	ORPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	•	591
LIVIPLUTEES							
C Plan sponsor's name a	as shown on lin	e 2a of Form 5500		D Emplo	oyer Identification N	Jumber	(FIN)
LOCKHEED MARTIN CO		C 24 OF FORM 5500		-	-1893632	Idilibei	(LIIV)
Part I Informa on a separ	tion Concer rate Schedule A	ning Insurance Contract Individual contracts grouped a	t Coverage, Fees, is a unit in Parts II and II	and Con	nmissions Prov	ide info Schedu	rmation for each contract le A.
1 Coverage Information:		<u> </u>		'			
-							
(a) Name of insurance ca							
KAISER FOUNDATION H	EALTH PLAN (OF WASHINGTON					
	(c) NAIC	(d) Contract or	(e) Approximate nu	umber of	Pol	licy or c	ontract year
(b) EIN	code	identification number	persons covered a		(f) From		(g) To
91-0511770	95672	1069000	policy or contract	t year	01/01/2022		12/31/2022
	00072	100000	20		01/01/2022		12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and tot	al commissions paid. L	ist in line 3	the agents, brokers	s, and c	other persons in
	amount of com	missions paid		(b) To	otal amount of fees	paid	
3 Persons receiving com	missions and fo	ees. (Complete as many entries	as needed to report all	persons)			
<u>• </u>		and address of the agent, broker,			ions or fees were r	 paid	
		.	1		'		
							<u> </u>
(b) Amount of sales a			es and other commissio				(a) Onmani
commissions pa	lia	(c) Amount		(d) Purpos	e		(e) Organization code
							·
	(a) Name a	and address of the agent, broker,	, or other person to who	m commiss	ions or fees were p	aid	
(b) Amount of sales a	nd base	Fee	es and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code
-							., 5
							1

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oode
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of emp the information may be combined for reporting purposes employees, the entire group of such individual contracts	if such contract	cts are expe	erience-rated as	a unit. Where conf	tracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision) b Denta	I	С	Vision	d	Life insurance
	еĪ	Temporary disability (accident and sickness) f Long-i	term disability	a	Supplemental	unemployment h	Prescription drug
	i		contract		PPO contract		I Indemnity contract
	~ [oonidat	., _] 11 0 contract	•	
	m	Other (specify)					
9	Evno	pariance rated contracts:					
_		perience-rated contracts: Premiums: (1) Amount received		02/1)			
		,		9a(1)			
		(2) Increase (decrease) in amount due but unpaid		9a(2)			
		(3) Increase (decrease) in unearned premium reserve		9a(3)		00(4)	0
	L	(4) Earned ((1) + (2) - (3))				9a(4)	
	b	3 (/ - 1		9b(1)			
		(2) Increase (decrease) in claim reserves		9b(2)		01 (0)	0
		(3) Incurred claims (add (1) and (2))					
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (on an accrual					
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		c(1)(B)			
		(C) Other specific acquisition costs		c(1)(C)			
		(D) Other expenses		c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies	9	9c(1)(F)			
		(G) Other retention charges	9	c(1)(G)			
		(H) Total retention				9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These amounts we	re paid in ca	ash, or 🗍 o	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held		-			
	ŭ	(2) Claim reserves					
		(3) Other reserves					
	Δ	Dividends or retroactive rate refunds due. (Do not include am					
10	Nic	onexperience-rated contracts:	ount entered in	1 11110 30(2)	.)	Je	
	a	Total premiums or subscription charges paid to carrier				10a	000040
							269340
	b Sne	If the carrier, service, or other organization incurred any specific retention of the contract or policy, other than reported in Part I ecify nature of costs.	fic costs in con , line 2 above,	nection wit report amo	h the acquisition ount	or 10b	
Pa	art l	IV Provision of Information					
11	Dic	id the insurance company fail to provide any information necess	ary to complete	e Schedule	A?	Yes	No
12	If ti	the answer to line 11 is "Ves" specify the information not provid	hal b				

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

2022

							-
For calendar plan year 20	022 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022)	_
A Name of plan				B Thre	e-digit		
	ORPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	•	591
EMPLOYEES							
C Plan sponsor's name	as shown on lin	e 2a of Form 5500		D Emple	oyer Identification N	lumber	(FIN)
LOCKHEED MARTIN CO		e 2a 01 F01111 3300		-	-1893632	lullibel	(LIN)
LOOKITEED WARTIN O	OR ORATION			02			
Part I Informa	tion Concer	ning Insurance Contract. Individual contracts grouped a	t Coverage, Fees,	and Con	nmissions Provi	ide info Schedu	rmation for each contract le A.
1 Coverage Information:		<u> </u>					
-							
(a) Name of insurance ca							
HAWAII MEDICAL SERV	ICE ASSOCIAT	ION					
	(a) NIAIC	(d) Contract or	(e) Approximate n	umber of	Pol	licy or c	contract year
(b) EIN	(c) NAIC code	identification number	persons covered a		(f) From		(g) To
	49948	C952	policy or contract		01/01/2022		12/31/2022
	.00.10	0002			0.70.72022		12/01/2022
2 Insurance fee and con descending order of th		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, brokers	s, and o	other persons in
(a) Total	amount of com	missions paid		(b) To	otal amount of fees	paid	
3 Persons receiving con	nmissions and f	ees. (Complete as many entries	s as needed to report all	persons).			
<u> </u>		and address of the agent, broker			sions or fees were p	aid	
		-					
		Г-					<u> </u>
(b) Amount of sales a			es and other commissio				(a) Onnonimation and
commissions pa	alu	(c) Amount		(d) Purpos	<u>e</u>		(e) Organization code
						.,	
	(a) Name a	and address of the agent, broker	r, or other person to who	m commiss	sions or fees were p	paid	
(b) Amount of sales a	and hase	Fe	es and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code
-				-			

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	U

Pa	art II	I Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a uni	t. Where co	ontracts cover individual
8	Bene	fit and contract type (check all applicable boxes)		•	<u> </u>		
	а ∏	Health (other than dental or vision)	b Dental	с	Vision		d Life insurance
	片		븜	<u> </u>	<u></u>		븜
	e	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	pioyment	h Prescription drug
	' <u> </u>	Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Exper	ience-rated contracts:					
	a P	remiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
	(3) Increase (decrease) in unearned premium res	erve	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 (o	n 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 i	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)).)	9e	
10	Non	experience-rated contracts:					
	a ·	Total premiums or subscription charges paid to c	arrier			10a	194242
	b	If the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	th the acquisition or		
		retention of the contract or policy, other than repo				10b	
	ърес	ify nature of costs.					
	art IV			laka Oali adal	. Да П	Yes	⊠ No
		the insurance company fail to provide any inform		ete Schedule	9 A /	1 69	<u> </u>
12	If the	e answer to line 11 is "Yes." specify the informati	on not provided.				

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

2022

							-
For calendar plan year 20	022 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022		_
A Name of plan				B Thre	e-digit		
	ORPORATION	GROUP INSURANCE PLAN FO	OR RETIRED		number (PN)	•	591
EMPLOYEES							
C Plan sponsor's name	as shown on lin	e 2a of Form 5500		D Emple	yer Identification N	umher	(FIN)
LOCKHEED MARTIN CO		e 2a 011 01111 3300		-	·1893632	unibei	(LIIV)
LOOKITEED WARTIN O	OR ORATION			02			
Part I Informa on a sepa	tion Concer	ning Insurance Contrac Individual contracts grouped a	t Coverage, Fees, as a unit in Parts II and I	and Con	nmissions Provi	ide info Schedu	rmation for each contract le A.
1 Coverage Information:	•						
(a) Name of insurance ca	arrier						
HEALTH NET - NORTHE	RN CA SR HMC)					
4) 501	(c) NAIC	(d) Contract or	(e) Approximate n		Pol	icy or c	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From		(g) To
95-4402957	95800	57534	52		01/01/2022		12/31/2022
2 Insurance fee and con descending order of th		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, brokers	s, and o	other persons in
(a) Total	amount of com	missions paid		(b) To	otal amount of fees	paid	
3 Persons receiving con	nmissions and f	ees. (Complete as many entries	as needed to report all	persons).			
		and address of the agent, broker			ions or fees were p	aid	
		Fe	es and other commission	ns naid			
(b) Amount of sales a commissions page		(c) Amount	(d) Purpose			(e) Organization code	
0011111100101110 pt		(6) / 1110 2111		(u) : a.p.o.	<u> </u>		(c) e.gazation eeas
	(a) Name a	and address of the agent, broker	or other person to who	m commiss	ions or fees were n	aid	
	(u) Name c	and address of the agent, broker	, or other person to whe	111 OOT1111110C	morio di 1000 Word p	, uiu	
(b) Amount of sales a	and hass	Fe	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code
-				-			

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oode
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	U

Pa	art II	I Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a uni	t. Where co	ontracts cover individual
8	Bene ⁻	fit and contract type (check all applicable boxes)		•	<u> </u>		·
	а □	Health (other than dental or vision)	b Dental	с	Vision		d Life insurance
	片		븜	<u> </u>	<u></u>		
	e	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	pioyment	h Prescription drug
	' <u> </u>	Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9 1	Exper	ience-rated contracts:					
	a P	remiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
	(3) Increase (decrease) in unearned premium res	erve	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	b I	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 (o	n 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 s	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 i	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)).)	9e	
10	Non	experience-rated contracts:					
	a ⁻	Total premiums or subscription charges paid to c	arrier			10a	403151
	b	If the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	th the acquisition or		
		retention of the contract or policy, other than repo				10b	
	Spec	ify nature of costs.					
Pa	art I\	/ Provision of Information					
11	Did	the insurance company fail to provide any inform	ation necessary to compl	lete Schedule	A?	Yes	X No
12	If the	e answer to line 11 is "Yes." specify the informati	on not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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OMB No. 1210-0110

2022

For calendar plan year 20	22 or fiscal plar	n year beginning 01/01/2022		and er	nding 12/31/2022		
A Name of plan				B Three-digit			
	PRPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	591	
EMPLOYEES							
C Plan sponsor's name a	e chown on line	e 2a of Form 5500		D Emple	oyer Identification Number	or (FIN)	
LOCKHEED MARTIN CO		e 2a 01 F01111 3300		-	1893632		
LOCKITLED WARTINGC	RECKATION			02	1000002		
		ning Insurance Contract. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca							
HEALTH NET - SOUTHER	RN CA						
	(a) NIAIC	(d) Contract or	(e) Approximate no	umber of	Policy or	contract year	
(b) EIN	(c) NAIC code	identification number	persons covered a policy or contract		(f) From	(g) To	
95-4402957	95800	5030 & SUBS	2	n your	01/01/2022	12/31/2022	
0							
Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	other persons in	
<u> </u>	amount of com	missions paid		(b) To	otal amount of fees paid		
X-7		'		<u> </u>	'		
3 Persons receiving com	missions and fo	ees. (Complete as many entrie	s as needed to report all	nercone)			
T ersons receiving com		and address of the agent, broke	•		ions or fees were naid		
	(a) Name a	ina address of the agent, broke	r, or other person to who	111 00111111100	ions or rees were paid		
(b) Amount of sales ar	nd base	Fe	ees and other commissio	ns paid			
commissions pa	id	(c) Amount		(d) Purpos	е	(e) Organization code	
	(a) Name a	nd address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid		
(In) American for the		Fe	ees and other commissio	ns paid			
(b) Amount of sales ar commissions pa		(c) Amount		(d) Purpos	e	(e) Organization code	
co.minociono pu		(-,		. ,		(5) 5.35241011 5540	

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	U

Pa	art III Welfare Benefit Contract Informat					
	If more than one contract covers the same go the information may be combined for reporting employees, the entire group of such individual	g purposes if such con	tracts are expe	erience-rated as a uni	t. Where con	tracts cover individual
8	Benefit and contract type (check all applicable boxes)					
	a Health (other than dental or vision)	b Dental	С	Vision	c	Life insurance
	e Temporary disability (accident and sickness)	f	ity g	Supplemental unem	plovment k	Prescription drug
	i Stop loss (large deductible)	i X HMO contract	· • =	PPO contract	p.ojo	I Indemnity contract
	- 별 - ' - ' - '	1 IVIO contract		110 contract		I I Indemnity contract
	m ☐ Other (specify) ▶					
Λ.						
	Experience-rated contracts:		00(4)			
	a Premiums: (1) Amount received		, ,			
	(2) Increase (decrease) in amount due but unpaid.(3) Increase (decrease) in unearned premium rese					
	(4) Earned ((1) + (2) - (3))				. 9a(4)	0
	b Benefit charges (1) Claims paid				. Ja(+ <i>)</i>	
	(2) Increase (decrease) in claim reserves					
	(3) Incurred claims (add (1) and (2))				9b(3)	0
	(4) Claims charged				9b(4)	
	C Remainder of premium: (1) Retention charges (on					
	(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					
	(G) Other retention charges		9c(1)(G)		_	
	(H) Total retention	<u></u>	<u>.</u>		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These a	mounts were paid i	n 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 entere	d in line 9c(2)	.)	9e	
10	Nonexperience-rated contracts:					
	a Total premiums or subscription charges paid to ca	rier			10a	41795
	b If the carrier, service, or other organization incurre				10b	
	retention of the contract or policy, other than repor Specify nature of costs.	led in Part I, line 2 abov	ve, report amo	ount	100	
	speeny material or decide.					
Pa	art IV Provision of Information					
	Did the insurance company fail to provide any informa	tion necessary to comp	lete Schedule	Α? Π	Yes	No
	If the answer to line 11 is "Yes," specify the information		note Contenuit	/ X:		
ıZ	in the answer to line it is ites, specify the information	i noi provided. 🔻				

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

2022

For calendar plan year 202	22 or fiscal plar	year beginning 01/01/2022			and en	nding 12/31/2022		
A Name of plan LOCKHEED MARTIN CO EMPLOYEES	RPORATION (GROUP INSURANCE PLAN F	OR I	RETIRED		e-digit number (PN)		591
LWI LOTELO								
C Plan sponsor's name a	s shown on line	e 2a of Form 5500			D Emplo	yer Identification Num	ber ((EIN)
LOCKHEED MARTIN CO	RPORATION				52-	1893632		
Part I Informat on a separa	ion Concer ate Schedule A	ning Insurance Contract. Individual contracts grouped	ct C as a	Coverage, Fees, unit in Parts II and II	and Con	nmissions Provide ported on a single Sch	infor edul	rmation for each contract e A.
1 Coverage Information:								
(a) Name of insurance car	rrier							
HEALTH NET - SOUTHER)						
	(c) NAIC	(d) Contract or		(e) Approximate nu		Policy	or co	ontract year
(b) EIN	code	identification number		persons covered a policy or contrac		(f) From		(g) To
95-4402957	95800	57534		122		01/01/2022		12/31/2022
2 Insurance fee and common descending order of the		ation. Enter the total fees and to	otal d	commissions paid. Li	st in line 3	the agents, brokers, a	nd o	ther persons in
(a) Total a	amount of comr	nissions paid			(b) To	otal amount of fees pai	id	
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	s as	needed to report all	persons).			
	(a) Name a	nd address of the agent, broke	r, or	other person to who	m commiss	ions or fees were paid		
								<u> </u>
(b) Amount of sales an commissions pai		(c) Amount	ees a	es and other commissions paid (d) Purpose			(e) Organization code	
commissions par	u .	(C) Amount			(u) i diposi	<u> </u>		(c) Organization code
	(a) Name a	nd address of the agent, broke	r, or	other person to who	m commiss	ions or fees were paid		
(b) Amount of sales an	nd hase	Fe	ees a	and other commission	ns paid			
commissions pai		(c) Amount		-	(d) Purpos	e		(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:	,		
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	U

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of em the information may be combined for reporting purpose employees, the entire group of such individual contract	es if such contrac	cts are expe	erience-rated as a u	nit. Where cor	ntracts cover individual	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision) b Den	ıtal	С	Vision		d Life insurance	
	еĪ	Temporary disability (accident and sickness) f Long	g-term disability	α	Supplemental une	mplovment	h Prescription drug	1
	i		O contract		PPO contract		I Indemnity contra	
	m [o contract	-`_	11100011111101			
	···· [United (Specify)						
9	Evne	perience-rated contracts:						
_		Premiums: (1) Amount received	Г	9a(1)			_	
			-	9a(1)			_	
		(2) Increase (decrease) in amount due but unpaid		9a(3)				
		(3) Increase (decrease) in unearned premium reserve				02(4)		0
	h	(4) Earned ((1) + (2) - (3))		9b(1)		9a(4)		
	b	3 (/ - 1		9b(1)			_	
		(2) Increase (decrease) in claim reserves		. , .		9b(3)		0
		(3) Incurred claims (add (1) and (2))						
	_	(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an accrua	_	2 (4)(4)				
		(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 w	vere paid in c	ash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount he	eld to provide be	nefits after	retirement			
		(2) Claim reserves	•					
		(3) Other reserves						
	е	Dividends or retroactive rate refunds due. (Do not include a						
10	No	onexperience-rated contracts:			/			
	а	Total premiums or subscription charges paid to carrier				10a	,	384374
	b		cific costs in con	nection witl	h the acquisition or			304374
	Spe	ecify nature of costs.	.,,				1	
D.	art l	IV Provision of Information						
					г	7 v	V Na	
		id the insurance company fail to provide any information neces		e Schedule	A?	Yes	X No	
12	If t	the answer to line 11 is "Ves" specify the information not provi	ided •					

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

2022

							-
For calendar plan year 2	022 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022	<u>)</u>	
A Name of plan				B Thre	e-digit		
	ORPORATION	GROUP INSURANCE PLAN FO	OR RETIRED		number (PN)	•	591
EMPLOYEES							
C Diamana and a management		. 0		D =			/FINI)
C Plan sponsor's name		e 2a of Form 5500		-	oyer Identification N	lumber	(EIN)
LOCKHEED MARTIN C	ORPORATION			52-	1893632		
Part I Informa	ation Concer	ning Insurance Contrac	t Coverage Fees	and Con	nmissions Prov	ide info	rmation for each contract
on a sepa	arate Schedule A	Individual contracts grouped a	as a unit in Parts II and I	III can be re	ported on a single	Schedu	le A.
1 Coverage Information	:						
-							
(a) Name of insurance of							
HEALTHPARTNERS INC							
			(e) Approximate n	umber of	Po	licv or c	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered		(f) From		(g) To
	0000	Identification number	policy or contra	ct year	(1) 110111		(9) 10
41-1693838	95766	2181	14		01/01/2022		12/31/2022
•							
2 Insurance fee and cor descending order of th		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, broker	s, and c	other persons in
	l amount of com	missions naid		(b) T	otal amount of fees	naid	
(a) Total	I amount of com	missions paid		(6) 10	otal amount of fees	paid	
_							
3 Persons receiving cor		ees. (Complete as many entries					
	(a) Name a	and address of the agent, broker	r, or other person to who	om commiss	ions or fees were p	aid	
(1) A (()		Fe	es and other commission	ons paid			
(b) Amount of sales a commissions p		(c) Amount		(d) Purpos	е		(e) Organization code
		(O) / mile dim		(4) : 4:500			(5) 5.gamzanon sous
	()) !					·.	
	(a) Name a	and address of the agent, broker	r, or other person to who	om commiss	sions or tees were p	ald	
(h) Amount of out	and base	Fe	es and other commission	ons paid			
(b) Amount of sales a commissions p		(c) Amount		(d) Purpos	e		(e) Organization code
251111110010110 p		(-,		, _F 20			(5) C.gaZation code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:	,		
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	U

Pa	art	Welfare Benefit Contract Information If more than one contract covers the same group of employees, the information may be combined for reporting purposes is employees, the entire group of such individual contracts we	f such contracts	are expe	erience-rated as a ur	nit. Where co	ontracts cover individual	
8	Ben	enefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision) b Dental		С	Vision		d Life insurance	
	еĪ	Temporary disability (accident and sickness) f Long-te	erm disability	a	Supplemental uner	mplovment	h Prescription drug	
	i	Stop loss (large deductible) j X HMO c	-		PPO contract		I Indemnity contract	
	m]			
9 E	Ехре	perience-rated contracts:						
	a I	Premiums: (1) Amount received	9	a(1)				
		(2) Increase (decrease) in amount due but unpaid	9	a(2)				
		(3) Increase (decrease) in unearned premium reserve	9	a(3)				
		(4) Earned ((1) + (2) - (3))	<u></u>			9a(4)		0
	b	Benefit charges (1) Claims paid	9	b(1)				
		(2) Increase (decrease) in claim reserves	_	b(2)				
		(3) Incurred claims (add (1) and (2))		. , .		9b(3)		0
		(4) Claims charged				9b(4)		
	С							
	٠	(A) Commissions		(1)(A)				
		` '		(1)(B)				
		(B) Administrative service or other fees		(1)(C)				
		(C) Other specific acquisition costs	0-4	(1)(D)				
		(D) Other expenses	0-4					
		(E) Taxes	-	(1)(E)				
		(F) Charges for risks or other contingencies		(1)(F)				
		(G) Other retention charges	90	(1)(G)				_
		(H) Total retention						0
		(2) Dividends or retroactive rate refunds. (These amounts were	e 📗 paid in casl	n, or 📗 (credited.)	9c(2)		
	d	I Status of policyholder reserves at end of year: (1) Amount held	to provide bene	fits after	retirement	. 9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves						
	е	Dividends or retroactive rate refunds due. (Do not include amo						
10	No	Nonexperience-rated contracts:			/			
. •	а	_ :				. 10a	526	20
	_						520	<u> 20</u>
	b	If the carrier, service, or other organization incurred any specifi retention of the contract or policy, other than reported in Part I,	c costs in conne line 2 above, re	ction wit port amo	h the acquisition or ount	. 10b		
		Provision of Information						
		t IV Provision of Information			-	7		_
11	Dic	Did the insurance company fail to provide any information necessa	ry to complete S	Schedule	A?	Yes	X No	
12	If t	f the answer to line 11 is "Yes," specify the information not provide	ed. 🕨					

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

2022

							-
For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022		_
A Name of plan				B Thre	e-digit		
LOCKHEED MARTIN CO	ORPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	•	591
LIVIFLUTEES							
C Plan sponsor's name a	as shown on lin	e 2a of Form 5500		D Emplo	oyer Identification N	umber	(FIN)
LOCKHEED MARTIN CO		C 2a 011 01111 0000		-	-1893632	umber	
Part I Information on a separ	tion Concer ate Schedule A	rning Insurance Contrac	t Coverage, Fees, as a unit in Parts II and II	and Con	nmissions Provi	de info Schedu	rmation for each contract le A.
1 Coverage Information:		<u> </u>					
-							
(a) Name of insurance ca							
KAISER FOUNDATION H	EALTH PLAN I	NC					
_	(a) NIAIC	(d) Contract or	(e) Approximate nu	umber of	Poli	cy or c	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end of		(f) From		(g) To
04 4240522	00000	592 100:101	policy or contrac	ı year	.,,		
94-1340523	00000	582-100;101	301		01/01/2022		12/31/2022
2 Insurance fee and com	mission informa	ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, brokers	s. and c	other persons in
descending order of the						,	
(a) Total	(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all	persons).			
-	(a) Name a	and address of the agent, broker	, or other person to who	m commiss	ions or fees were p	aid	
		Fo	es and other commissio	ne naid			
(b) Amount of sales an commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code
commissions pa	iid.	(o) / arrount		(u) i dipoo	<u> </u>		(b) organization code
	(a) Name a	and address of the agent, broker	or other person to who	m commiss	ions or fees were n	aid	
	(a) Name a	and address of the agent, broker	, or outer person to who	TI COMMINGS	norts of fees were p	aiu	
	1						T
(b) Amount of sales a	nd base		es and other commissio	ns paid			4
commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code
							1

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Ease and other commissions paid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid	.,		code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4) 114	The aria address of the agent, protect	, or other percent to whom commissions or roos were paid	
			T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions noid	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	İ	I and the second	I

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:	,		
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art	Welfare Benefit Contract Information If more than one contract covers the same group of the information may be combined for reporting purpo- employees, the entire group of such individual contr	oses if such contra	cts are expe	erience-rated as a ur	nit. Where co	ntracts cover individua	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision) b D	ental	С	Vision		d Life insurance	
	еĪ	Temporary disability (accident and sickness) f Lo	ong-term disability	αĪ	Supplemental uner	mplovment	h Prescription drug	а
	ί		MO contract		PPO contract		I Indemnity contra	_
	m∫	Other (specify)	W communic		11100001111111111			
	L	Other (specify)						
9	Evne	erience-rated contracts:						
_		Premiums: (1) Amount received		9a(1)			_	
		(2) Increase (decrease) in amount due but unpaid		9a(1)			_	
				9a(3)			_	
		(3) Increase (decrease) in unearned premium reserve	_			02(4)		0
	h	(4) Earned ((1) + (2) - (3))		9b(1)		9a(4)		
	b	Benefit charges (1) Claims paid		9b(1) 9b(2)				
		(2) Increase (decrease) in claim reserves	<u></u>	. , ,		. 9b(3)		0
		(3) Incurred claims (add (1) and (2))						
	_	(4) Claims charged				. 9b(4)		
	С	Remainder of premium: (1) Retention charges (on an acc		0. (4)(4)				
		(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	s were paid in o	ash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amoun	t held to provide be	enefits after	retirement			
		(2) Claim reserves						
		(3) Other reserves						
	е	Dividends or retroactive rate refunds due. (Do not include						
10	No	onexperience-rated contracts:			/			
	а	Total premiums or subscription charges paid to carrier				. 10a	9	986843
	b	If the carrier, service, or other organization incurred any s retention of the contract or policy, other than reported in F	pecific costs in cor	nection wit	h the acquisition or			500045
	Spe	ecify nature of costs.	a.r., 2 a.z	,			1	
Pa	art l	IV Provision of Information						
		d the insurance company fail to provide any information ne	cessary to complet	te Schedule	Α? Γ	Yes	X No	
		the answer to line 11 is "Ves" specify the information not by				_1	<u> </u>	

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

2022

For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022	2	
A Name of plan				B Thre	e-digit		
	PROPRETION	GROUP INSURANCE PLAN FO	OR RETIRED		number (PN)	•	591
EMPLOYEES							
C Plan sponsor's name a	s shown on lin	ie 2a of Form 5500		D Emplo	oyer Identification N		EIN)
LOCKHEED MARTIN CO	LOCKHEED MARTIN CORPORATION					·	
Part I Informat	ion Concer ate Schedule A	rning Insurance Contract A. Individual contracts grouped a	ct Coverage, Fees, as a unit in Parts II and I	and Con	nmissions Prov	/ide infor Schedul	mation for each contract e A.
1 Coverage Information:		J ,					
(a) Name of insurance ca KAISER FOUNDATION HI		NO.					
KAISEK FOUNDATION HI	EALTH PLANT	INC					
45. EIN	(c) NAIC	(d) Contract or	(e) Approximate n		Po	Policy or contract year	
(b) EIN	code	identification number	•	persons covered at end of policy or contract year			(g) To
94-1340523	00000	582-165;4697	316		01/01/2022		12/31/2022
		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, broker	s, and o	ther persons in
descending order of the	amount paid. amount of com	missions noid		(b) T	otal amount of fees	noid	
(a) 10tai a	amount of com	missions paid		(b) 10	otal amount of fees	paiu	
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all	nercone)			
J Fersons receiving com		and address of the agent, broke			sions or fees were I		
	(4)	and again, arone	.,				
		Fe	ees and other commissio	ns naid			
(b) Amount of sales ar commissions pa		(c) Amount	see and other commission	(d) Purpos	e		(e) Organization code
1		(3)		1-7			(-, - 3
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	sions or fees were p	paid	
(b) Amount of color and	ad boos	Fe	ees and other commissio	ns paid			
(b) Amount of sales ar commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of the information may be combined for reporting purp employees, the entire group of such individual contr	oses if such contra	cts are expe	érience-rated as a ur	nit. Where co	ntracts cover individu	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	ental	С	Vision		d Life insurance	
	еĪ	Temporary disability (accident and sickness) f L	ong-term disability	a	Supplemental uner	nplovment	h Prescription di	rua
	i		IMO contract		PPO contract		I Indemnity cont	-
	. L		iiii O oonii aot		111 0 contract			raot
	m	Other (specify)						
9								
_		perience-rated contracts:	Г	00/1)				
		Premiums: (1) Amount received	<u> </u>	9a(1)				
		(2) Increase (decrease) in amount due but unpaid		9a(2)				
		(3) Increase (decrease) in unearned premium reserve	_	9a(3)		00(4)		0
	L	(4) Earned ((1) + (2) - (3))				9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)		0h/3\		0
		(3) Incurred claims (add (1) and (2))						
	_	(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an acc	· -	0-(4)(4)				
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs	<u> </u>	9c(1)(C)				
		(D) Other expenses	<u> </u>	9c(1)(D)				
		(E) Taxes	F	9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges				6 (4)(1)		0
		(H) Total retention						
		(2) Dividends or retroactive rate refunds. (These amount	s were paid in o	cash, or 📗 o	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amoun	t held to provide be	enefits after	retirement	. 9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not include	e amount entered i	n line 9c(2)	.)	. 9e		
10	No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to carrier				. 10a		855759
	b	If the carrier, service, or other organization incurred any s retention of the contract or policy, other than reported in F ecify nature of costs.	specific costs in cor Part I, line 2 above	nnection wit , report amo	h the acquisition or ount	. 10b		
D								
	art l				F	7		
11	Dic	d the insurance company fail to provide any information ne	cessary to comple	te Schedule	A?	Yes	X No	
12	If ti	the answer to line 11 is "Ves" specify the information not n	rovided					

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

2022

		·	` '\ '			
For calendar plan year 2	2022 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022	
A Name of plan LOCKHEED MARTIN (EMPLOYEES	CORPORATION	GROUP INSURANCE PLAN FO	DR RETIRED	B Thre	ee-digit n number (PN)	591
C Plan sponsor's name	CORPORATION			52	oyer Identification Number-1893632	
		rning Insurance Contrac L. Individual contracts grouped a				
1 Coverage Information		<u> </u>				
(a) Name of insurance KAISER FOUNDATION		NC				
# N = N .	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or	contract year
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	(g) To
94-1340523	95708	101200;114302	153		01/01/2022	12/31/2022
descending order of t		ation. Enter the total fees and to	tal commissions paid. Lis		the agents, brokers, and otal amount of fees paid	other persons in
(a) 10ta	ar arribunt or com	missions paid		(ט) וי	otal amount of fees paid	
3 Persons receiving co	mmissions and f	ees. (Complete as many entries	s as needed to report all p	ersons).		
	(a) Name a	and address of the agent, broker	, or other person to whom	n commiss	sions or fees were paid	
(b) Amount of sales	and base		es and other commission	•		_
commissions p	paid	(c) Amount	(d) Purpos	se	(e) Organization code
	(a) Name a	and address of the agent, broker	, or other person to whom	n commiss	sions or fees were paid	
(b) Amount of sales	and base	Fe	es and other commission	s paid		
commissions		(c) Amount	(d) Purpos		(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	I Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a unit	t. Where co	ntracts cover individual
8	Bene	fit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance
			H	<u> </u>	<u></u>		
	e	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	pioyment	h Prescription drug
	۱ <u>ا</u>	Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9 1	Ехреі	rience-rated contracts:					
	a P	remiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	I	9a(2)			
	(3) Increase (decrease) in unearned premium res	erve	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)	
	,	Remainder of premium: (1) Retention charges (o					
		(A) Commissions		9c(1)(A)			7
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			7
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			7
		(F) Charges for risks or other contingencies		9c(1)(F)			7
		(G) Other retention charges		9c(1)(G)			7
		(H) Total retention				9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These		_		9c(2)	
							_
		Status of policyholder reserves at end of year: (1	•			9d(1)	+
		(2) Ctlaim reserves				9d(2)	+
		(3) Other reserves Dividends or retroactive rate refunds due. (Do no				9d(3) 9e	+
10		experience-rated contracts:	ot include amount entered	1 III IIIIe 90(2)	1.)	36	
10		Total premiums or subscription charges paid to c	orrior			10a	0000000
						IVa	2062628
		If the carrier, service, or other organization incurr retention of the contract or policy, other than repo				10b	
		ify nature of costs.	onted in Fait I, line 2 abov	e, report arric	Juni	100	
Pá	art I	/ Provision of Information					
<u>1</u> 1	Did	the insurance company fail to provide any inform	ation necessary to comp	lete Schedule	A?	Yes	X No
12	If th	e answer to line 11 is "Yes." specify the informati	on not provided.				

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

2022

For calendar plan year 20	22 or fiscal plan	n year beginning 01/01/2022		and er	nding 12/31/2022		
A Name of plan				B Three-digit			
	PRPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	591	
EMPLOYEES							
C Plan sponsor's name a	e chown on lin	e 2a of Form 5500		D Emple	oyer Identification Number	or (FIN)	
LOCKHEED MARTIN CO		6 2a 011 01111 3300			1893632	51 (LIIV)	
LOOK ILLE WATER TO	ord Crown Crown						
		ning Insurance Contract. Individual contracts grouped a					
1 Coverage Information:						_	
(a) Name of insurance ca							
KAISER FOUNDATION H	EALTH PLAN II	NC					
	(c) NAIC	(d) Contract or	(e) Approximate n		Policy or	contract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To	
94-1340523	95708	114302-65	474		01/01/2022	12/31/2022	
2 Insurance fee and com	mission inform	ation. Enter the total fees and to	atal commissions paid. I	ict in line 3	the agents brokers and	Lather persons in	
descending order of the		ation. Liner the total lees and to	nai commissions paid. L	ist iii iiiie 5	the agents, brokers, and	Tottler persons in	
(a) Total a	amount of com	missions paid		(b) To	otal amount of fees paid		
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).			
<u> </u>		nd address of the agent, broke			ions or fees were paid		
		y ,	,				
(b) Amount of sales ar			ees and other commissio				
commissions pa	ıa	(c) Amount		(d) Purpose		(e) Organization code	
	<u> </u>						
	(a) Name a	nd address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid		
(b) Amount of sales a	nd hase	Fe	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpos	e	(e) Organization code	

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oode
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated sples and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art I	II	Welfare Benefit Contract Informatif more than one contract covers the same the information may be combined for report employees, the entire group of such individuals.	group of employees of th ting purposes if such con	tracts are	exp	erience-rated as a u	ınit. Where co	ontracts cover	
8	Bene	efit a	nd contract type (check all applicable boxes)				-			-
	аΓ	7	ealth (other than dental or vision)	b Dental		сГ	Vision		d Life ins	urance
	<u> </u>	<u> </u>		븜		늗		um nloven on t	片	
	e		emporary disability (accident and sickness)	f Long-term disabil	-	g		employment	- =	ption drug
	ا <u>ا</u>	_	op loss (large deductible)	j X HMO contract		k _	PPO contract		I Indemn	ity contract
	m	Ot	ther (specify)							
9	Expe	riend	ce-rated contracts:							
	a F	rem	iums: (1) Amount received		9a(1)					
		(2) Ir	ncrease (decrease) in amount due but unpai	d	9a(2))				
		(3) Ir	ncrease (decrease) in unearned premium res	serve	9a(3))				
		(4) E	arned ((1) + (2) - (3))					9a(4)		0
	b	Ben	efit charges (1) Claims paid		9b(1))				
		(2) Ir	ncrease (decrease) in claim reserves		9b(2))				
		(3) Ir	ncurred claims (add (1) and (2))					9b(3)		0
		(4) C	Claims charged					9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (c	n an accrual basis)						
		((A) Commissions		9c(1)(A	۹)				
		((B) Administrative service or other fees		9c(1)(E	3)				
		((C) Other specific acquisition costs		9c(1)(C	()				
		((D) Other expenses		9c(1)(E	((
			(E) Taxes		9c(1)(E	Ξ)				
			(F) Charges for risks or other contingencies.		9c(1)(F	-)				
			(G) Other retention charges		9c(1)(0	3)				
			(H) Total retention					9c(1)(H))	0
			Oividends or retroactive rate refunds. (These							
			us of policyholder reserves at end of year: (1			_				-
	u		Claim reserves							
		` '								
	е	` '	Other reservesdends due. (Do n							
10			erience-rated contracts:	ot include amount entere	u III IIIIe 9 0	C(Z)	·.)	36		
10				aarriar				100		
	_		al premiums or subscription charges paid to o					10a		1285643
			e carrier, service, or other organization incur					10h		
			ntion of the contract or policy, other than rep nature of costs.	orted in Part I, line 2 abov	/e, report a	amo	ount	10b		
P	art I	V	Provision of Information							
				nation nanagements as	loto Cob -	dula		Yes	X No	
11			insurance company fail to provide any inform		iete ochec	uule	; A (103	<u> </u>	
12	if th	ıe ar	nswer to line 11 is "Yes," specify the informat	ion not provided. 🔻						

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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File as an attachment to Form 5500.

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

OMB No. 1210-0110

2022

							-
For calendar plan year 20)22 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022	2	_
A Name of plan				B Three-digit			
	ORPORATION	GROUP INSURANCE PLAN FO	OR RETIRED		number (PN))	591
EMPLOYEES							
C Plan sponsor's name a	as shown on lin	e 2a of Form 5500		D Emple	oyer Identification N	Jumber	(FIN)
LOCKHEED MARTIN CO		e 2a 011 01111 3300			-1893632	vuilibei	(LIIV)
LOOKITEED WATERING OC	SIG ORATION				.000002		
Part I Information on a separ	tion Concer	rning Insurance Contrac	t Coverage, Fees, as a unit in Parts II and II	and Con	nmissions Prov	ride info Schedu	rmation for each contract le A.
1 Coverage Information:		<u> </u>					
-	i						
(a) Name of insurance ca KAISER FOUNDATION H		OF COLORADO					
	(c) NAIC	(d) Contract or	(e) Approximate nu		Ро	licy or c	ontract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f) From		(g) To
84-0591617	95669	2001-006;-008	322		01/01/2022		12/31/2022
2 Insurance fee and comdescending order of the		ation. Enter the total fees and to	tal commissions paid. Li	st in line 3	the agents, broker	s, and c	other persons in
	amount of com	missions paid		(b) To	otal amount of fees	paid	
3 Persons receiving com	nmissions and f	ees. (Complete as many entries	s as needed to report all	persons).			
<u> </u>		and address of the agent, broker			sions or fees were p	oaid	
All American Control		Fe	es and other commission	ns paid			
(b) Amount of sales a commissions pa		(c) Amount	(d) Purpose				(e) Organization code
		`,					, , ,
	(a) Name a	and address of the agent, broker	or other person to who	n commiss	sions or fees were r	oaid	
	(37)		,				
(b) Amount of sales a	nd base	Fe	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code
•				-			

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
	-					
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
commissions para			oode			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(4)		,				
	Т					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(h) Associated sples and have		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
	-					
			1-3			
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization			
commissions paid	(O) / Arribuint	(a) i dipose	code			

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of employee the information may be combined for reporting purposes if su employees, the entire group of such individual contracts with	uch contrac	ts are exp	erience-rated as	a unit. Where con	tracts cover individual	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision) b Dental		С	Vision		d Life insurance	
	еĪ	Temporary disability (accident and sickness) f Long-term	disability	αĒ	Supplemental	unemployment h	h Prescription drug	
	i [Stop loss (large deductible)	-		PPO contract		Indemnity contract	
	. L		idot	·` _] 11 0 contract		I Indominity contract	
	m	Other (specify)						
9	Evno	pariance rated contracts:						
_		perience-rated contracts: Premiums: (1) Amount received		02/1)				
				9a(1)				
		(2) Increase (decrease) in amount due but unpaid		9a(2)			-	
		(3) Increase (decrease) in unearned premium reserve		9a(3)		00(4)		0
	L	(4) Earned ((1) + (2) - (3))				9a(4)		
	b	3 (/ - 1		9b(1)			-	
		(2) Increase (decrease) in claim reserves		9b(2)		01 (0)		0
		(3) Incurred claims (add (1) and (2))						
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an accrual basis						
		(A) Commissions		c(1)(A)				
		(B) Administrative service or other fees		c(1)(B)				
		(C) Other specific acquisition costs		c(1)(C)				
		(D) Other expenses		c(1)(D)				
		(E) Taxes		c(1)(E)				
		(F) Charges for risks or other contingencies	9	c(1)(F)				
		(G) Other retention charges	9	c(1)(G)				
		(H) Total retention				9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These amounts were	paid in ca	ash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount held to	-					
	~	(2) Claim reserves						
		(3) Other reserves						
	Δ	Dividends or retroactive rate refunds due. (Do not include amount						
10	No	onexperience-rated contracts:	i entereu in	1 11116 36(2)	-)	36		
	a	Total premiums or subscription charges paid to carrier				10a	440	2004
							4123	3291
	b Sne	If the carrier, service, or other organization incurred any specific or retention of the contract or policy, other than reported in Part I, line ecify nature of costs.	osts in coni e 2 above,	nection wit report amo	th the acquisition ount	or 10b		
Pa	art l	IV Provision of Information						
11	Dic	id the insurance company fail to provide any information necessary to	to complete	e Schedule	A?	Yes	No No	
12	If ti	the answer to line 11 is "Ves" specify the information not provided	•					_

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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OMB No. 1210-0110

2022

							-
For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022	2	
A Name of plan				B Thre	e-digit		
LOCKHEED MARTIN CO	ORPORATION	GROUP INSURANCE PLAN FO	R RETIRED	plan	number (PN)	•	591
LIVIPLUTEES							
C Plan sponsor's name a	as shown on lin	e 2a of Form 5500		D Emplo	yer Identification N	lumber	(FIN)
LOCKHEED MARTIN CO		C 24 011 01111 0000		_	1893632	dilibei	(LIIV)
Part I Information on a separ	tion Concer ate Schedule A	ning Insurance Contract Individual contracts grouped a	t Coverage, Fees, s a unit in Parts II and II	and Con	nmissions Prov	ide info Schedu	rmation for each contract le A.
1 Coverage Information:		<u> </u>			,		
-							
(a) Name of insurance ca							
KAISER FOUNDATION H	EALTH PLAN (OF COLORADO					
_	(a) NIAIC	(d) Contract or	(e) Approximate nu	ımber of	Pol	licy or c	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	t end of	(f) From		(g) To
04.0504047	05000	0004 000	policy or contrac	ı year	1,7		
84-0591617	95669	2001-006	23		01/01/2022		12/31/2022
2 Insurance fee and com	mission informa	ation. Enter the total fees and tot	al commissions paid L	st in line 3	the agents broker	s and o	other persons in
descending order of the		ation. Enter the total lees and tot	ar commissions paid. E	00000	the agente, protein	o, and c	outer persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all	persons).			
<u> </u>		and address of the agent, broker,			ions or fees were p	paid	
		Ear	es and other commission	ne naid			
(b) Amount of sales an commissions pa		(c) Amount		and other commissions paid (d) Purpose (e) Organization code			
ooniiiiissions pa	iiu	(C) Amount		(u) i uipus	<u> </u>		(e) Organization code
	(a) Name =	and address of the agent, broker,	or other person to when	m commis-	iono or foco were r	ooid	
	(a) Name a	and address of the agent, broker,	or other person to who	n commiss	ions or tees were p	oaid	
	,						T
(b) Amount of sales a	nd base	Fee	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
	-					
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
commissions para			oodc			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(4)		,				
	Т					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(h) Associated sples and have		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
	-					
			1-3			
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization			
commissions paid	(O) / Arribuint	(a) i dipose	code			

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such coremployees, the entire group of such individual contracts with each of the contracts with each of the contracts.	ntracts are e	· expe	erience-rated as a uni	it. Where co	ontracts cover individ	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision) b Dental	(: 🗌	Vision		d Life insurance)
	е	Temporary disability (accident and sickness) f Long-term disabi	lity (ı∏	Supplemental unem	nlovment	h Prescription o	
	i	Stop loss (large deductible) j X HMO contract		, □ (□	PPO contract	ipioyiiioiit	I Indemnity cor	-
	' <u> </u>			`⊔	FFO contract			iliaci
	m	Other (specify)						
^	_							
9		perience-rated contracts:	0=(4)					
	a	Premiums: (1) Amount received			_			
		(2) Increase (decrease) in amount due but unpaid						
		(3) Increase (decrease) in unearned premium reserve				02(4)		0
	h	(4) Earned ((1) + (2) - (3))				9a(4)		
	b	Benefit charges (1) Claims paid(2) Increase (decrease) in claim reserves		-				
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				(1)		
	С	Remainder of premium: (1) Retention charges (on an accrual basis)				35(4)		
	Ü	(A) Commissions	9c(1)(A					
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs	2 (1)(2					
		(D) Other expenses	0-/4\/D					
		(E) Taxes	0-/4\/5					
		(F) Charges for risks or other contingencies						
		(G) Other retention charges	0-/4\/0					
		(H) Total retention				9c(1)(H))	0
		(2) Dividends or retroactive rate refunds. (These amounts were paid	in cash, or		credited.)			
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	-					
	-	(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е					9e		
10	No	onexperience-rated contracts:				•		
	а	Total premiums or subscription charges paid to carrier				10a		88081
	b	If the carrier, service, or other organization incurred any specific costs in	connection	with	h the acquisition or			
		retention of the contract or policy, other than reported in Part I, line 2 about				10b		
	Spe	ecify nature of costs.						
D	art	IV Provision of Information						
			.1.4. 0 :	11	10	Voc	X No	
		id the insurance company fail to provide any information necessary to com	piete Sched	lule	A?	Yes	X No	
12	. If t	the answer to line 11 is "Yes." specify the information not provided.						

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

2022

For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022			
A Name of plan				B Three-digit				
	PROPRATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	591		
EMPLOYEES								
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		D Emplo	oyer Identification Numbe	r (FIN)		
LOCKHEED MARTIN CO		C 24 OF FORM 5500		-	-1893632	(LIIV)		
LOOK ILLE WATER OF								
Part I Informat on a separa	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 ca	rri o r							
KAISER FOUNDATION HI		DF GEORGIA						
	(c) NAIC	(d) Contract or	(e) Approximate n		Policy or	contract year		
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To		
58-1592076	96237	4822	86		01/01/2022	12/31/2022		
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	other persons in		
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving com	missions and fo	ees. (Complete as many entrie	s as needed to report all	persons).				
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	sions or fees were paid			
		F ₆	ees and other commission	ns naid				
(b) Amount of sales ar commissions pa		(c) Amount		(d) Purpos	e	(e) Organization code		
1				, , ,				
	(a) Name a	and address of the agent, broke	r. or other person to who	m commiss	sions or fees were paid			
	. ,	, , , , , , , , , , , , , , , , , , ,	,					
		F ₂	ees and other commission	ns naid				
(b) Amount of sales ar commissions pa		(c) Amount	See and other commission	es and other commissions paid (d) Purpose		(e) Organization code		
commissions pa	ıu	(o) / anount		(a) i dipos	<u> </u>	(c) Organization code		

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
	-					
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
commissions para			oode			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(4)		,				
	Т					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(h) Associated splead and hose		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code			
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
	-					
			1-3			
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization			
commissions paid	(O) / Arribuint	(a) i dipose	code			

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	I Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a unit	. Where co	ontracts cover individual	
8	Bene	fit and contract type (check all applicable boxes)					•	_
	а □	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance	
	片		님	<u> </u>	<u></u>	-1		
	e	Temporary disability (accident and sickness)	f Long-term disabilit		Supplemental unem	pioyment	h Prescription drug	
	' <u> </u>	Stop loss (large deductible)	j 🛚 HMO contract	k _	PPO contract		I Indemnity contract	
	m	Other (specify)						
9 1	Exper	ience-rated contracts:						
	a P	remiums: (1) Amount received		9a(1)				
	(2) Increase (decrease) in amount due but unpaid	1	9a(2)				
	(3) Increase (decrease) in unearned premium res	erve	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 (o	n 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 i	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)).)	9e		
10	Non	experience-rated contracts:						
	a ·	Total premiums or subscription charges paid to c	arrier			10a	114378	0
	b	If the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	th the acquisition or			
		retention of the contract or policy, other than repo				10b		
	Spec	ify nature of costs.						
Pa	art I\	/ Provision of Information						_
11	Did	the insurance company fail to provide any inform	ation necessary to compl	ete Schedule	e A?	Yes	X No	
12	If th	e answer to line 11 is "Yes." specify the informati	on not provided.					

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

2022

For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022			
A Name of plan				B Thre	e-digit			
	ORPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	591		
EMPLOYEES								
C Plan sponsor's name a	ıs shown on lin	e 2a of Form 5500		D Emplo	oyer Identification Number	er (FIN)		
LOCKHEED MARTIN CO		C 24 OI I OIIII 3300		-	·1893632	(LIIV)		
LOOK ILLE WATER OF								
Part I Information a separ	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 ca	rrior							
KAISER FOUNDATION HI		OF GEORGIA						
	(c) NAIC	(d) Contract or	(e) Approximate n		Policy or	contract year		
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To		
58-1592076	96237	4822	142		01/01/2022	12/31/2022		
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	l other persons in		
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all	persons).				
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid			
		F ₆	ees and other commission	ns naid				
(b) Amount of sales an commissions pa		(c) Amount		(d) Purpos	e	(e) Organization code		
				` ' '				
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid			
	, ,	<u> </u>			•			
		Fz	ees and other commission	ns naid				
(b) Amount of sales an commissions pa		(c) Amount	See and other commission	es and other commissions paid (d) Purpose		(e) Organization code		
ooniiiiissions pa	14	(o) / anount		(w) : uipos		(c) Organization code		

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oode
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of employe the information may be combined for reporting purposes if su employees, the entire group of such individual contracts with	uch contrac	ts are exp	erience-rated as	a unit. Where con	tracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision) b Dental		С	Vision		d Life insurance
	е	Temporary disability (accident and sickness) f Long-term	n disability	α	Supplemental	unemployment I	h Prescription drug
	i	Stop loss (large deductible)	-		PPO contract		I Indemnity contract
	m [-`_]		
	···· [U Other (specify)					
9	Eyne	perience-rated contracts:					
_		Premiums: (1) Amount received		9a(1)			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			9b(1)		3a(4)	
	D			9b(2)			-
		(2) Increase (decrease) in claim reserves		. ,		9b(3)	0
	_	(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (on an accrual basi		-(4\/A\			-
		(A) Commissions		c(1)(A)			-
		(B) Administrative service or other fees	_	c(1)(B)			-
		(C) Other specific acquisition costs	_	c(1)(C)			-
		(D) Other expenses	_	c(1)(D)			4
		(E) Taxes	_	c(1)(E)			-
		(F) Charges for risks or other contingencies		c(1)(F)			-
		(G) Other retention charges	9	C(1)(G)		1	
		(H) Total retention	_				0
		(2) Dividends or retroactive rate refunds. (These amounts were	paid in ca	ash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to	provide bei	nefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount					
10	No	onexperience-rated contracts:		•	,	<u>.</u>	
	а	Total premiums or subscription charges paid to carrier				10a	803879
	b	If the carrier, service, or other organization incurred any specific or retention of the contract or policy, other than reported in Part I, line	osts in conr e 2 above, i	nection wit	th the acquisition	or 10b	
		ecity nature of costs.					
Pa	art l	IV Provision of Information					
11	Dic	id the insurance company fail to provide any information necessary	to complete	Schedule	A?	Yes	No
12	If ti	the answer to line 11 is "Ves" specify the information not provided	•				

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

2022

For calendar plan year 20	22 or fiscal plar	n year beginning 01/01/2022			and en	nding 12/31/2022	
	ORPORATION	GROUP INSURANCE PLAN F	OR	RETIRED		e-digit number (PN)	591
EMPLOYEES							·
C Plan sponsor's name a		e 2a of Form 5500			D Emplo	yer Identification Numbe	er (EIN)
LOCKHEED MARTIN CO	ORPORATION				52-	1893632	
Part I Information a separ	tion Concer ate Schedule A	ning Insurance Contract. Individual contracts grouped	ct C	Coverage, Fees, a unit in Parts II and II	and Com	nmissions Provide in ported on a single Scheo	formation for each contract lule A.
1 Coverage Information:							
(a) Name of insurance ca	ırrier						
KAISER FOUNDATION H	EALTH PLAN C	OF HAWAII					
	(c) NAIC	(d) Contract or		(e) Approximate nu		Policy or	contract year
(b) EIN	code	identification number		persons covered a policy or contrac		(f) From	(g) To
94-1340523	60053	14934		5		01/01/2022	12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal	commissions paid. Li	st in line 3	the agents, brokers, and	other persons in
(a) Total	amount of comr	missions paid			(b) To	otal amount of fees paid	
3 Persons receiving com		ees. (Complete as many entrie					
	(a) Name a	nd address of the agent, broke	r, or	r other person to who	m commiss	ions or fees were paid	
(b) Amount of sales a	nd hase	Fe	ees	and other commission	ns paid		
commissions pa		(c) Amount			(d) Purpose	е	(e) Organization code
	(a) Name a	and address of the agent, broke	r or	other person to who	m commiss	ions or fees were naid	
	(a) Name a	ind address of the agent, broke	1, 01	outer person to who	11 COMMINISS	ions or rees were paid	
(b) Amount of sales ar			ees	and other commission		_	
commissions pa	ıd	(c) Amount			(d) Purpose	е	(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	III Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such co employees, the entire group of such individual contracts with each	ntracts are ex	xperience-rated as a ι	unit. Where co	ontracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision) b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness) $f f$ Long-term disab	oility g	Supplemental une	employment	h Prescription drug
	i	Stop loss (large deductible) j X HMO contract		PPO contract	Jp.10 J	I Indemnity contract
	m [I I Indominity contract
	m	Other (specify)				
9	Evno	erience-rated contracts:				
9	•	Premiums: (1) Amount received	. 9a(1)			_
		(2) Increase (decrease) in amount due but unpaid				_
		(3) Increase (decrease) in amount due but unpaid				_
		(4) Earned ((1) + (2) - (3))		<u> </u>	9a(4)	0
	_	Benefit charges (1) Claims paid			Ja(+)	
		(2) Increase (decrease) in claim reserves				-
		(3) Incurred claims (add (1) and (2))			9b(3)	0
		(4) Claims charged				
		Remainder of premium: (1) Retention charges (on an accrual basis)			55(4)	
	Ū	(A) Commissions	9c(1)(A)	, <u> </u>		-
		(B) Administrative service or other fees				_
		(C) Other specific acquisition costs	- (1)(-)			_
		(D) Other expenses	0-(4)(D)			_
		(E) Taxes	0-(4)(5)			_
		(F) Charges for risks or other contingencies	0. (4)(5)			
		(G) Other retention charges	0-(4)(0)			_
		(H) Total retention			9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These amounts were paid		_		
	٨	Status of policyholder reserves at end of year: (1) Amount held to provid				
	d					
		(2) Claim reserves				
	е	(3) Other reserves				
10		onexperience-rated contracts:	ed in line sc (<u>(2).)</u>	36	
10					10a	07750
		Total premiums or subscription charges paid to carrier				27753
	b	If the carrier, service, or other organization incurred any specific costs in retention of the contract or policy, other than reported in Part I, line 2 abacify nature of costs.				
	•					
P	art l	IV Provision of Information				
11	Dic	d the insurance company fail to provide any information necessary to com	plete Schedu	ıle A?	Yes	X No
12	lf tl	the answer to line 11 is "Yes." specify the information not provided.				

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

2022

For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and en	nding 12/31/2022	
A Name of plan				B Thre	e-digit	
	PROPRATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	591
EMPLOYEES						
C Plan sponsor's name a	es shown on lin	e 2a of Form 5500		D Emplo	oyer Identification Number	er (FIN)
LOCKHEED MARTIN CO		6 2a 011 01111 3300		· ·	1893632	
LOOKITEED MAKTIN OC	THE OTTATION			02		
Part I Informat	ion Concer ate Schedule A	ning Insurance Contract Individual contracts grouped a	ct Coverage, Fees, as a unit in Parts II and II	and Con	nmissions Provide in ported on a single Scheo	formation for each contract lule A.
1 Coverage Information:						
(a) Name of incomes as	!					
(a) Name of insurance ca KAISER FOUNDATION HI		OF THE MID-ATLANTIC				
	())) ()	(1) 0	(e) Approximate no	umber of	Policy or	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	t end of	(f) From	(g) To
 52-0954463	95639	3104-26; -31	policy or contract	t year	01/01/2022	12/31/2022
02 0004400	33033	3104 20, 31	'		01/01/2022	12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving com	missions and fo	ees. (Complete as many entries	s as needed to report all	persons).		
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid	
		Fe	ees and other commissio	ne naid		
(b) Amount of sales ar commissions pa		(c) Amount	oco and other commission	(d) Purpos	<u> </u>	(e) Organization code
		(c) / uno uni		(u) : u.pss	<u> </u>	(c) organization code
	(a) Name a	and address of the agent, broke	r or other person to who	m commiss	ions or fees were naid	
	(a) Name a	ind address of the agent, broke	i, or other person to who	III COIIIIII33	ions or ices were paid	
	<u> </u>					
(b) Amount of sales ar			ees and other commissio			
commissions pa	id	(c) Amount		(d) Purpos	e	(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Ease and other commissions paid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid	.,		code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4) 114	The aria address of the agent, protect	, or other percent to whom commissions or roos were paid	
			T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions noid	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	İ	I and the second	I

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Р	art	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such contemployees, the entire group of such individual contracts with each care.	racts are e	· expe	erience-rated as a uni	t. Where co	ontracts cover individual),
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	(С	Vision		d Life insurance	
	е	Temporary disability (accident and sickness) f Long-term disabili	tv (ιĒ	Supplemental unem	nlovment	h Prescription drug	
	i	Stop loss (large deductible) j HMO contract		k [PPO contract	pioyinoni	I Indemnity contract	
	• L		•	` _	PPO contract		I I indemnity contract	L
	m	☐ Other (specify) ▶						
9		perience-rated contracts:	0.41					
	а	Premiums: (1) Amount received	9a(1)					
		(2) Increase (decrease) in amount due but unpaid	9a(2)					
		(3) Increase (decrease) in unearned premium reserve				00(4)		0
	h	(4) Earned ((1) + (2) - (3))		·····	<u></u>	. 9a(4)		
	b							
		(2) Increase (decrease) in claim reserves				9b(3)		0
		(3) Incurred claims (add (1) and (2))						
	_	(4) Claims charged				9b(4)		
	С		9c(1)(A					
		(A) Commissions(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	_			9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	-			9d(1)		
	u	(2) Claim reserves				9d(1)		
		(3) Other reserves				9d(3)		
	е					9e		
10		onexperience-rated contracts:	4 III III IO 00	<u> </u>	·/·····	, ,,		
	а	Total premiums or subscription charges paid to carrier				10a		5709
	b	If the carrier, service, or other organization incurred any specific costs in c						0700
	D	retention of the contract or policy, other than reported in Part I, line 2 above				10b		
	Spe	ecify nature of costs.	·					
D	art	IV Provision of Information						
						Vac	X No	
		id the insurance company fail to provide any information necessary to comp	ete Sched	iule	A?	Yes	X No	
12	. If t	the answer to line 11 is "Yes." specify the information not provided.						

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

2022

For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022	
A Name of plan				B Thre	e-digit	
LOCKHEED MARTIN CO	PROPRATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	591
EMPLOTEES						
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		D Emplo	oyer Identification Numbe	er (FIN)
LOCKHEED MARTIN CO		C 24 011 0111 3000			·1893632	(LIIV)
LOOK ILLE WATER OF						
Part I Informat on a separa	tion Concer ate Schedule A	ning Insurance Contract. Individual contracts grouped a	ct Coverage, Fees, as a unit in Parts II and I	and Con	nmissions Provide in ported on a single Sched	formation for each contract lule A.
1 Coverage Information:						
(a) Name of incurance of	rri o r					
(a) Name of insurance ca KAISER FOUNDATION HI		OF THE NORTHWEST				
	(c) NAIC	(d) Contract or	(e) Approximate n		Policy or	contract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To
93-0798039	95540	8434-002	16		01/01/2022	12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving com	missions and fo	ees. (Complete as many entries	s as needed to report all	persons).		
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid	
		Fe	ees and other commissio	ns naid		
(b) Amount of sales ar commissions pa		(c) Amount	(d) Purpose			(e) Organization code
		(4)		(4)		(0) 0.9
	(a) Name a	and address of the agent, broke	r or other person to who	m commiss	ions or fees were paid	
	(-)		,			
			one and other commission	ne naid		
(b) Amount of sales ar		(c) Amount	ees and other commissio	ns paid (d) Purpos	Δ	(a) Organization and
commissions pa	ıu	(C) Amount		(u) Fulpos	<u> </u>	(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oode
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such employees, the entire group of such individual contracts with ear	contracts are expe	erience-rated as a unit. Where o	contracts cover individual
8	Ben	enefit and contract type (check all applicable boxes)			
	а	Health (other than dental or vision) b Dental	с	Vision	d Life insurance
	еĪ	Temporary disability (accident and sickness) f Long-term dis	sability a \Box	Supplemental unemployment	h Prescription drug
	i	Stop loss (large deductible)		PPO contract	I Indemnity contract
	m		🗀		
9 E	Ехре	perience-rated contracts:			
	a I	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))	<u></u>	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		21.40	
	С	<u> </u>			
	-	(A) Commissions	. (1)(1)		
		(B) Administrative service or other fees			_
		(C) Other specific acquisition costs	0 (4)(0)		
		(D) Other expenses	0-(4)(D)		
		(E) Taxes	0-(4)(5)		—
					_
		(F) Charges for risks or other contingencies			-
		(G) Other retention charges		0=(4)(1	1) 0
		(H) Total retention		· · · · · · · · · · · · · · · · · · ·	<u>"</u>
		(2) Dividends or retroactive rate refunds. (These amounts were page 2)	aid in cash, or ∐c	credited.)	
	d	Status of policyholder reserves at end of year: (1) Amount held to pro-	vide benefits after	retirement 9d(1)	
		(2) Claim reserves		9d(2)	
		(3) Other reserves		9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount en	tered in line 9c(2).	.) 9e	
10	No	Nonexperience-rated contracts:			
	а	Total premiums or subscription charges paid to carrier		10a	87582
	b	If the carrier, service, or other organization incurred any specific costs	in connection with	h the acquisition or	
	~	retention of the contract or policy, other than reported in Part I, line 2	above, report amo	unt	
,	Spe	pecify nature of costs.	•		
Dr	rf I	t IV Provision of Information			
				п у	V No
		Did the insurance company fail to provide any information necessary to co	omplete Schedule	A? Yes	X No
12	If t	f the answer to line 11 is "Yes," specify the information not provided.			

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

2022

							-
For calendar plan year 2	022 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022)	_
A Name of plan				B Thre	e-digit		
LOCKHEED MARTIN C	CORPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	•	591
LIVIFLUTEES							
C Plan sponsor's name	as shown on lin	e 2a of Form 5500		D Emplo	oyer Identification N	lumher	(FIN)
LOCKHEED MARTIN C		C 2a 011 01111 3000		-	-1893632	idilibei	(LIIV)
Part I Information a sepa	ation Concer arate Schedule A	rning Insurance Contract. Individual contracts grouped a	t Coverage, Fees, as a unit in Parts II and I	and Con	nmissions Provi	ide info Schedu	rmation for each contract le A.
1 Coverage Information	1:						
(a) Name of insurance of PACIFICARE OF ARIZO							
	(c) NAIC	(d) Contract or	(e) Approximate n		Pol	licy or c	contract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From		(g) To
94-3267522	95617	H1401-1404&SUBS	39		01/01/2022		12/31/2022
2 Insurance fee and cordescending order of the		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, brokers	s, and o	other persons in
<u> </u>	I amount of com	missions paid		(b) To	otal amount of fees	paid	
(3)				(3)		<u></u>	
3 Persons receiving co	mmissions and f	ees. (Complete as many entries	as needed to report all	nersons)			
T drading receiving ear		and address of the agent, broker			ions or fees were p	naid	
	(-7	y ,	, ,		'		
		Γο	as and other commission	na naid			1
(b) Amount of sales a commissions p			es and other commission		•		(a) Organization and
commissions p	oalu	(c) Amount		(d) Purpos	е		(e) Organization code
	(a) Nome :	and address of the agent, broker	or other person to who	m commiss	ions or food word	naid	
	(a) Name a	and address of the agent, broker	, or other person to who	III COITIIIISS	ions or lees were p	Jaiu	
		F.					T
(b) Amount of sales			es and other commission				(-) (-) (-)
commissions p	paid	(c) Amount		(d) Purpos	е		(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	Welfare Benefit Contract Informati If more than one contract covers the same grund the information may be combined for reporting employees, the entire group of such individual	oup of employees of the g purposes if such conti	racts are exp	erience-rated as a unit	. Where co	ntracts cover individual	
8	Bene	fit and contract type (check all applicable boxes)						_
	а	<u> </u>	Dental	сГ	Vision		d Life insurance	
			범	<u> </u>	4			
	e	Temporary disability (accident and sickness)	H		Supplemental unemp	oloyment	h Prescription drug	
	۱ <u> </u>	Stop loss (large deductible)	X HMO contract	k	PPO contract		I Indemnity contract	
	m	Other (specify)						
9 E	Ехреі	ience-rated contracts:						
	a P	remiums: (1) Amount received		9a(1)				
	(2) Increase (decrease) in amount due but unpaid		9a(2)				
	(3) Increase (decrease) in unearned premium reser	ve	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)		
	С	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 a	mounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) A	Amount held to provide	benefits after	retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not	include amount entered	I in line 9c(2)	.)	9e		
10	Nor	experience-rated contracts:						
	а	Total premiums or subscription charges paid to car	rier			10a	8383	30
	b	If the carrier, service, or other organization incurred	d any specific costs in c	onnection wit	h the acquisition or			
		retention of the contract or policy, other than report				10b		
	э рес	ify nature of costs.						
Pa	art I	Provision of Information						_
11	Did	the insurance company fail to provide any informat	ion necessary to compl	ete Schedule	A?	Yes	X No	
12	If th	e answer to line 11 is "Yes." specify the information	not provided.					

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

2022

For calendar plan year 20	22 or fiscal plar	n year beginning 01/01/2022			and en	iding 12/31/2022			
A Name of plan LOCKHEED MARTIN CORPORATION GROUP INSURANCE PLAN EMPLOYEES			OR	RETIRED		B Three-digit plan number (PN) ▶ 591			
EMI EGTEEG									
C Plan sponsor's name a		e 2a of Form 5500			D Emplo	yer Identification Number	(EIN)		
LOCKHEED MARTIN CO	RPORATION				52-	1893632			
Part I Informat on a separa	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 ca	rrier								
PACIFICARE OF ARIZON									
			- 1	(e) Approximate nu	ımher of	Policy or	contract year		
(b) EIN (c) NAIC (d) Contract or identification number				persons covered a policy or contrac	t end of	(f) From	(g) To		
94-3267522 95617 H1400		H1400		53		01/01/2022	12/31/2022		
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal	commissions paid. Li	st in line 3	the agents, brokers, and	other persons in		
(a) Total a	amount of comr	missions paid			(b) To	otal amount of fees paid			
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	s as	s needed to report all	persons).				
	(a) Name a	nd address of the agent, broke	r, or	r other person to whor	n commiss	ions or fees were paid			
(b) Amount of sales ar commissions pa		(c) Amount	ees	and other commission	ns paid (d) Purpose	<u> </u>	(e) Organization code		
commissions pa	iu	(c) Amount		'	(a) i diposi	<u> </u>	(c) Organization code		
	(a) Name a	nd address of the agent, broke	r, or	r other person to whor	n commiss	ions or fees were paid			
MA American Control		Fe	ees	and other commission	ns paid		<u> </u>		
(b) Amount of sales ar commissions pa		(c) Amount			(d) Purpos	e	(e) Organization code		
	l	1					i		

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oode
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	I Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a unit	t. Where co	ontracts cover individual
8	Bene	fit and contract type (check all applicable boxes)					
	а □	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance
	片		븜	<u> </u>	4		븜
	e	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	pioyment	h Prescription drug
	' <u> </u>	Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9 1	Exper	ience-rated contracts:					
	a P	remiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
	(3) Increase (decrease) in unearned premium res	erve	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	b I	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 (o	n 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 s	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 i	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	9e	
10	Non	experience-rated contracts:					
	a ⁻	Total premiums or subscription charges paid to c	arrier			10a	220591
	b	If the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	h the acquisition or		
		retention of the contract or policy, other than repo				10b	
	Spec	ify nature of costs.					
Pa	art I\	/ Provision of Information					
11	Did	the insurance company fail to provide any inform	ation necessary to comp	lete Schedule	A?	Yes	X No
12	If the	e answer to line 11 is "Yes." specify the informati	on not provided.				

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

2022

							-
For calendar plan year 2	022 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022	2	_
A Name of plan				B Thre	e-digit		
LOCKHEED MARTIN C	CORPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	•	591
LIVIPLOTEES							
C Plan sponsor's name	as shown on lin	e 2a of Form 5500		D Emplo	oyer Identification N	lumher	(FIN)
LOCKHEED MARTIN C		C 2a 011 01111 3000		-	1893632	dilibei	(LIIV)
Part I Information on a sepa	ation Concer arate Schedule A	rning Insurance Contract. Individual contracts grouped a	t Coverage, Fees, as a unit in Parts II and I	and Con	nmissions Prov	ide info Schedu	rmation for each contract le A.
1 Coverage Information	1:						
(a) Name of insurance of PACIFICARE LIFE AND		ANCE COMPANY					
	(c) NAIC	(d) Contract or	(e) Approximate n		Po	licy or c	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From		(g) To
95-2931460	70785	142770; 144883	64		01/01/2022		12/31/2022
2 Insurance fee and cor descending order of the		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, broker	s, and c	other persons in
(a) Tota	l amount of com	missions paid		(b) To	otal amount of fees	paid	
3 Persons receiving cor	mmissions and f	ees. (Complete as many entries	as needed to report all	persons).			
		and address of the agent, broker			ions or fees were p	oaid	
(I-) A		Fe	es and other commissio	ns paid			
(b) Amount of sales a commissions p		(c) Amount	(d) Purpose				(e) Organization code
				•			,,,
	(a) Name a	and address of the agent, broker	, or other person to who	m commiss	ions or fees were p	oaid	
		-					
		Fe	es and other commissio	ns naid			
(b) Amount of sales a commissions p		(c) Amount	SE AND SUITE COMMISSION	(d) Purpos	<u> </u>		(e) Organization code
осинновни р	- MIM	(4) / 236111		(2) . 4.000	<u> </u>		(5) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oode
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated sples and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the the information may be combined for reporting purposes if such contract employees, the entire group of such individual contracts with each call	acts are ex	kperience-rated as a ur	nit. Where co	ontracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision) b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness) f Long-term disability	y g	Supplemental uner	mnlovment	h Prescription drug
	i [Stop loss (large deductible) j X HMO contract	, s k	H	проуттоти	I Indemnity contract
	' L		K	T FFO contract		I I indemnity contract
	m	Other (specify)				
_	_					
9		perience-rated contracts:	0-(4)			
	a	Premiums: (1) Amount received	9a(1)			_
		(2) Increase (decrease) in amount due but unpaid	9a(2) 9a(3)			_
		(3) Increase (decrease) in unearned premium reserve			9a(4)	0
	b		9b(1)		3a(4)	
	D	(2) Increase (decrease) in claim reserves	9b(2)			
		(3) Incurred claims (add (1) and (2))			9b(3)	0
		(4) Claims charged			(1)	
	С					
		(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 by	enefits aft	er retirement	. 9d(1)	
		(2) Claim reserves			9d(2)	
		(3) Other reserves			9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount entered	in line 9c(2).)	. 9e	
10	No	lonexperience-rated contracts:				
	а	Total premiums or subscription charges paid to carrier			. 10a	293836
	b	retention of the contract or policy, other than reported in Part I, line 2 above			. 10b	
	Spc.	ecify nature of costs.				
Р	art	IV Provision of Information				
11	Dic	id the insurance company fail to provide any information necessary to comple	ete Schedu	ıle A?	Yes	X No
		the answer to line 11 is "Yes." specify the information not provided.				

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

2022

		•	` '\ '		
For calendar plan year	2022 or fiscal pla	n year beginning 01/01/2022	aı	nd ending 12/31/2022	
A Name of plan LOCKHEED MARTIN EMPLOYEES	CORPORATION	GROUP INSURANCE PLAN FO		Three-digit plan number (PN)	591
C Plan sponsor's name		e 2a of Form 5500	D E	Employer Identification Numb 52-1893632	er (EIN)
		rning Insurance Contract L. Individual contracts grouped a			
1 Coverage Informatio	n:	<u> </u>			
(a) Name of insurance PACIFICARE OF COLO					
(I) FIN	(c) NAIC	(d) Contract or	(e) Approximate number		r contract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
84-1011378	95434	CO-601-606&SUBS	1	01/01/2022	12/31/2022
descending order of		ation. Enter the total fees and tot	·	ine 3 the agents, brokers, and	d other persons in
(4) 100	ar amount or com	missione para	•	b) rotal amount of 1000 paid	
3 Persons receiving co	ommissions and f	ees. (Complete as many entries	as needed to report all persor	ns).	
	(a) Name a	and address of the agent, broker	, or other person to whom com	missions or fees were paid	
(b) Amount of sales	and base	Fe	es and other commissions paid		
commissions	paid	(c) Amount	(d) Pu	ırpose	(e) Organization code
	(a) Name a	and address of the agent, broker	, or other person to whom com	ımissions or fees were paid	
		y ,	,	,	
(b) Amount of sales	and hase	Fe	es and other commissions paid	d	
commissions		(c) Amount	(d) Pu	rpose	(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oode
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated sples and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	I Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a unit	t. Where co	ontracts cover individual
8	Bene	fit and contract type (check all applicable boxes)	-				
	а □	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance
	片		H	<u> </u>	<u></u>	-1	븜
	e	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	pioyment	h Prescription drug
	ıШ	Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9 1	Exper	ience-rated contracts:					
	a P	remiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
	(3) Increase (decrease) in unearned premium res	erve	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 (o	n 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 i	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)).)	9e	
10	Non	experience-rated contracts:					
	a ·	Total premiums or subscription charges paid to c	arrier			10a	36676
	b	If the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	th the acquisition or		
		retention of the contract or policy, other than repo				10b	
	Spec	ify nature of costs.					
Pa	art I\	/ Provision of Information					——————————————————————————————————————
11	Did	the insurance company fail to provide any inform	ation necessary to comp	ete Schedule	A?	Yes	X No
12	If the	e answer to line 11 is "Yes." specify the informati	on not provided.				

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

2022

For calendar plan year 20	22 or fiscal plar	n year beginning 01/01/2022		and er	nding 12/31/2022	
A Name of plan				B Thre	e-digit	
	PRPORATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	591
EMPLOYEES						
C Plan sponsor's name a	e chown on lin	e 2a of Form 5500		D Emple	oyer Identification Numbe	or (FINI)
LOCKHEED MARTIN CO		6 2a 011 01111 3300			1893632	i (LIIV)
LOOK ILLE WATER TO	ord Crown Crown					
		ning Insurance Contract. Individual contracts grouped a				
1 Coverage Information:						_
(a) Name of insurance ca		· (=== 0.0 0.5 · (
PACIFICARE OF COLORA	ADO INC (DEN	VER CO SR HMO)				
	(c) NAIC	(d) Contract or	(e) Approximate n		Policy or	contract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To
84-1011378	95434	29300	24		01/01/2022	12/31/2022
2 Insurance fee and com	mission informa	ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	other persons in
descending order of the	amount paid.		·			
(a) Total	amount of com	missions paid		(b) To	otal amount of fees paid	
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).		
	(a) Name a	nd address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid	
(In) Assessment of a place of		Fe	ees and other commissio	ns paid		
(b) Amount of sales an commissions pa		(c) Amount	(d) Purpose			(e) Organization code
		, ,		` ' '		
	(a) Name a	nd address of the agent, broke	r. or other person to who	m commiss	ions or fees were paid	
	. ,	,	•			
			ees and other commissio	ne naid		
(b) Amount of sales are		(c) Amount	tes and other commission	(d) Purpos	Δ	(a) Organization and
commissions pa	iu	(C) Amount		(u) i uipos	<u> </u>	(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oode
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated sples and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Part I	Welfare Benefit Contract Informati If more than one contract covers the same group the information may be combined for reporting employees, the entire group of such individual	oup of employees of the g purposes if such conti	racts are ex	perience-rated as a	unit. Where co	ntracts cover individual
8 Bene	fit and contract type (check all applicable boxes)	-				•
аГ		Dental	С	Vision		d Life insurance
<u> </u>	1	<u> </u>	I F		a manda uma ant	봄
e [] ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Long-term disabilit			lemployment	h Prescription drug
'	Stop loss (large deductible)	X HMO contract	k	PPO contract		I Indemnity contract
m	Other (specify)					
						T
9 Expe	rience-rated contracts:		1	1		
a P	Premiums: (1) Amount received		9a(1)			_
	(2) Increase (decrease) in amount due but unpaid		9a(2)			_
	(3) Increase (decrease) in unearned premium reserv	·	9a(3)		T	
_	(4) Earned ((1) + (2) - (3))	i			9a(4)	0
	Benefit charges (1) Claims paid		9b(1)			_
	(2) Increase (decrease) in claim reserves				T	
	(3) Incurred claims (add (1) and (2))					0
	(4) Claims charged				9b(4)	
С	Remainder of premium: (1) Retention charges (on a	an accrual basis)		1		_
	(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)	1	1.000	0
	(H) Total retention					0
	(2) Dividends or retroactive rate refunds. (These ar					
d	Status of policyholder reserves at end of year: (1) A	mount held to provide	benefits afte	er retirement	9d(1)	
	(2) Claim reserves				9d(2)	
	(3) Other reserves					
	Dividends or retroactive rate refunds due. (Do not i	nclude amount entered	l in line 9c(2	2) .)	9e	
10 Nor	nexperience-rated contracts:					
а	Total premiums or subscription charges paid to carr	ier			10a	127662
b	If the carrier, service, or other organization incurred	any specific costs in c	onnection w	ith the acquisition o	r	
	retention of the contract or policy, other than reporte	ed in Part I, line 2 abov	e, report am	nount	10b	
Spec	cify nature of costs.					
Part I						
11 Did	the insurance company fail to provide any informati	on necessary to compl	ete Schedul	le A?	Yes	X No
12 If th	e answer to line 11 is "Yes," specify the information	not provided.				

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

2022

For calendar plan year 20	22 or fiscal plan	n year beginning 01/01/2022			and en	nding 12/31/2022	
A Name of plan LOCKHEED MARTIN CORPORATION GROUP INSURANCE PLAN F				RETIRED		e-digit number (PN)	591
EMPLOYEES							
C Plan sponsor's name a		e 2a of Form 5500			D Emplo	yer Identification Numbe	r (EIN)
LOCKHEED MARTIN CO	ORPORATION				52-	1893632	
Part I Information a separ	tion Concer ate Schedule A	ning Insurance Contract. Individual contracts grouped	ct C	Coverage, Fees, a unit in Parts II and II	and Com	nmissions Provide inf ported on a single Sched	ormation for each contract ule A.
1 Coverage Information:							
(a) Name of insurance ca	ırrier						
PACIFICARE OF COLORA	ADO INC (NOR	THERN CO SR HMO)					
	(c) NAIC	(d) Contract or		(e) Approximate nu		Policy or	contract year
(b) EIN	code	identification number		persons covered a policy or contrac		(f) From	(g) To
84-1011378	95434	29300		5		01/01/2022	12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal	commissions paid. Li	st in line 3	the agents, brokers, and	other persons in
(a) Total :	amount of com	missions paid			(b) To	otal amount of fees paid	
3 Persons receiving com		ees. (Complete as many entrie					
	(a) Name a	and address of the agent, broke	r, oı	r other person to who	n commiss	ions or fees were paid	
(b) Amount of sales a	nd hase	Fe	ees	and other commission	ns paid		
commissions pa		(c) Amount		(d) Purpose			(e) Organization code
	(a) Nama a	and address of the agent broke	r 0	r other person to when	m commico	ione or food wore noid	
	(a) Name a	and address of the agent, broke	1, 01	other person to who	II COITIIIISS	loris or lees were paid	
	T						
(b) Amount of sales a			ees	and other commission			(-) (-) (-)
commissions pa	Ia	(c) Amount			(d) Purpose	U	(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated sples and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	I Welfare Benefit Contract Informa If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a unit	t. Where co	ontracts cover individual
8	Bene	fit and contract type (check all applicable boxes)					
	а □	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance
	片		븜	<u> </u>	4		
	e	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	pioyment	h Prescription drug
	' <u> </u>	Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9 1	Exper	ience-rated contracts:					
	a P	remiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
	(3) Increase (decrease) in unearned premium res	erve	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	b I	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 (o	n 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 s	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 i	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	9e	
10	Non	experience-rated contracts:					
	a ⁻	Total premiums or subscription charges paid to c	arrier			10a	23937
	b	If the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	h the acquisition or		
		retention of the contract or policy, other than repo				10b	
	Spec	ify nature of costs.					
Pa	art I\	/ Provision of Information					
11	Did	the insurance company fail to provide any inform	ation necessary to comp	lete Schedule	A?	Yes	X No
12	If the	e answer to line 11 is "Yes." specify the informati	on not provided.				

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

2022

For calendar plan year 20	22 or fiscal plar	n year beginning 01/01/2022			and en	iding 12/31/2022	
	A Name of plan LOCKHEED MARTIN CORPORATION GROUP INSURANCE PLAN F EMPLOYEES				B Thre	591	
LWI LOTELO							
C Plan sponsor's name a		e 2a of Form 5500			D Emplo	yer Identification Number	(EIN)
LOCKHEED MARTIN CO	RPORATION				52-	1893632	
Part I Informat on a separa	tion Concer ate Schedule A	ning Insurance Contract. Individual contracts grouped	ct C	Coverage, Fees, a unit in Parts II and II	and Con	nmissions Provide info	ormation for each contract ile A.
1 Coverage Information:							
(a) Name of insurance ca	rrier						
PACIFICARE OF NV INC							
			-	(e) Approximate nu	ımher of	Policy or o	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number		persons covered a policy or contrac	t end of	(f) From	(g) To
86-0875231	95685	33502		5	5		12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal	commissions paid. Li	st in line 3	the agents, brokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	s as	s needed to report all	persons).		
	(a) Name a	nd address of the agent, broke	r, o	r other person to who	m commiss	ions or fees were paid	
							<u> </u>
(b) Amount of sales ar commissions pa		(c) Amount	ees	and other commission	ns paid (d) Purpose	Δ	(e) Organization code
ооннизоно ра	iu	(b) ranount			(a) i diposi		(c) organization code
	(a) Name a	nd address of the agent, broke	r, o	r other person to who	m commiss	ions or fees were paid	
(b) Amount of calca ar	nd base	Fe	ees	and other commission	ns paid		
(b) Amount of sales and base commissions paid (c) Amount				(d) Purpose (e) Organization of			
	l l	II.					1

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated sples and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	rt III	Welfare Benefit Contract Informal If more than one contract covers the same		e same emplo	over(s) or members of	the same er	mnlovee organizations(s)
		the information may be combined for repor employees, the entire group of such individ	ting purposes if such con	tracts are exp	erience-rated as a un	it. Where co	ontracts cover individual
8	3enefi	t and contract type (check all applicable boxes)	_		_		_
	a 📗	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	е 🗌	Temporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unem	ployment	h Prescription drug
	i П	Stop loss (large deductible)	j X HMO contract	k	PPO contract		I Indemnity contract
	=	Other (specify)	,		1 -		· ,
	•	ence-rated contracts:					_
;		emiums: (1) Amount received					
) Increase (decrease) in amount due but unpai					
) Increase (decrease) in unearned premium res				1 2 (1)	0
	_ `	·) Earned ((1) + (2) - (3))				. 9a(4)	0
		enefit charges (1) Claims paid					
	•) Increase (decrease) in claim reserves				21 (2)	0
	•) Incurred claims (add (1) and (2))				9b(3)	
	`) Claims charged				9b(4)	
	C R	demainder of premium: (1) Retention charges (c	,	0-(4)(4)			_
		(A) Commissions		9c(1)(A)			_
		(B) Administrative service or other fees		9c(1)(B) 9c(1)(C)			_
		(C) Other specific acquisition costs		0-(4)(D)			_
		(D) Other expenses(E) Taxes		0-/4\/5\			_
		(F) Charges for risks or other contingencies.					_
		(G) Other retention charges					_
		(H) Total retention				9c(1)(H)	0
	(2	2) Dividends or retroactive rate refunds. (These	_				
		tatus of policyholder reserves at end of year: (1	— ·		·	9d(1)	
		2) Claim reserves				9d(2)	
	`	3) Other reserves				9d(3)	
	,	vividends or retroactive rate refunds due. (Do n				9e	
10		experience-rated contracts:		<u> </u>	.,	00	
-		otal premiums or subscription charges paid to	carrier			10a	12435
	_	the carrier, service, or other organization incur					12400
		etention of the contract or policy, other than rep				10b	
;	Specif	y nature of costs.		·			
_	13.7	Dunyinian of Information					
	rt IV					1	
11	Did th	ne insurance company fail to provide any inforn	nation necessary to comp	lete Schedule	A?	Yes	X No
12	If the	answer to line 11 is "Yes," specify the informat	ion not provided.				

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

2022

For calendar plan year 20	22 or fiscal plar	n year beginning 01/01/2022			and en	nding 12/31/2022		
	ORPORATION (GROUP INSURANCE PLAN F	OR R	RETIRED		e-digit number (PN)	-	591
EMPLOYEES								
C Plan sponsor's name a		e 2a of Form 5500			D Emplo	yer Identification Nu	mber	(EIN)
LOCKHEED MARTIN CO	RPORATION				52-	1893632		
Part I Information a separ	tion Concer ate Schedule A	ning Insurance Contract. Individual contracts grouped	ct Co	overage, Fees, and II	and Con	nmissions Provide	e infor	rmation for each contract e A.
1 Coverage Information:								
(a) Name of insurance ca	rrier							
PACICIFARE SECURE HO	ORIZONS - TX	SR HMO						
	(c) NAIC	(d) Contract or		(e) Approximate nu	ımber of	Polic	y or c	ontract year
(b) EIN	code	identification number		persons covered a policy or contract		(f) From		(g) To
33-0115163	95174	18021		490		01/01/2022		12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal c	ommissions paid. Li	st in line 3	the agents, brokers,	and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving com		ees. (Complete as many entrie						
	(a) Name a	nd address of the agent, broke	er, or o	other person to whor	n commiss	ions or fees were pai	d	
(b) Amount of sales a	nd hase	Fe	ees a	and other commission	ns paid			
commissions pa		(c) Amount			(d) Purpos	е		(e) Organization code
	(a) Name a							
	(a) Name a	nd address of the agent, broke	er, or o	other person to whor	n commiss	ions or fees were pai	<u>a</u>	
(b) Amount of sales a	nd base	Fe	ees a	and other commission	ns paid			
commissions paid (c) Amount			(d) Purpose				(e) Organization code	

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Ease and other commissions paid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid	.,		code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4) 114	The aria address of the agent, protect	, or other percent to whom commissions or roos were paid	
			T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions noid	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	İ	I and the second	I

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

b Benefit charges (1) Claims paid. 9b(1)	Pa	art III Welfare Benefit Contract Informati	_				
a Health (other than dental or vision) b C Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h Prescription drug i Stop loss (large deductible) j MMO contract T Other (specify) P Experience-rated contracts: a Premiums: (1) Amount received (2) Increase (fecrosse) in amount due but unpaid (3) Increase (fecrosse) in unearned premium reserve (4) Earned ((1) + (2) - (3)). D Berefit charges (1) Caims paid (2) Increase (fecrosse) in claim reserves (4) Caims charged (4) Claims charged (5) Increase (fecrosse) in claim reserves (6) Individual (1) + (2) - (3)). (6) Commissions (8) Administrative service or other fees (9) Other specific acquisition costs. (9) Other specific acquisition costs. (1) Other retention charges (1) Competence or six or other contingencies (1) Competence or six or other contingencies (1) Competence or six or other contingencies (1) Competence or six or other contingencies (1) Competence or six or other contingencies (1) Competence or six or other contingencies (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (2) Colim reserves (3) Other reserves (4) Colim reserves (5) Claim reserves (9) Cliim reserves (10) Cliim reserves (1		the information may be combined for reportir	ig purposes if such con	tracts are expe	erience-rated as a uni	t. Where con	tracts cover individual
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 I I Indemnity contract m Other (specify) P Superience-rated contracts: a Premiums: (1) Amount received. a Premiums: (1) Amount received. (2) Increase (decrease) in amount due but unpaid. (3) Increase (decrease) in unearned premium reserve. 9a(3) (4) Earned ((1) + (2) - (3)). 9b(1) (2) Increase (dacrease) in claim reserves. 9a(3) (3) Increase (dacrease) in claim reserves. 9b(1) (2) Increase (dacrease) in claim reserves. 9b(2) (3) Increase (dacrease) in claim reserves. 9b(1) (4) Claims charged. (5) Administrative service or other fees. (6) Administrative service or other fees. 9c(1)(B) (C) Other specific acquisition costs. 9c(1)(B) (F) Charges for risks or other contingencies. (B) Administrative service or other fees. 9c(1)(B) (C) Other expendic acquisition costs. 9c(1)(B) (F) Charges for risks or other contingencies. (B) Cliffer retention charges. (C) Other retention. (C) Differ retention charges. (H) Total retention. (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. 9c(1)(B) 9c(1)(H) 9c(2) 9c(2) 10a Total reserves. 9d(3) 9c(3) 10a 200846 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 Indeed the insurance company fail to provide any information necessary to complete Schedule A?	8	Benefit and contract type (check all applicable boxes)					
i		a Health (other than dental or vision)	b Dental	С	Vision	(Life insurance
i		e Temporary disability (accident and sickness)	f 🗒 Long-term disabil	ity a	Supplemental unem	plovment i	Prescription drug
9 Experience-rated contracts: a Premiums: (1) Amount received. (2) Increase (decrease) in amount due but unpaid. (3) Increase (decrease) in amount due but unpaid. (4) Earned (1) + (2) - (3)). B Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserve. 9a(9) (4) Earned (1) + (2) - (3)). B Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves. 9b(1) (3) Incread claims (add (1) and (2)). (4) Claims charged. (5) Increase (decrease) in claim reserves. 9b(2) (6) Commissions. (8) Administrative service or other fees. 9c(1)(A) 9b(4) C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions. (B) Administrative service or other fees. 9c(1)(B) (C) Other specific acquisition costs. 9c(1)(B) (C) Other specific acquisition costs. 9c(1)(C) (D) Other specific acquisition costs. 9c(1)(C) (E) Taxes. (F) Charges for risks or other contingencies. 9c(1)(C) (S) Other retreactive rate refunds. (These amounts were paid in cash, or credited.) 9c(2) 9d(1) (2) Claim reserves. 9d(2) 9d(3) 3) Other reserves. 9d(4) (2) Claim reserves. 9d(2) 9d(3) 3) Other reserves. 9d(4) 9 Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). 9e 10 Nonexperience-rated contracts: a Total promiums or subscription charges paid to carrier. 9e 10 Price of the commission of the contract or policy, other than reported in Part I, line 2 above, report amount. 11 Did the insurance company fail to provide any information necessary to complete Schedule A?			= -	• =		p.o,o	
9 Experience-rated contracts: a Premiums: (1) Amount received			N TIMO CONTRACT	``_	110 contract		
a Premiums: (1) Amount received. (2) Increase (decrease) in amount due but unpaid. (3) Increase (decrease) in unearned premium reserve. (4) Earned ((1) + (2) - (3)). b Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves. (3) Incurred claims (add (1) and (2)). (4) Claims charged. (5) Increase (decrease) in claim reserves. (6) Increase (decrease) in claim reserves. (7) (4) Claims charged. (8) Administrative service or other fees. (8) Administrative service or other fees. (9) Commissions. (8) Administrative service or other fees. (9) Commissions. (9) Cother expenses. (10) Other expenses. (10) Other expenses. (11) Sec(1)(E) (12) Takes. (13) Cother services. (14) Total retention charges. (15) Cother retention charges. (16) Other retention charges. (17) Total retention. (18) Cother expenses at end of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (4) Other searnes at end of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves. (4) Other searnes. (5) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (5) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (9) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (9) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (9) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (10) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (10) Dividends or retroactive rate refunds due. (10) Dividends or retroactive rate refunds due. (10) Dividends or retroactive rate refunds due. (10) Dividends or retroactive rate refunds due. (10) Dividends or retroactive rate refunds due. (10) Dividends or retroactive rate refunds due. (10) Dividend		m ☐ Other (specify) ▶					
a Premiums: (1) Amount received. (2) Increase (decrease) in amount due but unpaid. (3) Increase (decrease) in unearned premium reserve. (4) Earned ((1) + (2) - (3)). b Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves. (3) Incurred claims (add (1) and (2)). (4) Claims charged. (5) Increase (decrease) in claim reserves. (6) Increase (decrease) in claim reserves. (7) (4) Claims charged. (8) Administrative service or other fees. (8) Administrative service or other fees. (9) Commissions. (8) Administrative service or other fees. (9) Commissions. (9) Cother expenses. (10) Other expenses. (10) Other expenses. (11) Sec(1)(E) (12) Takes. (13) Cother services. (14) Total retention charges. (15) Cother retention charges. (16) Other retention charges. (17) Total retention. (18) Cother expenses at end of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (4) Other searnes at end of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves. (4) Other searnes. (5) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (5) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (9) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (9) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (9) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (10) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (10) Dividends or retroactive rate refunds due. (10) Dividends or retroactive rate refunds due. (10) Dividends or retroactive rate refunds due. (10) Dividends or retroactive rate refunds due. (10) Dividends or retroactive rate refunds due. (10) Dividends or retroactive rate refunds due. (10) Dividend	Λ.						
(2) Increase (decrease) in amount due but unpaid. (3) Increase (decrease) in unearmed premium reserve. (4) Earmed ((f) * (2) - (3))		•		00/4)			
(3) Increase (decrease) in unearned premium reserve. (4) Earned ((1) + (2) - (3))		• ,					•
(4) Earned ((f) + (2) - (3)). Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves. (3) Incurred claims (add (1) and (2)). (4) Claims charged. (5) Incurred claims (add (1) and (2)). (6) Remainder of premium: (1) Retention charges (on an accrual basis) (6) Remainder of premium: (1) Retention charges (on an accrual basis) (7) Charges (file acquisition costs. (8) Administrative service or other fees. (9) Sc(1)(B). (1) Other specific acquisition costs. (10) Other specific acquisition costs. (11) Charges for risks or other contingencies. (12) Charges for risks or other contingencies. (13) Charges for risks or other contingencies. (14) Total retention. (15) Other retention charges. (16) Other retention charges. (17) Charges for risks are an of year; (1) Amount held to provide benefits after retirement. (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or package or esserves. (2) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (2) Claim reserves. (3) Other reserves. (4) Dividence or continuous or subscription charges paid to carrier. (5) Periodic or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (6) Dividence or content 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. Part IV Provision of Information 10 Did the insurance company fail to provide any information necessary to complete Schedule A?							
b Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves (3) Incurred claims (add (1) and (2)). (4) Claims charged. C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions. (B) Administrative service or other fees. (C) Other specific acquisition costs. (C) Other specific acquisition costs. (C) Other specific acquisition costs. (E) Taxes. (F) Charges for risks or other contingencies. (B) C(I) Other estention charges. (C) Other retention charges. (E) Total retention. (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited). (2) Claim reserves. (3) Other reserves at end of year: (1) Amount held to provide benefits after retirement. (2) Other reserves. (3) Other retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (3) Other reserves. (4) Other reserves. (5) Other reserves. (6) Other reserves. (7) Other reserves. (8) Other reserves. (9) Other reserves. (9) Other reserves. (9) Other reserves. (1) Other reserves. (2) Claim reserves. (3) Other reserves. (4) Other reserves. (5) Other reserves. (6) Other reserves. (7) Other reserves. (8) Other reserves. (9) Other reserves. (9) Other reserves. (9) Other reserves. (9) Other reserves. (1) Other reserves. (2) Other reserves. (3) Other reserves. (4) Other reserves. (5) Other reserves. (6) Other reserves. (7) Other reserves. (8) Other reserves. (9) Other reserves. (9) Other reserves. (9) Other reserves. (9) Other reserves. (9) Other reserves. (1) Other reserves. (2) Other reserves. (3) Other reserves. (4) Other reserves. (5) Other reserves. (6) Other reserves. (7) Other reserves. (8) Other reserves. (9) Other reserves. (9) Other reserves. (9) Other reserves. (1) Other reserves. (1) Other reserves. (2) Other reserves. (3) Other reserves. (4) Other reserves. (5) Other reserves. (6) Other reserves. (7) Other reserves. (8) Other reserves. (9) Other reserves. (9) Other reserves. (1) Other reserves. (92(4)	0
(2) Increase (decrease) in claim reserves (3) Incurred claims (add (1) and (2)). (4) Claims charged		. ,				. Ja(+)	
(3) Incurred claims (add (1) and (2)). (4) Claims charged. C Remainder of premium: (1) Retention charges (on an accrual basis) — (A) Commissions. (B) Administrative service or other fees. (C) Other specific acquisition costs. (C) Other specific acquisition costs. (D) Other expenses. (F) Charges for risks or other contingencies. (F) Charges for risks or other contingencies. (G) Other retention charges. (H) Total retention. (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.). (2) Claim reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (4) Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (4) Other reserves. (5) Oxider reserves. (6) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (a) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (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. (D) Provision of Information Part IV Provision of Information necessary to complete Schedule A? Yes No							
(4) Claims charged C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs. (D) Other expenses (E) Taxes (G) Charges for risks or other contingencies (G) Other retention charges (H) Total retention (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (B) Other reserves (C) Claim reserves (C) Clai						9b(3)	0
C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions 9c(1)(B) (B) Administrative service or other fees 9c(1)(B) (C) Other specific acquisition costs 9c(1)(C) (D) Other expenses 9c(1)(E) (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 (2) Dividends or retroactive rate refunds. (These amounts were plaid in cash, or credited.) 9c(2) (2) Clair reserves 9d(2) (3) Other reserves at end of year: (1) Amount held to provide benefits after retirement. 9d(1) (2) Clair reserves 9d(2) (3) Other reserves 9d(2) (3) Other reserves 9d(2) (3) Other reserves 9d(2) (4) Nonexperience-rated contracts: 9e (7) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). 9e (8) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). 9e (9d(2) (9d(2) (9d(3) (9d(3) (9d(2) (9d(3						— `	
(A) Commissions		``,					
(B) Administrative service or other fees (C) Other specific acquisition costs. (D) Other expenses (E) Taxes. (E) Taxes. (F) Charges for risks or other contingencies (G) Other retention charges. (H) Total retention. (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or get) (2) Claim reserves. (3) Other reserves and of year: (1) Amount held to provide benefits after retirement. (3) Other reserves. (3) Other reserves. (3) Other reserves. (4) Total premiums or subscription charges paid to carrier. (5) Total premiums or subscription charges paid to carrier. (6) Total retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Part IV Provision of Information 10 Information		. , ,	,	9c(1)(A)			
(D) Other expenses		` '					
(E) Taxes		(C) Other specific acquisition costs		9c(1)(C)			
(F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention. (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.). (2) Claim reserves at end of year: (1) Amount held to provide benefits after retirement. (3) Other reserves. (3) Other reserves. (3) Other reserves at end of year: (1) Amount held to provide benefits after retirement. (3) Other reserves. (4) Other reserves. (5) Other reserves. (6) Other reserves. (7) Other reserves. (8) Other reserves. (9) Other reserves. (9) Other reserves. (9) Other reserves. (9) Other reserves. (1) Other reserves. (1) Other reserves. (1) Other reserves. (2) Claim reserves. (3) Other reserves. (3) Other reserves. (4) Other reserves. (5) Other reserves. (8) Other reserves. (9) Other reserves. (10 Other reserve		(D) Other expenses		9c(1)(D)			
(G) Other retention charges		(E) Taxes		9c(1)(E)			
(H) Total retention. (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (3) Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement. (3) Other reserves. (3) Other reserves. (3) Other reserves. (4) Do not include amount entered in line 9c(2).) (5) Total premiums or subscription charges paid to carrier. (6) The carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. Part IV Provision of Information 10 Information Yes No							
(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves. (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) Pe Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) 10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier. b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. Part IV Provision of Information 10 Yes No		(G) Other retention charges		9c(1)(G)			
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement						9c(1)(H)	0
(2) Claim reserves		(2) Dividends or retroactive rate refunds. (These a	amounts were 📗 paid i	n cash, or 📗 o	credited.)	9c(2)	
(3) Other reserves 9d(3) e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) a Total premiums or subscription charges paid to carrier 10a 206846 b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. Part IV Provision of Information 10 Nonexperience-rated contracts: 10a 206846 10 In a 206846 10		d Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits after	retirement	9d(1)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		(2) Claim reserves				9d(2)	
10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier		• •					
a Total premiums or subscription charges paid to carrier			include amount entere	d in line 9c(2)	.)	9e	
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	10						
retention of the contract or policy, other than reported in Part I, line 2 above, report amount		a Total premiums or subscription charges paid to ca	rrier			10a	2068463
Part IV Provision of Information 11 Did the insurance company fail to provide any information necessary to complete Schedule A?						10h	
Part IV Provision of Information 11 Did the insurance company fail to provide any information necessary to complete Schedule A?			ted in Part I, line 2 abov	ve, report amo	ount	100	
11 Did the insurance company fail to provide any information necessary to complete Schedule A?		Specify Hattare or ecoto.					
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
2. Sha the modifiance company has to provide any information necessary to complete consequent.	Pa	art IV Provision of Information					
	11	Did the insurance company fail to provide any informa	tion necessary to comp	lete Schedule	Α?	Yes	No
						<u>L</u>	•

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 FRISA section 103(a)(2)

OMB No. 1210-0110

2022

	pursuant to ERISA section 103(a)(2).			Inspection			
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022							
A Name of plan				B Three	e-digit		
	RPORATION	I GROUP INSURANCE PLAN F	OR RETIRED		number (PN	1) 🕨	591
EMPLOYEES	EMPLOYEES					,	
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		D Emplo	yer Identific	ation Number (EIN)
LOCKHEED MARTIN CO				-	1893632	· ·	,
		rning Insurance Contract A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca		OF AMERICA					
	(-) NIAIO	(I) Contract on	(e) Approximate nu	umber of		Policy or co	ntract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	t end of	(f)	From	(g) To
22-1211670	68241	23747-1	439		01/01/2022	2	12/31/2022
	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							
457 0					0		
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
MERCER HEALTH & BEN	EFITS LLC		PAYSPHERE CIRCLE CAGO, IL 60674				
		F	ees and other commissio	ns naid			
(b) Amount of sales ar commissions pai		(c) Amount		(d) Purpose	<u> </u>		(e) Organization code
	457			SUPPLEMENTAL COMMISSIONS			3
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
(h) Amount of sales or	(b) Amount of color and base Fees and other commissions paid						
(b) Amount of sales and base commissions paid (c) Amount				(d) Purpose	e		(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
	-			
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
commissions para			oode	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
(4)		,		
	Т			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
(h) Associated sples and have		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
	-			
			1-3	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization	
commissions paid	(O) / Arribuint	(a) i dipose	code	

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art	III Welfare Benefit Conti If more than one contract co the information may be com employees, the entire group	vers the same of bined for reporti	group of employees on ng purposes if such o	contracts are e	xperience-ra	ted as a unit. Where co	ontract	ts cover individual
0	<u> </u>	1 7 7 0 1		iai contracts with eac	on carrier may i	De li ealeu as	s a unit for purposes or	11115 16	port.
8	г	nefit and contract type (check all ap		⊾ □ .	_	□		-1 V	
	a [Health (other than dental or vision	on)	b Dental	С	Vision		=	
	е	Temporary disability (accident a	nd sickness)	f Long-term dis	ability g	Supplem	nental unemployment	h	Prescription drug
	i	Stop loss (large deductible)		j HMO contract	k	PPO cor	ntract	ΙΠ	Indemnity contract
	m	Other (specify)		_		_			
	L								
9	=xne	erience-rated contracts:							
_	•	Premiums: (1) Amount received			9a(1)		111493	_	
		(2) Increase (decrease) in amount					15949		
		(3) Increase (decrease) in unearne							
		(4) Earned ((1) + (2) - (3))					9a(4)		127442
	b	Benefit charges (1) Claims paid					126831		
	~	(2) Increase (decrease) in claim re					-4331	_	
		(3) Incurred claims (add (1) and (2)						_	122500
		(4) Claims charged						+	122500
	С	Remainder of premium: (1) Reten							
	Ü	(A) Commissions	• ,	•	- (1)(1)	\		_	
		(B) Administrative service or o						-	
		(C) Other specific acquisition			0. (4)(0)			_	
		(D) Other expenses			0 (4)(5)		657	,-	
		(E) Taxes			0-(4)(5)		3580		
		` '			0 (4)(5)		705	_	
		(F) Charges for risks or other	-		2 (4)(2)		700	_	
		(G) Other retention charges					00/1\/LI	_	4942
		(H) Total retention			-	_		' 	7072
		(2) Dividends or retroactive rate re		_	<u></u>	_			
	d	Status of policyholder reserves at	• • •	•					
		(2) Claim reserves							22404
		(3) Other reserves							
	е	Dividends or retroactive rate refur	nds due. (Do no	ot include amount ent	ered in line 9c	(2) .)	9e		
10	No	onexperience-rated contracts:							
	а	Total premiums or subscription ch	narges paid to c	arrier			<u>10a</u>	+	
		If the carrier, service, or other org retention of the contract or policy, ecify nature of costs.							
	art l						∏ Vaa		
		d the insurance company fail to pro	•	•	mplete Sched	ıle A?	Yes	X No	0
12	If t	the answer to line 11 is "Yes." spec	ify the information	on not provided					

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

OMB No. 1210-0110

2022

This Form is Open to Public

	pursuant to ERISA section 103(a)(2).				Inspection			
For calendar plan year 2022	2 or fiscal pla	an year beginning 01/01/2022		and en	ding 12/3	1/2022		
A Name of plan LOCKHEED MARTIN COF EMPLOYEES	RPORATION	I GROUP INSURANCE PLAN F	OR RETIRED		e-digit number (PI	N) •	591	
LIVII LOTELO								
C Plan sponsor's name as				_	-	ation Number (EIN)	
LOCKHEED MARTIN CORPORATION 52-1893632								
	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 carr PRUDENTIAL INSURANCE		OF AMERICA						
			(e) Approximate no	ımber of		Policy or co	ntract vear	
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	t end of	(f)	From	(g) To	
22-1211670	68241	23748-1	215		01/01/202	2	12/31/2022	
	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								
191 0					0			
3 Persons receiving comm	nissions and	fees. (Complete as many entrie	es as needed to report all	persons).				
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid		
MERCER HEALTH & BENE	FITS LLC		PAYSPHERE CIRCLE CAGO, IL 60674					
(b) Amount of sales and	l basa	F	ees and other commissio	ns paid				
commissions paid		(c) Amount		(d) Purpose			(e) Organization code	
	191	0	SUPPLEMENTAL COMM	UPPLEMENTAL COMMISSIONS			3	
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid		
(b) Amount of sales and	base	F	ees and other commissio	ns paid				
commissions paid		(c) Amount		(d) Purpose	e		(e) Organization code	

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
	-			
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
commissions para			oodc	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
(4)		,		
	Т			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
(h) Associated sples and have		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
	-			
			1-3	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization	
commissions paid	(O) / Arribuint	(a) i dipose	code	

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Welfare Benefit Contract Information If more than one contract covers the same grow the information may be combined for reporting employees, the entire group of such individual	up of employees of the purposes if such contr	acts are expe	erience-rated as a unit	. Where co	ontracts cover	
8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	Dental	С	Vision		d X Life ins	urance
	е	Temporary disability (accident and sickness) f	Long-term disability	√ α 🗍	Supplemental unemp	olovment	h Prescri	intion drug
	i	Stop loss (large deductible)	HMO contract		PPO contract			nity contract
	~ [] 11 0 contract		• 🖂de	nty contract
	m	Other (specify)						
9								
		erience-rated contracts:	Г	00(1)		56057	-	
		Premiums: (1) Amount received	F	9a(1)		30037	_	
		(2) Increase (decrease) in amount due but unpaid	The state of the s	9a(2)			-	
		(3) Increase (decrease) in unearned premium reserv	-	9a(3)		00(4)		56057
	L	(4) Earned ((1) + (2) - (3))	Г			9a(4) 57669		00007
	b	Benefit charges (1) Claims paid	<u> </u>	9b(1) 9b(2)		-3391	_	
		(2) Increase (decrease) in claim reserves	<u> </u>			1		54278
		(3) Incurred claims (add (1) and (2))				9b(3)	+	54278
	_	(4) Claims charged				9b(4)		34270
	С	Remainder of premium: (1) Retention charges (on a	· · · · · · · · · · · · · · · · · · ·	0=(4)(A)			_	
		(A) Commissions	<u> </u>	9c(1)(A)			4	
		(B) Administrative service or other fees		9c(1)(B)			-	
		(C) Other specific acquisition costs	T .	9c(1)(C)		4557	_	
		(D) Other expenses	<u> </u>	9c(1)(D)		1557	_	
		(E) Taxes		9c(1)(E)		1544	_	
		(F) Charges for risks or other contingencies		9c(1)(F)		641	_	
		(G) Other retention charges				- 4040	_	2740
		(H) Total retention				9c(1)(H)		3742
		(2) Dividends or retroactive rate refunds. (These an	nounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) A	mount held to provide b	enefits after	retirement	9d(1)		
		(2) Claim reserves				9d(2)		7576
		(3) Other reserves				9d(3)		22901
	е	Dividends or retroactive rate refunds due. (Do not in	nclude amount entered	in line 9c(2).	.)	9e		
10	No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to carr	ier			10a		
	b	If the carrier, service, or other organization incurred retention of the contract or policy, other than reported	any specific costs in co ed in Part I, line 2 above	onnection with e, report amo	h the acquisition or ount	10b		
D	art I	IV Provision of Information						
						Vas		
		d the insurance company fail to provide any information	·	ete Schedule	A?	Yes	X No	_
12	If t	the answer to line 11 is "Ves" specify the information	not provided					

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

OMB No. 1210-0110

2022

This Form is Open to Public

	pursuant to ERISA section 103(a)(2).					Inspection		
For calendar plan year 20	22 or fiscal pla	an year beginning 01/01/2022		and er	nding 12/3	31/2022		
A Name of plan LOCKHEED MARTIN CO EMPLOYEES	ORPORATION	I GROUP INSURANCE PLAN F	FOR RETIRED		e-digit number (Pl	N) •	591	
LIMPLOTEES								
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		D Emplo	yer Identific	cation Number (EIN)	
LOCKHEED MARTIN CORPORATION 52-1893632								
	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 ca		OF AMERICA						
		(1) 0 ()	(e) Approximate n	umber of		Policy or co	ontract year	
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	t end of	(f)	From	(g) To	
22-1211670	68241	23749-1	35		01/01/202	2	12/31/2022	
2 Insurance fee and com- descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents,	brokers, and ot	her persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
		40					0	
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).				
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid		
MERCER HEALTH & BEN	EFITS LLC		5 PAYSPHERE CIRCLE CAGO, IL 60674					
(h) Amount of color or	ad boos	F	ees and other commission	ns paid				
(b) Amount of sales ar commissions pa		(c) Amount		(d) Purpose			(e) Organization code	
	40	0	SUPPLEMENTAL COMI	MISSIONS	•		3	
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid		
		•						
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pa		(c) Amount		(d) Purpose			(e) Organization code	

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
	-			
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
commissions para			oode	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
(4)		,		
	Т			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
(h) Associated sples and have		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
	-			
			1-3	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization	
commissions paid	(O) / Arribuint	(a) i dipose	code	

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art I	Welfare Benefit Contra If more than one contract cove the information may be combin employees, the entire group of	ers the same go ned for reportin	oup of employees of the purposes if such con	tracts are ex	perience-rated as a	unit. Where co	ontracts cover individual
8	Bene	efit and contract type (check all appli	cable boxes)					
	аГ	Health (other than dental or vision	•	b Dental	С	Vision		d X Life insurance
	F	=		H			a manda i ma a n t	
	e [Temporary disability (accident and	i sickness)	f Long-term disabi		=	iempioyment	h Prescription drug
	' [Stop loss (large deductible)		HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)						
9	Expe	erience-rated contracts:						
	a F	Premiums: (1) Amount received			9a(1)			
		(2) Increase (decrease) in amount de	ue but unpaid.		9a(2)			
		(3) Increase (decrease) in unearned	premium rese	rve	9a(3)			
		(4) Earned ((1) + (2) - (3))					9a(4)	0
	b	Benefit charges (1) Claims paid			9b(1)			
		(2) Increase (decrease) in claim rese	erves		9b(2)			
		(3) Incurred claims (add (1) and (2))					9b(3)	0
		(4) Claims charged					9b(4)	
	С	Remainder of premium: (1) Retention	n charges (on	an accrual basis)				
		(A) Commissions			9c(1)(A)			
		(B) Administrative service or oth			9c(1)(B)			
		(C) Other specific acquisition co			9c(1)(C)			
		(D) Other expenses			9c(1)(D)			
		(E) Taxes			9c(1)(E)			
		(F) Charges for risks or other co			9c(1)(F)			_
		(G) Other retention charges	-		0-/4\/0\			_
							9c(1)(H)	0
		(H) Total retention						
		(2) Dividends or retroactive rate refu						
	d	Status of policyholder reserves at el	nd of year: (1)	Amount held to provide	benefits aft	er retirement		
		(2) Claim reserves					9d(2)	
		(3) Other reserves						
		Dividends or retroactive rate refunds	s due. (Do not	include amount entere	d in line 9c(2) .)	9e	
10	No	nexperience-rated contracts:						
	а	Total premiums or subscription char	ges paid to ca	rrier			10a	11726
	b	If the carrier, service, or other organ	ization incurre	d any specific costs in	connection v	vith the acquisition o	r	
		retention of the contract or policy, of						
	Spe	cify nature of costs.						
P	art I	V Provision of Informati	on					
							П уог	X No
11		the insurance company fail to provid			lete Schedu	le A?	Yes	X No
12	lf th	he answer to line 11 is "Yes," specify	the informatio	n not provided.				

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

OMB No. 1210-0110

2022

						m is Open to Public Inspection	
For calendar plan year 20	22 or fiscal pl	an year beginning 01/01/2022		and en	ding 12/31	1/2022	
A Name of plan		N GROUP INSURANCE PLAN F	OR RETIRED	B Three plan	e-digit number (PN) •	591
C Plan sponsor's name a	e chown on li	no 22 of Form 5500		D Emplo	vor Idontifica	ation Number (EINI\
LOCKHEED MARTIN CO					1893632	auon number (Ell v)
		erning Insurance Contract A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca PRUDENTIAL INSURANC		OF AMERICA					
/LA FINI	(c) NAIC	(d) Contract or	(e) Approximate no			Policy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
22-1211670	68241	43406-2	514	514 01/01/202			12/31/2022
2 Insurance fee and com- descending order of the		nation. Enter the total fees and to	otal commissions paid. L	st in line 3	the agents, b	orokers, and o	ther persons in
(a) Total a	amount of cor	nmissions paid		(b) To	otal amount o	f fees paid	
		157					0
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name	and address of the agent, broke	er, or other person to who	m commissi	ions or fees v	were paid	
MERCER HEALTH & BEN	EFITS LLC		PAYSPHERE CIRCLE CAGO, IL 60674				
(b) Amount of sales ar	nd hase	F	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose	Э		(e) Organization code
	157	0	SUPPLEMENTAL COMM	UPPLEMENTAL COMMISSIONS			3
	(a) Name	and address of the agent, broke	er or other person to who	m commissi	ions or fees v	were paid	
	(2)	<u> ag, 2</u>	.,			c.c pana	
(b) Amount of sales ar	nd bass	F	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose	Э		(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
	-				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
commissions para			oodc		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(4)		,			
	Т				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(h) Associated sples and have		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
	-				
			1-3		
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization		
commissions paid	(O) / Arribuint	(a) i dipose	code		

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

F	Part	Welfare Benefit Contract Informa If more than one contract covers the same g the information may be combined for reportir employees, the entire group of such individu	roup of employees of the ng purposes if such conti	racts are ex	perience-rated as a	a unit. Where co	ntracts cover individual
8	Ben	efit and contract type (check all applicable boxes)	_				_
	а	Health (other than dental or vision)	b Dental	С	Vision		d X Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	ty g	Supplemental ur	nemployment	h Prescription drug
	i [Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)	_	•	_		_
9	Expe	erience-rated contracts:	,		1		
	a I	Premiums: (1) Amount received		9a(1)			_
		(2) Increase (decrease) in amount due but unpaid		9a(2)			
		(3) Increase (decrease) in unearned premium rese	rve	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)	
	С	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		0-/4\/0\			-
		(H) Total retention	•		<u> </u>	9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These	_	_			
			<u> </u>	<u> </u>	•		
	d	Status of policyholder reserves at end of year: (1)	·				
		(2) Claim reserves					
		(3) Other reserves				· · · · ·	
	е	Dividends or retroactive rate refunds due. (Do no	include amount entered	l in line 9c(2	2) .)	9e	
10) No	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to ca	rrier			10a	38813
	b	If the carrier, service, or other organization incurre					
	_	retention of the contract or policy, other than repo	ted in Part I, line 2 above	e, report am	nount	10b	
	•	ecity nature of costs.					
F	Part	IV Provision of Information					
	_					□ Vo-	√ No.
		d the insurance company fail to provide any informa		ete Schedul	le A?	Yes	X No
12	2 If the second of the seco	the answer to line 11 is "Yes," specify the information	n not provided.				

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

2022

For calendar plan year 20	22 or fiscal plar	year beginning 01/01/2022			and en	iding 12/31/2022	
A Name of plan LOCKHEED MARTIN CO EMPLOYEES	ORPORATION (GROUP INSURANCE PLAN F	FOR RETIRED			e-digit number (PN)	591
EMPLOTEES							
C Plan sponsor's name a		e 2a of Form 5500			D Emplo	yer Identification Numbe	r (EIN)
LOCKHEED MARTIN CO	RPORATION				52-	1893632	
Part I Information a separa	ion Concer ate Schedule A	ning Insurance Contract. Individual contracts grouped	ct C	Coverage, Fees, a unit in Parts II and II	and Con	nmissions Provide into	formation for each contract ule A.
1 Coverage Information:							
(a) Name of insurance ca	rrier						
SUMMACARE, INC.							
(a) NAIC (d) Contract on (e) Approximate nu					ımber of	Policy or	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number		persons covered a policy or contrac	t end of	(f) From	(g) To
34-1726655	95202	HO 1011 MG		9		01/01/2022	12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal	commissions paid. Li	st in line 3	the agents, brokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons receiving com		ees. (Complete as many entrie					
	(a) Name a	nd address of the agent, broke	r, or	r other person to whor	n commiss	ions or fees were paid	
/I-N A		Fe	ees	and other commission	ns paid		
(b) Amount of sales ar commissions pa		(c) Amount			(d) Purpose		(e) Organization code
	(a) Name a	nd address of the agent, broke	r O	r other person to who	n commiss	ions or fees were naid	
	(a) Name a	nd address of the agent, broke	i, Ui	Tottler person to who	II COITIIIISS	ions or lees were paid	
(b) Amount of sales ar	nd hase	Fe	ees	and other commission	ns paid		
commissions pa		(c) Amount			(d) Purpos	(e) Organization code	

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
	-				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
commissions para			oodc		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(4)		,			
	Т				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(h) Associated sples and have		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
	-				
			1-3		
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization		
commissions paid	(O) / Arribuint	(a) i dipose	code		

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

F	Part	: 111		Welfare Benefit Contract Information one contract covers the same the information may be combined for report	group of employees of th	tracts are	exp	erience-rated as a uni	it. Where co	ontracts	cover individual
				employees, the entire group of such individ		arrier may	/ be	treated as a unit for p	urposes of t	his rep	ort.
8	Be	nef		nd contract type (check all applicable boxes)	. 🗂			7		. —	
	а	Ш	He	alth (other than dental or vision)	b Dental		С	Vision		d∐□	_ife insurance
	е		Tei	mporary disability (accident and sickness)	f Long-term disabil	ity	g	Supplemental unem	ployment	h 📗 F	Prescription drug
	i	П	Sto	pp loss (large deductible)	j X HMO contract		k	PPO contract		I 🛮 I	ndemnity contract
	m	Ī	Otl	her (specify)			_	_		_	
		ш									
9	Exp	eri	enc	e-rated contracts:							
	a	Pr	emi	iums: (1) Amount received		9a(1))				
				ncrease (decrease) in amount due but unpaid							
				crease (decrease) in unearned premium res)				
		(4	4) E	arned ((1) + (2) - (3))					. 9a(4)		0
	b	E	Bene	efit charges (1) Claims paid		9b(1))				
		(2	2) In	crease (decrease) in claim reserves		9b(2))				
		(3	3) In	curred claims (add (1) and (2))					9b(3)		0
		(4	4) C	laims charged					9b(4)		
	С	F	Rem	ainder of premium: (1) Retention charges (c	n an accrual basis)						
			(A) Commissions		9c(1)(A)				
			(B) Administrative service or other fees		9c(1)(l					
			(C) Other specific acquisition costs		9c(1)(
			(D) Other expenses		9c(1)(I					
			(E) Taxes		9c(1)(I					
			(F) Charges for risks or other contingencies.		9c(1)(I					
			(G) Other retention charges		9c(1)(G)		1		
			(H) Total retention					9c(1)(H))	0
		(2) [Dividends or retroactive rate refunds. (These	amounts were paid in	n cash, or	· 📙	credited.)	9c(2)		
	d	5	Statu	us of policyholder reserves at end of year: (1) Amount held to provide	benefits a	after	retirement	9d(1)		
		(2) C	Claim reserves					9d(2)		
		(3) C	Other reserves					9d(3)		
	е			dends or retroactive rate refunds due. (Do n	ot include amount entere	d in line 9	c(2)).)	9e		
10) N	one	expe	erience-rated contracts:							
	а	٦	ota	I premiums or subscription charges paid to o	arrier				10a		41976
	b			e carrier, service, or other organization incur							
	٥.,			ntion of the contract or policy, other than reparture of costs.	orted in Part I, line 2 abov	ve, report	amo	ount	10b		
P	art	١٧	1	Provision of Information							
11	_			nsurance company fail to provide any inform	nation necessary to comm	lete Sche	dule	е А?П	Yes	X No	
				swer to line 11 is "Yes," specify the informat				***************************************			

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

2022

For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and er	nding 12/31/2022			
A Name of plan				B Thre	e-digit			
	PROPRATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	591		
EMPLOYEES								
C Plan sponsor's name a	ıs shown on lin	e 2a of Form 5500		D Emplo	oyer Identification Numbe	er (FIN)		
•	LOCKHEED MARTIN CORPORATION				·1893632	// (LIIV)		
EGORITEED WATERING OC	ord Ordanion							
Part I Informat on a separa	tion Concer ate Schedule A	rning Insurance Contract. Individual contracts grouped a	ct Coverage, Fees, as a unit in Parts II and I	and Con	nmissions Provide in ported on a single Sched	formation for each contract lule A.		
1 Coverage Information:								
(a) Name of income as as	!							
(a) Name of insurance ca KAISER FOUNDATION HI		OF THE MID-ATLANTIC						
(e) Approxima			(e) Approximate n	umber of	Policy or	Policy or contract year		
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract		(f) From	(g) To		
52-0954463	95639	3104	33		01/01/2022	12/31/2022		
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	other persons in		
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving com	missions and fo	ees. (Complete as many entrie	s as needed to report all	persons).				
_	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid			
(I-) A		Fe	ees and other commissio	ns paid				
(b) Amount of sales ar commissions pa		(c) Amount		(d) Purpos	e	(e) Organization code		
		, ,		` ' '		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid			
	, ,				•			
	·	Fe	ees and other commissio	ns paid				
(b) Amount of sales ar commissions pa		(c) Amount	(d) Purpose		e	(e) Organization code		
co.minociono pu		V-7		· · · · · · · · · · · · · · · · · · ·		(5) 5.35241011 5540		

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
	-				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
commissions para			oodc		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(4)		,			
	Т				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(h) Associated sples and have		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
	-				
			1-3		
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization		
commissions paid	(O) / Arribuint	(a) i dipose	code		

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of the information may be combined for reporting pure employees, the entire group of such individual contract.	poses if such contra	icts are expe	erience-rated as a un	it. Where co	ntracts cover individua	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	Dental	С	Vision		d Life insurance	
	еĪ	Temporary disability (accident and sickness) \mathbf{f}	Long-term disability	· a 🗏	Supplemental unem	plovment	h Prescription dru	ıa
	i		HMO contract		PPO contract		I Indemnity contra	-
	. L		THE CONTRACT		1170 001111100			201
	m	Other (specify)						
9								
_		perience-rated contracts:		00/1)				
		Premiums: (1) Amount received	F	9a(1)				
		(2) Increase (decrease) in amount due but unpaid	Г	9a(2)				
		(3) Increase (decrease) in unearned premium reserve	_	9a(3)		00(4)		0
	L	(4) Earned ((1) + (2) - (3))				. 9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)		0h/3\		0
		(3) Incurred claims (add (1) and (2))				9b(3)		
	_	(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an ac		0-(4)(A)				
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs	F	9c(1)(C)				
		(D) Other expenses	F	9c(1)(D)				
		(E) Taxes	_	9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges				0 (4)(1)		0
		(H) Total retention				9c(1)(H)		- 0
		(2) Dividends or retroactive rate refunds. (These amour	nts were paid in o	cash, or 📗 o	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amou	nt held to provide b	enefits after	retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not include	de amount entered	in line 9c(2)	.)	9e		
10	No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to carrier				10a		306855
	b	If the carrier, service, or other organization incurred any retention of the contract or policy, other than reported in	specific costs in co Part I, line 2 above	nnection wit , report amo	h the acquisition or ount	10b		
D		Provision of Information						
	art l							
11	Dic	d the insurance company fail to provide any information n	ecessary to comple	te Schedule	A?	Yes	X No	
12	If ti	the answer to line 11 is "Ves" specify the information not i	nrovided					

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

2022

For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022			and en	iding 12/31/2022	2	
A Name of plan					B Three-digit			
	PROPRATION	GROUP INSURANCE PLAN F	OR	RETIRED		number (PN)	•	591
EMPLOYEES					·	, ,		
C Plan sponsor's name a	Plan sponsor's name as shown on line 2a of Form 5500					yer Identification N	Number (EIN)
LOCKHEED MARTIN CO						1893632	`	,
Part I Information a separa	ion Concer ate Schedule A	rning Insurance Contract. Individual contracts grouped	ct C	Coverage, Fees, a unit in Parts II and III	and Com	nmissions Prov	vide infor Schedule	mation for each contract e A.
1 Coverage Information:								
(a) Name of incurance of	rrior							
(a) Name of insurance ca		DLO CD LIMO)						
PACIFICARE OF COLORA	ADO INC (PUE	BLO SK HIVIO)						
			(e) Approximate nu		Po	licy or co	ntract year	
(b) EIN	code	identification number		persons covered at er policy or contract ye		(f) From		(g) To
84-1011378	95434	29300		2		01/01/2022		12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and t	otal	commissions paid. Li	st in line 3	the agents, broker	rs, and of	her persons in
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving com	missions and fo	ees. (Complete as many entrie	es as	s needed to report all	persons).			
<u> </u>		and address of the agent, broke				ions or fees were	paid	
			000	and other commission	ne poid			
(b) Amount of sales ar commissions pa		(c) Amount	ccs		(d) Purpos	e		(e) Organization code
commissione pa	iu .	(b) / unounc		· · · · · · · · · · · · · · · · · · ·	(a) i dipoo			(b) organization occo
	(a) Name a	and address of the agent, broke	er, oi	r other person to whor	n commiss	ions or fees were p	paid	
	Fees and other commissions paid							
(b) Amount of sales ar commissions pa		(c) Amount	JUJ		(d) Purpos	e	(e) Organization code	
co.minociono pu		(-)		· · · · · · · · · · · · · · · · · · ·	· /			(1) O. gammadon oodo

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated sples and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report	group of employees of th					
		employees, the entire group of such individ						
8	Benef	it and contract type (check all applicable boxes)						
	a 🗌	Health (other than dental or vision)	b Dental	С	Vision		d Life insuran	ce
	e 🗍	Temporary disability (accident and sickness)	f Long-term disabil	ity q	Supplemental unem	ployment	h Prescription	drug
	iቨ	Stop loss (large deductible)	j X HMO contract		PPO contract		I Indemnity c	-
	m∏	Other (specify)	<i>-</i> L	L	1		<u> </u>	
9	Experi	ence-rated contracts:		Г				
		emiums: (1) Amount received		9a(1)				
		2) Increase (decrease) in amount due but unpaid						
		B) Increase (decrease) in unearned premium res				1		
	_ `	4) Earned ((1) + (2) - (3))				9a(4)		0
		Benefit charges (1) Claims paid		• • •				
		2) Increase (decrease) in claim reserves				1		
	(3	B) Incurred claims (add (1) and (2))				9b(3)		0
	,	1) Claims charged				9b(4)		
	C F	Remainder of premium: (1) Retention charges (c	n 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.		0-(4)(0)				
		(G) Other retention charges				0.(4)(1)		0
		(H) Total retention	_	_		9c(1)(H))	- 0
		2) Dividends or retroactive rate refunds. (These						
		Status of policyholder reserves at end of year: (1	•			` '		
	(2) Claim reserves				9d(2)		
	,	3) Other reserves				9d(3)		
		Dividends or retroactive rate refunds due. (Do n	ot include amount entere	d in line 9c(2)	.)	9e		
10		experience-rated contracts:						
	a T	otal premiums or subscription charges paid to c	arrier			10a		7365
		f the carrier, service, or other organization incur				401-		
		etention of the contract or policy, other than rep fy nature of costs.	orted in Part I, line 2 abov	ve, report amo	ount	10b		
	Speci	ry flature of costs.						
D.	art IV	Provision of Information						
				lata Oal III	10	Vos	X No	
		he insurance company fail to provide any inform		iete Schedule	A?	Yes	X No	
12	If the	e answer to line 11 is "Yes," specify the informat	on not provided.					

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

2022

For calendar plan year 20	22 or fiscal plar	n year beginning 01/01/2022			and en	nding 12/31/2022	
	ORPORATION	GROUP INSURANCE PLAN F	OR	RETIRED		e-digit number (PN)	591
EMPLOYEES							
C Plan sponsor's name a		e 2a of Form 5500			D Emplo	yer Identification Numbe	r (EIN)
LOCKHEED MARTIN CO	RPORATION				52-	1893632	
Part I Information a separ	ion Concer ate Schedule A	ning Insurance Contract. Individual contracts grouped	ct C	Coverage, Fees, a unit in Parts II and II	and Com	nmissions Provide inf ported on a single Sched	ormation for each contract ule A.
1 Coverage Information:							
(a) Name of insurance ca	rrier						
KAISER FOUNDATION H	EALTH PLAN C	OF THE NORTHWEST					
	(c) NAIC	(d) Contract or		(e) Approximate nu		Policy or	contract year
(b) EIN	code	identification number		persons covered a policy or contrac		(f) From	(g) To
93-0798039	95540	21201		4		01/01/2022	12/31/2022
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal	commissions paid. Li	st in line 3	the agents, brokers, and	other persons in
(a) Total :	amount of comr	missions paid			(b) To	otal amount of fees paid	
3 Persons receiving com		ees. (Complete as many entrie					
	(a) Name a	nd address of the agent, broke	r, o	r other person to who	m commiss	ions or fees were paid	
(b) Amount of sales a	nd hase	Fe	ees	and other commission	ns paid		
commissions pa		(c) Amount			(d) Purpose	е	(e) Organization code
	(a) Name a					:	
	(a) Name a	and address of the agent, broke	1, 0	r other person to whor	n commiss	ions or lees were paid	
(b) Amount of sales a	(b) Amount of sales and base Fees and other commissions paid						
commissions pa		(c) Amount			(d) Purpose	е	(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions para			oodc
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4)		,	
	Т		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(h) Associated splead and hose		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	-		
			1-3
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(O) / Arribuint	(a) i dipose	code

F	Part	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each carrier	may be treated as a ur	nit for purposes of
4	Curi	this report. ent value of plan's interest under this contract in the general account at year e	end	4	
		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		,	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con retention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	_				
	е	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 termina	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarantee		
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	0
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(4)		
		(4) Other (specify below)	70(4)		
		,			
		(-)		7.(5)	
	£	(5) Total deductions			0
	ſ	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report employees, the entire group of such individu	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a unit	t. Where co	ntracts cover individual
8	Bene	fit and contract type (check all applicable boxes)					
	аГ	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance
		Temporary disability (accident and sickness)	f Long-term disabili	<u> </u>	Supplemental unem	olovmont	. 片
	e				=	pioyment	
	' _	Stop loss (large deductible)	j X HMO contract	k_	PPO contract		I Indemnity contract
	m	Other (specify)					
9 E	Ехреі	rience-rated contracts:					_
	a P	remiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	l	9a(2)			
	(3) Increase (decrease) in unearned premium res	erve	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)	
	С	Remainder of premium: (1) Retention charges (or	n 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 ir	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)	
		Dividends or retroactive rate refunds due. (Do no				9e	
10		nexperience-rated contracts:		` '	,		
		Total premiums or subscription charges paid to c	arrier			10a	50748
	b	If the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	th the acquisition or		307.13
		retention of the contract or policy, other than repo				10b	
		ify nature of costs.		•			•
Pa	art I	V Provision of Information					
<u>11</u>	Did	the insurance company fail to provide any inform	ation necessary to compl	ete Schedule	e A?	Yes	X No
		e answer to line 11 is "Yes." specify the informati					

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

2022

For calendar plan year 20	22 or fiscal pla	n year beginning 01/01/2022		and en	nding 12/31/2022	
A Name of plan				B Thre	e-digit	
	PROPRATION	GROUP INSURANCE PLAN FO	OR RETIRED	plan	number (PN)	591
EMPLOYEES						
C Plan sponsor's name a	e chown on lin	e 2a of Form 5500		D Emplo	oyer Identification Number	or (FIN)
LOCKHEED MARTIN CO		6 2a 011 01111 3300			1893632	51 (LIIV)
LOOKITEED MAKTIN OC	THE OTTATION			02		
		ning Insurance Contract Individual contracts grouped a				
1 Coverage Information:						
(a) Name of income as	!					
(a) Name of insurance ca UNITED HEALTHCARE O		I, INC.				
	(a) NIAIC	(d) Combract or	(e) Approximate no	umber of	Policy or	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract		(f) From	(g) To
63-1036817	95716	65089	1		01/01/2022	12/31/2022
		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	d other persons in
descending order of the	amount paid. amount of comi	missions paid		(b) Ta	otal amount of fees paid	
(a) 10tal a	amount of com	niissions paid		(b) 10	otal amount of fees paid	
2 Paragna regaining com	missions and f	ees. (Complete as many entrie	a as pooded to report all	noroona)		
Fersons receiving com		ind address of the agent, broke			ions or fees were naid	
	(a) Name c	and address of the agent, broken	i, or other person to who	111 00111111100	ions or rees were paid	
(b) Amount of sales ar			ees and other commissio			-
commissions pa	ıd	(c) Amount		(d) Purpos	e	(e) Organization code
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commissio	ns paid		
commissions pa		(c) Amount		(d) Purpos	е	(e) Organization code

(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Ease and other commissions paid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid	.,		code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(4) 114	The aria address of the agent, protect	, or other percent to whom commissions or roos were paid	
			T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face and other commissions noid	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	İ	I and the second	I

F	art	II Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier ma	ay be treated as a ι	unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year e		5	
		tracts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	۲ 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 corretention of the contract or policy, enter amount	•	6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuitv		
		(3) other (specify)	,		
		(c) Strict (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here		
7		tracts With Unallocated Funds (Do not include portions of these contracts ma			
-	а		ate participation guarantee		
	-	(3) guaranteed investment (4) other			
		(c) guaranteed investment (.) guaranteed			
	b	Balance at the end of the previous year		7b	
	С	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
		Total of balance and additions (add lines 7b and 7c(6)).		7d	0
	е	Deductions:	7-(4)		
		(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.			0
	1	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art II	Welfare Benefit Contract Information If more than one contract covers the same group the information may be combined for reporting employees, the entire group of such individual	oup of employees of the purposes if such contr	racts are exp	erience-rated as a unit	. Where co	ontracts cover individual	
8	Bene	fit and contract type (check all applicable boxes)	-					_
	а	Health (other than dental or vision)	Dental	сГ	Vision		d Life insurance	
	늗]]	범	<u> </u>	<u></u>	-1	봄	
	e	Temporary disability (accident and sickness) f	H		Supplemental unem	oloyment	h Prescription drug	
	' <u>L</u>	Stop loss (large deductible)	X HMO contract	k _	PPO contract		I Indemnity contract	
	m	Other (specify)						
		•						
9 E	Ехреі	rience-rated contracts:						
	a P	Premiums: (1) Amount received		9a(1)				
	((2) Increase (decrease) in amount due but unpaid		9a(2)				
	((3) Increase (decrease) in unearned premium reserv	/e	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)		
	С	Remainder of premium: (1) Retention charges (on a	ın 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 an	nounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) A	mount held to provide	benefits after	retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not in	nclude amount entered	I in line 9c(2)).)	9e		
10	Nor	nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to carr	ier			10a	1673	38
	b	If the carrier, service, or other organization incurred	any specific costs in co	onnection wit	th the acquisition or			
		retention of the contract or policy, other than reporte				10b		
	Spec	ify nature of costs.						
Pa	art I	V Provision of Information						_
11	Did	the insurance company fail to provide any informati	on necessary to compl	ete Schedule	e A?	Yes	X No	
12	If th	e answer to line 11 is "Yes." specify the information	not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation **Service Provider Information**

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2022

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022	and ending 12/31/2022	
A Name of plan	B Three-digit	
LOCKHEED MARTIN CORPORATION GROUP INSURANCE PLAN FOR RETIRED	plan number (PN)	591
EMPLOYEES		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Numb	er (EIN)
LOCKHEED MARTIN CORPORATION	52-1893632	
Part I Service Provider Information (see instructions)		
You must complete this Part, in accordance with the instructions, to report the informatio or more in total compensation (i.e., money or anything else of monetary value) in connect plan during the plan year. If a person received only eligible indirect compensation for what answer line 1 but are not required to include that person when completing the remainder	tion with services rendered to the plan nich the plan received the required disc	or the person's position with the
1 Information on Persons Receiving Only Eligible Indirect Compens	ation	
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of		
indirect compensation for which the plan received the required disclosures (see instruction	ons for definitions and conditions)	Yes X No
b If you answered line 1a "Yes," enter the name and EIN or address of each person provide received only eligible indirect compensation. Complete as many entries as needed (see		vice providers who
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect comper	nsation
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect comper	nsation
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect comper	nsation
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect comper	nsation

Schedule C (Form 5500) 2022	Page 2-	1
,	<u> </u>	
(b) Enter name and EIN or address	s of person who provided you disclosu	res on eligible indirect compensation
(0)		
(b) Enter name and EIN or address	s of person who provided you disclosu	es on eligible indirect compensation
(b) Enter name and EIN or address	s of person who provided you disclosu	res on eligible indirect compensation
(b) Enter name and EIN or address	s of person who provided you disclosu	es on eligible indirect compensation
(b) Enter hame and Ent of address	o or person who provided you disclosed	es en engiste maneet compensation
(b) Enter name and EIN or address	s of person who provided you disclosur	res on eligible indirect compensation
(b) Enter name and EIN or address	s of person who provided you disclosu	res on eligible indirect compensation
(b) Enter name and EIN or address	s of person who provided you disclosu	res on eligible indirect compensation
(4) 2 2 0. 444.05.	5 or portion provided for discussion.	
(b) Enter name and EIN or address	s of person who provided you disclosu	res on eligible indirect compensation

Page	3	-	1	
------	---	---	---	--

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
		<u> </u>		r address (see instructions)	<u> </u>	,
AETNA H	EALTH INC.					
23-24420	48					
(b) Service Code(s)	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?	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	CLAIMS ADMINISTRATOR	2980609	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
06-03033	I					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	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?	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 or an amount or estimated amount
12	CLAIMS ADMINISTRATOR	710547	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
HEALTHF	PARTNERS INC					
(b) Service Code(s)	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	CLAIMS ADMINISTRATOR	341189	Yes No X	Yes No		Yes No

Yes No X

Yes No

Yes No

Page	3 -	2
Page	3 -	2

Schedule C	(Form	5500	2022
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CLAIMS ADMINISTRATOR 50969

Yes No X

12

answered	d "Yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in	total compensation
-			(a) Enter name and EIN o	r address (see instructions)		•
AETNA L	IFE INSURANCE COM	IPANY				
06-60334	92					
(b) Service Code(s)	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?	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 or an amount or estimated amount
12	CLAIMS ADMINISTRATOR	290364	Yes No X	Yes No		Yes No
	1	<u>'</u>	(a) Enter name and FIN or	address (see instructions)		
59-10310	T			- to		
(b) Service Code(s)	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?	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 or an amount or estimated amount
12	CLAIMS ADMINISTRATOR	261275	Yes No X	Yes No		Yes No
			(a) Enter name and EIN or	address (see instructions)		
UNITEDH	HEALTHCARE INSURA	ANCE COMPANY				
(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?	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

Part I	Service Provider	Information ((continued
ıaıtı	DEI VICE I IUVIUEI	IIII OI III alioii ((COIILIIIU C

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation or provides contract administrator, consulting, custodial, investment advisory, investment manager questions for (a) each source from whom the service provider received \$1,000 or more in indirect c provider gave you a formula used to determine the indirect compensation instead of an amount or many entries as needed to report the required information for each source.	ment, broker, or recordkeeping compensation and (b) each so	g services, answer the following burce for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
	(000 1100 1100 1100 1100 1100 1100 1100	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility 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	formula used to determine	compensation, including any the service provider's eligibility 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	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.

Pa	rt II Service Providers Who Fail or Refuse to	Provide Infor	mation
4	Provide, to the extent possible, the following information for eathis Schedule.	ach service provide	er who failed or refused to provide the information necessary to complete
	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

Pa	art III	Termination Information on Accountants and Enrolled (complete as many entries as needed)	Actuaries (see instructions)
а	Name:	· · · · · · · · · · · · · · · · · · ·	b EIN:
С	Positio	n:	
d	Addres	s:	e Telephone:
Ex	planation	:	
a	Name:		b EIN:
<u> </u>	Positio		
d	Addres	S:	e Telephone:
	planation		
LX	.piai iatioi	l.	
	Nome		b ein:
<u>a</u>	Name: Positio	n.	D EIN.
c d	Addres		e Telephone:
u	Addres	S.	e reiepriorie.
Ex	planation	Ľ	,
а	Name:		b EIN:
С	Positio	n:	
d	Addres		e Telephone:
			·
Ex	planation	ι:	
а	Name:		b EIN:
С	Positio		
d	Addres	s:	e Telephone:
Ex	planation	:	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

DFE/Participating Plan Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2022

For c	alendar plan year 2022 or fiscal p	olan year beginning	01/01/2022 and	l ending 12/31/2022
A Na	me of plan			B Three-digit
LOC	KHEED MARTIN CORPORATIO	N GROUP INSURANCE	CE PLAN FOR RETIRED EMPLOYEES	plan number (PN) 591
				pian number (PN)
C Pla	an or DFE sponsor's name as sho	own on line 2a of Form	1 5500	D Employer Identification Number (EIN)
LOC	KHEED MARTIN CORPORATIO	N		52-1893632
Dor	t I Information on inter	octo in MTIAs CC	Ts, PSAs, and 103-12 IEs (to be con	mpleted by plane and DEEs)
Par				inpleted by plans and DFES)
			to report all interests in DFEs)	
a Na	ame of MTIA, CCT, PSA, or 103-	12 IE: LOCKHEED	MARTIN CORP BENEFIT TRUST	
		LOCKHEED	MARTIN CORPORATION	
b Na	ame of sponsor of entity listed in	(a):	WARTIN CORFORATION	
		I • = :		
C EI	N-PN 52-1610424-003	d Entity	e Dollar value of interest in MTIA, CCT, P	
	32 1010 12 1000	code	103-12 IE at end of year (see instruction	ns)
3 Nz	ame of MTIA, CCT, PSA, or 103-	12 IE: I MC DENIEE	IT TRUST FOR BARG EMP	
a iva	anie or wrtha, CCT, PSA, or 103-	IZ IE. LIVIC BENEF	IT TRUST FOR BARG EWIP	
h N		(a). LOCKHEED	MARTIN CORPORATION	
D Na	ame of sponsor of entity listed in	(a):		
		d Entity	e Dollar value of interest in MTIA, CCT, P	CA or
C EI	N-PN 13-3507980-004	· · · · · · · · · · · · · · · · · · ·		
		code	103-12 IE at end of year (see instruction	ns)
a Na	ame of MTIA, CCT, PSA, or 103-	12 IF·		
<u> </u>		·		
h N	ame of sponsor of entity listed in	(a)·		
D IN	arile of sportsor of entity listed in	(a).		
		d Entity	e Dollar value of interest in MTIA, CCT, P	SA or
C EI	N-PN	code	103-12 IE at end of year (see instruction	•
		0000	100 12 12 at one of year (eee meaded)	
a Na	ame of MTIA, CCT, PSA, or 103-	12 IE:		
b Na	ame of sponsor of entity listed in	(a):		
	,	()		
6 FI	N-PN	d Entity	e Dollar value of interest in MTIA, CCT, P	SA, or
CEI	N-PN	code	103-12 IE at end of year (see instruction	ns)
a Na	ame of MTIA, CCT, PSA, or 103-	12 IE:		
_				
b Na	ame of sponsor of entity listed in	(a):		
		I • = :		
C FI	N-PN	d Entity	e Dollar value of interest in MTIA, CCT, P	
		code	103-12 IE at end of year (see instruction	ns)
a N	ame of MTIA, CCT, PSA, or 103-	10 IE:		
a Na	and of WittA, CCT, PSA, of 103-	IZ IE.		
h .:		(-).		
D Na	ame of sponsor of entity listed in	(a):		
		d Entity	e Dollar value of interest in MTIA, CCT, P	SA or
C EI	N-PN	code	103-12 IE at end of year (see instruction	
		Loue	100-12 IE at end of year (see instruction	110)
a Na	ame of MTIA, CCT, PSA, or 103-	12 IE:		
	, , , , , , , , , , , , , , , , , , , ,			
b N:	ame of sponsor of entity listed in	(a)·		
IVC	and or oponion of chitty listed in	(~).		
<u> </u>	NI DNI	d Entity	e Dollar value of interest in MTIA, CCT, P	SA, or
C EI	N-PN	code	103-12 IE at end of year (see instruction	

Page	2	-

Schedule D (Form 5500) 2022

a Name of MTIA, CCT, PSA, or 103-12 IE:						
b Name of sponsor of entity listed in (a):						
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 1	03-12 IE:					
b Name of sponsor of entity listed	d in (a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 1	03-12 IE:					
b Name of sponsor of entity listed	d in (a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 1	03-12 IE:					
b Name of sponsor of entity listed	d in (a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 1	03-12 IE:					
b Name of sponsor of entity listed	d in (a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 1	03-12 IE:					
b Name of sponsor of entity listed	d in (a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 1	03-12 IE:					
b Name of sponsor of entity listed	d in (a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 1	03-12 IE:					
b Name of sponsor of entity listed	d in (a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 1	03-12 IE:					
b Name of sponsor of entity listed	d in (a):					
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)				
a Name of MTIA, CCT, PSA, or 1	a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed	d in (a):					
C EIN-PN	d Entity	e Dollar value of interest in MTIA, CCT, PSA, or				

F	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)	
а	Plan nar		
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	ne	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	ne	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	ne	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	ne	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	е	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	е	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	е	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	е	
b	Name of plan spo	nsor	C EIN-PN
	Plan nar	ne	
b	Name of plan spo	nsor	C EIN-PN
	Plan nar		
b	Name of plan spo		C EIN-PN
а	Plan nar	ne e	
b	Name of plan spo	nsor	C EIN-PN

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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

2022

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	, The de an attachment to Fermi coor			•	Inspectio	on
For calendar plan year 2022 or fiscal pla	nn year beginning 01/01/2022 ai	nd endii	ng 12/31/	2022		
A Name of plan LOCKHEED MARTIN CORPORATION	I GROUP INSURANCE PLAN FOR RETIRED EMPLOYEES	В	Three-diç plan num	,	•	591
C Plan sponsor's name as shown on li	ne 2a of Form 5500	D	Employer	Identification	n Number (EIN)
LOCKHEED MARTIN CORPORATION	1		52-18	893632		
Part I Asset and Liability S	tatement	l				
1 Current value of plan assets and liab	ilities at the beginning and end of the plan year. Combine the v	alue of	plan assets	held in mor	re than one	trust. Report

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)			
(2) Participant contributions	1b(2)	323635	433215	
(3) Other	1b(3)	200000	200000	
C General investments: (1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)			
(2) U.S. Government securities	1c(2)			
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other	1c(3)(B)			
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common	1c(4)(B)			
(5) Partnership/joint venture interests	1c(5)			
(6) Real estate (other than employer real property)	1c(6)			
(7) Loans (other than to participants)	1c(7)			
(8) Participant loans	1c(8)			
(9) Value of interest in common/collective trusts	1c(9)			
(10) Value of interest in pooled separate accounts	1c(10)			
(11) Value of interest in master trust investment accounts	1c(11)	830638266	639553457	
(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)			
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)			
(15) Other	1c(15)			

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	831161901	640186672
	Liabilities			
g	Benefit claims payable	1g	5801756	5995771
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	5801756	5995771
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	825360145	634190901

Part II Income and Expense Statement

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)	12447854	
(B) Participants	2a(1)(B)	11460233	
(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)		23908087
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		0
(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) An	nount		(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)				-146298980
(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				-122390893
Expenses					
e Benefit payment and payments to provide benefits:					
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		5511	11782	
(2) To insurance carriers for the provision of benefits	2e(2)		116	56725	
(3) Other	2e(3)				
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)				66768507
f Corrective distributions (see instructions)	2f				
g Certain deemed distributions of participant loans (see instructions)	2g				
h Interest expense	2h				
i Administrative expenses: (1) Professional fees	2i(1)				
(2) Contract administrator fees	2i(2)		200	09844	
(3) Investment advisory and management fees	2i(3)				
(4) Other	2i(4)				
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)				2009844
j Total expenses. Add all expense amounts in column (b) and enter total	2j				68778351
Net Income and Reconciliation					33773331
k Net income (loss). Subtract line 2j from line 2d	2k				-191169244
Transfers of assets:					101100211
(1) To this plan	21(1)				
(2) From this plan	21(2)				
(1) The man of plants					
Part III Accountant's Opinion					
3 Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant i	s attached to this	Form 5	5500. Co	mplete line 3d if an opinion is not
a The attached opinion of an independent qualified public accountant for this pla	an is (see ins	tructions):			
(1) X Unmodified (2) Qualified (3) Disclaimer (4)	Adverse				
b Check the appropriate box(es) to indicate whether the IQPA performed an ER 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 D	OL Regulation 2	520.103	3-8 nor D	OL Regulation 2520.103-12(d).
Enter the name and EIN of the accountant (or accounting firm) below:					
(1) Name: MITCHELL & TITUS, LLP (2) EIN: 13-2781641					
d The opinion of an independent qualified public accountant is not attached be (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached		ext Form 5500 pu	ırcııant	to 20 CE	D 2520 104 50
	ned to the n	ext Form 5500 pt	ırsuanı	10 29 CF	R 2520.104-50.
Part IV Compliance Questions					
4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete		e lines 4a, 4e, 4f, г		4k, 4m,	4n, or 5.
During the plan year:			Yes	No	Amount
Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction	prior year fa			X	
, (3			L	

Page	4-
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Schedule H (Form 5500) 2022

Yes Nο Amount 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 X 4b checked.)..... 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.) X 4c 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 Χ checked.)..... 4d 100000000 Х Was this plan covered by a fidelity bond?..... **4e** 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 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 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?..... Χ 4h Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)..... Х 4i 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 Χ see instructions for format requirements.)..... 4j 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 Χ ı Has the plan failed to provide any benefit when due under the plan?..... 41 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 4m 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..... 5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?....... X No If "Yes," enter the amount of any plan assets that reverted to the employer this year 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 5b 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

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

LOCKHEED MARTIN CORPORATION GROUP INSURANCE PLAN FOR RETIRED EMPLOYEES

Financial Statements as of December 31, 2022 and 2021, and for the Year Ended December 31, 2022 with Independent Auditor's Report

Lockheed Martin Corporation Group Insurance Plan for Retired Employees

Financial Statements

Year Ended December 31, 2022

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<u>Independent Auditor's Report</u>	<u>1</u>
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021	<u>4</u>
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2022	<u>5</u>
Notes to Financial Statements	6



INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the Lockheed Martin Corporation Group Insurance Plan for Retired Employees

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

We have performed audits of the financial statements of Lockheed Martin Corporation Group Insurance Plan for Retired Employees (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 as of December 31, 2022 and 2021, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits 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 audits 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, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

 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.

> 1625 K Street, NW Washington, DC 20006 **T** +1 202 293 7500 **F** +1 202 465 3149



• 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).

Basis for Opinion

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

Management is also responsible for maintaining a current plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions,



misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Mitchell: Titus, LLP

October 3, 2023

Lockheed Martin Corporation Group Insurance Plan for Retired Employees Statements of Net Assets Available for Benefits (in thousands)

December 31,

	2022	2021		
Assets				
Investments:				
Interest in Lockheed Martin Corporation Benefit Trust	\$ 17,088	\$	16,269	
Interest in Lockheed Martin Corporation Benefit Trust for Collectively Bargained Employees	622,466		814,369	
Total investments	639,554		830,638	
Net assets held in Lockheed Martin Corporation Salaried Employee Retirement Program 401(h) account	1,022,800		1,342,437	
Net assets held in Lockheed Martin Corporation Salaried Savings Plan 401(h) account	17		17	
	422		222	
Retiree contributions receivable	433		323	
Income tax receivable	 200		200	
Total receivables	633		523	
Total assets	1,663,004		2,173,615	
Liabilities				
Payable to Lockheed Martin Corporation	5,995		5,801	
Net assets available for benefits	\$ 1,657,009	\$	2,167,814	

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

Lockheed Martin Corporation Group Insurance Plan for Retired Employees Statement of Changes in Net Assets Available for Benefits (in thousands)

Year Ended

	Decer	nber 31, 2022
Net assets available for benefits at beginning of year	\$	2,167,814
Additions to net assets:		
Contributions:		
Employer		14,342
Retiree		60,775
Total additions		75,117
Deductions from net assets:		
Interest in net investment losses of the Trusts		375,340
Claims payments		177,363
Insurance premiums		30,234
Administrative expenses		2,985
Total deductions		585,922
Change in net assets		(510,805)
Net assets available for benefits at end of year	\$	1,657,009

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

1. Description of the Plan

The following description of the Lockheed Martin Corporation Group Insurance Plan for Retired Employees (the Plan) provides only general information about the Plan's provisions. Participants should refer to the Plan document and Summary Plan Descriptions for a more complete description of the Plan's provisions.

General

The Plan consists of (i) a defined benefit health and welfare plan covering certain retirees of Lockheed Martin Corporation (the Group Insurance Plan) and (ii) a qualified self-insured health reimbursement plan covering certain Medicare-eligible retirees of Lockheed Martin Corporation (the Retiree HRA), and has been amended from time to time. Lockheed Martin Corporation (the Corporation) is the Plan Sponsor and the Plan Administrator.

The assets of the Plan, excluding the "Retiree contributions receivable" and "Income tax receivable" are held and invested on a commingled basis in the Lockheed Martin Corporation Benefit Trust (the Trust) and the Lockheed Martin Corporation Benefit Trust for Collectively Bargained Employees (the Collectively Bargained Trust), as well as in the Lockheed Martin Corporation Salaried Employee Retirement Program (LMRP) 401(h) account are held by The Northern Trust Company until August 31, 2022; effective September 1, 2022, the Corporation transitioned the Trustee from The Northern Trust Company to The Bank of New York Mellon (the Trustee). The Lockheed Martin Corporation Salaried Savings Plan (SSP) 401(h) account is still held by the Northern Trust Company.

401(h) Account

Separate accounts have been established and maintained in LMRP and SSP for the net assets related to the medical benefit and the retiree HRA components of the Plan, in accordance with Section 401(h) of the IRC. In accordance with IRC Section 401(h), the Plan's investments in the 401(h) accounts may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in the LMRP or SSP obligations, but are reported as obligations in the accompanying financial statements of the Plan. In 2022, the health and welfare benefits of \$136.9 million were paid from the LMRP 401(h) account.

The LMRP and the SSP each have an Internal Revenue Service (IRS) determination letter stating that the plans are designed in accordance with applicable sections of the Internal Revenue Code (IRC), and therefore, the related trusts are exempt from taxation. These plans have been amended since issuance of the determination letter. However, the Plan Administrator and the Corporation's counsel believe that the current design and operations of the LMRP and SSP are in compliance with the applicable provisions of the IRC and therefore, believe the LMRP and SSP, as amended, are qualified and the related trusts are tax exempt.

Funding Policy

The Corporation's cash contributions are determined on an accrual basis in accordance with the requirements under Sections 105, 106, and 419 of the IRC and as defined in IRS Notice 2002-45, as applicable, and U.S. Government Cost Accounting Standards (CAS).

Although the Corporation expects to continue the Plan indefinitely, the Corporation may amend, suspend, or terminate the Plan for any reason at any time. If the Plan is terminated, any benefits with respect to

claims or expenses incurred prior to the date of such Plan termination will be an obligation of the Plan. Such benefits may be fully or partially provided for by the existing assets of the Plan, with any excess provided for by the Corporation.

Contributions

The Corporation makes actuarially determined contributions to the 401(h) accounts and Trusts that are used to fund the Corporation's portion of postretirement medical benefits incurred for covered retirees and spouses.

The cost of the postretirement benefit obligation is shared by the Corporation and retirees for the Group Insurance Plan. The Group Insurance Plan covers various groups of retirees with multiple cost-sharing provisions. Generally, for retirees age 65 and under, their contributions are based on years of service as well as amounts in excess of a monthly cap. For retirees over age 65, generally, their benefits are supplemental to Medicare and they generally contribute amounts in excess of a monthly cap. In some cases, represented retirees contribute a nominal amount.

The Retiree HRA provides Benefit Credits to participants each year based on a fixed dollar amount. Generally, a Benefit Credit for a full Plan year is \$900 for each participating retiree and participating spouse with higher amounts for some retiree groups. The Benefit Credit is prorated for the number of months remaining in the year if the participant becomes covered after January 1 in a Plan year. Benefit Credits that are not used by participants in each plan year are carried over and may be used in subsequent years throughout each participant's lifetime.

Payment of Claims and Premiums

The Plan provides continuation of certain benefits upon retirement from the Corporation including medical, prescription drug, dental, and life insurance benefits. Benefits are either fully insured or self-insured. The claims for self-insured benefits are processed by the Plan's third-party administrators; however, the responsibility for payments to providers is retained by the Plan. The Retiree HRA reimburses participants for eligible medical expenses incurred up to their Benefit Credit amounts each year.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Payment of Claims and Premiums

Premiums paid by either the Corporation or the Trusts are recorded as insurance premiums in the accompanying Statement of Changes in Net Assets Available for Benefits.

Claims payments are recorded when paid by the Corporation. Amounts due to the Corporation for claims paid out but not yet reimbursed by the Plan are recorded as a payable to the Corporation in the Statements of Net Assets Available for Benefits.

Postretirement Benefit Obligations

Postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the valuation date. Postretirement benefits include future benefits expected to be paid to (i) currently retired employees and their beneficiaries and dependents and (ii) active employees and their beneficiaries and dependents, after retirement from service with the Corporation. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date. The benefit obligations information is presented in Note 3 to the financial statements.

Risks and Uncertainties

The Plan, through the Trusts and 401(h) accounts, invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, currency, 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 Statements of Net Assets Available for Benefits.

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

Investment Valuation and Income Recognition

Investments in the Trusts and the net assets of the 401(h) accounts are reported at fair value. Fair value is the price that would have been received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Trusts' and LMRP 401(h)'s gains and losses on investments bought and sold as well as held during the year are included in interest in net investment gains or losses of the Trusts and LMRP 401(h) on the Statement of Changes in Net Assets Available for Benefits. The net assets of the SSP 401(h) account's gains or losses on investments bought and sold as well as held during the year are included in the net increase or decrease in the SSP 401(h) account.

Administrative Expenses

Direct administrative expenses are paid by the Trusts and generally allocated to the Plan proportionally based on the Plan's interest in the Trusts' net assets or directly if specifically related to the Plan. Other indirect administrative expenses are paid by the Corporation. Certain indirect administrative expenses are

paid by the Corporation and are excluded from the Plan's financial statements. Expenses paid by the Plan are shown on the Statement of Changes in Net Assets Available for Benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 3, 2023, the date the financial statements were available to be issued. No material subsequent events have occurred since December 31, 2022 that required recognition or disclosure in these financial statements.

3. Benefit Obligations

The actuarial present value of the estimated postretirement benefit obligation is determined by an 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 and the probability of payment between the valuation date and the expected date of payment, and to reflect the portion of those costs expected to be borne by Medicare, the retired participants, and other providers.

The 2023 assumed health care cost trend rate for the December 31, 2022 postretirement benefit obligation is 7.25%, trending down to 4.50% by 2034, and the 2022 health care cost trend rate for the December 31, 2021 postretirement benefit obligation was 7.5%, trending down to 4.50% by 2034. The assumptions include the impact of Medicare cost-sharing provisions.

Other significant assumptions used in the valuations are as follows:

	December 31,					
	2022	2021				
Weighted average discount rate	5.25%	2.75%				
Average retirement age	62	62				
Turnover	Based on termination experience of the Plan	Based on termination experience of the Plan				
Mortality	Pri-2012 Collar Adjusted with Scale MP-2021	Pri-2012 Collar Adjusted with Scale MP-2021				

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

The postretirement benefit obligation is as follows (in thousands):

	December 31,			
	 2022			
Active employees, fully eligible for benefits	\$ 180,621 \$	264,157		
Active employees, not yet fully eligible for benefits	126,106	205,652		
Retirees	1,076,438	1,400,965		
Postretirement benefit obligation	\$ 1,383,165 \$	1,870,774		

The change in the Plan's postretirement benefit obligations is as follows (in thousands):

	Year Ended		
	December 31, 202 2		
Balance at beginning of year	\$	1,870,774	
Increase (decrease) in postretirement benefits attributable to:			
Increase for interest due to the decrease in the discount period		49,680	
Benefits paid		(207,089)	
Benefits earned and other changes		7,629	
Plan amendments		1,367	
Changes in actuarial assumptions		(339,196)	
Net decrease		(487,609)	
Total postretirement benefit obligations at end of year	\$	1,383,165	

The changes in actuarial assumptions in the table above reflect the increase in the discount rate that impacted the postretirement benefit obligation by \$(339) million. A 1% increase in the assumed health care cost trend rates would increase the postretirement benefit obligation by approximately 2.1% as of December 31, 2022. The claims incurred but not reported (IBNR) by retirees at December 31, 2022 and 2021, were \$12 million each year, and are included in the postretirement benefit obligation.

It is expected that the excess of postretirement benefit obligations over net assets available for benefits will be funded through future actuarially determined contributions to the Collectively Bargained Trust for certain hourly retirees, and through future actuarially determined contributions to the LMRP 401(h), the SSP 401(h), or the Trusts, for certain salaried retirees. Funding of benefits for all other postretirement benefit obligations will be made on a pay-as-you-go basis by the Corporation.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) introduced a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. Under the Act, the Medicare subsidy amount is received directly by the plan sponsor and not the related plan. Further, the plan sponsor is not required to use the subsidy amount to fund postretirement benefits and may use the subsidy for any valid business purpose.

The postretirement benefit obligation as of December 31, 2022 and 2021 and the changes in the postretirement benefit obligation for the year ended December 31, 2022 do not reflect any amount associated with the Medicare subsidy as the Plan is not directly entitled to the Medicare subsidy. The Plan's postretirement benefit obligation as of December 31, 2022 and 2021, differs from that disclosed by the Corporation because the Corporation's amounts are net of the Medicare subsidy. However, the Corporation has decided to contribute the subsidy into the Trusts.

4. Benefit Trust

General

The Plan's investments are held by the Trusts and two 401(h) accounts, which were established for the investment of the Plan's assets and the assets of certain other defined benefit plans sponsored by the Corporation. The assets, realized and unrealized gains and losses, investment income, and plan expenses of the Trusts and LMRP 401(h) are included in the Trusts' and LMRP 401(h)'s net assets.

The Trusts owe direct reimbursements to the Corporation for certain claims paid by the Corporation.

Investment information disclosed in the fair value of assets tables including investments held as of December 31, 2022 and 2021, and net depreciation in fair value of investments, interest income, and dividend income for the year ended December 31, 2022, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by The Northern Trust Company until August 31, 2022, effective September 1, 2022, the information was obtained, certified as complete and accurate by The Bank of New York Mellon, the Trustee. The SSP 401(h) account is still held by the Northern Trust Company.

Fair Value of Assets

The accounting standard for fair value measurements defines fair value, establishes a market-based framework or hierarchy for measuring fair value, and requires disclosures regarding fair value measurements. The standard is applicable whenever assets and liabilities are measured and included in the financial statements at fair value.

The fair value hierarchy established in the standard prioritizes the inputs used in valuation techniques into three levels as follows:

- Level 1 Quoted prices in active markets for identical assets and liabilities;
- Level 2 Observable inputs, other than Level 1 prices, such as quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, and amounts derived from valuation models where all significant inputs are observable in active markets; and
- Level 3 Unobservable inputs where valuation models are supported by little or no market activity that one or more significant inputs are unobservable and require us to develop relevant assumptions.

Certain other investments are measured at fair value using their Net Asset Value (NAV) per share and do not have readily determined values and are thus not subject to leveling in the fair value hierarchy. The NAV is the total value of the fund divided by the number of shares outstanding.

The following table presents the fair value of the assets in the Trust by asset category and their level within the fair value hierarchy as of December 31, 2022 (in thousands):

	December 31, 2022					
		Level 1		Level 2		Total
Cash and cash equivalents and short-term investment fund	\$	11,901		\$ —	\$	11,901
Registered investment companies		1,504		_		1,504
Common collective trusts (a)		_		3,651		3,651
Total investment assets at fair value	\$	13,405	\$	3,651	\$	17,056
Receivables, net						32
Total net assets					\$	17,088

Interest income and dividend income earned by the Trust for the year ended December 31, 2022 was \$0.18 million and \$0.08 million, respectively. The net depreciation for the year ended December 31, 2022 was \$1.29 million.

The following table presents the fair value of the assets in the Trust by asset category and their level within the fair value hierarchy as of December 31, 2021 (in thousands):

	December 31, 2021					
		Level 1		Level 2		Total
Cash and cash equivalents and short-term investment fund	\$	2,035	\$		\$	2,035
U.S. Government securities		_		5,255		5,255
Common collective trusts (a)		_		8,965		8,965
Total investment assets at fair value	\$	2,035	\$	14,220	\$	16,255
Receivables, net	t					14
Total net assets	S				\$	16,269

The following table presents the fair value of the assets in the Collectively Bargained Trust by asset category and their level within the fair value hierarchy as of December 31, 2022 (in thousands):

December 31, 2022

		Level 1	Level 2	Total
Cash and cash equivalents and short-term investment fund	\$	340 \$	<u> </u>	340
Common and preferred stock		199,152	_	199,152
Corporate debt securities		_	126,221	126,221
Common collective trusts (a)		_	47,832	47,832
Registered investment companies		242,069	_	242,069
U.S. Government securities			3,128	3,128
Other investments			409	409
Total investment assets at fair value	\$	441,561 \$	177,590 \$	619,151
Receivables, ne	t			3,315
Total net asset	S		\$	622,466

Interest income and dividend income earned by the Collectively Bargained Trust for the year ended December 31, 2022 was \$8.71 million and \$7.94 million, respectively. The net depreciation for the year ended December 31, 2022 was \$161.6 million.

The following table presents the fair value of the assets in the Collectively Bargained Trust by asset category and their level within the fair value hierarchy as of December 31, 2021 (in thousands):

December 31, 2021

		Level 1	Level 2	Total
Cash and cash equivalents and short-term investment fund	\$	6,689	\$ _	\$ 6,689
Common and preferred stock		221,274	_	221,274
Corporate debt securities		_	108,214	108,214
Common collective trusts (a)		_	54,972	54,972
Registered investment companies		77,472	_	77,472
U.S. Government securities		_	2,271	2,271
Other investments		_	341,878	341,878
Total investment assets at fair value	\$	305,435	\$ 507,335	\$ 812,770
Receivables, ne	t			1,599
Total net asset	S			\$ 814,369

⁽a) Certain Common collective trusts have been measured at fair value using the NAV per share (or its equivalent) but not as a practical expedient, which accordingly have been classified in the fair value hierarchy.

The fair value of the assets in the SSP 401(h) and in the LMRP 401(h) by asset category and their level within the fair value hierarchy as of December 31, 2022 and 2021, respectively, are presented in the SSP and LMRP financial statements.

Valuation Techniques

Cash and cash equivalents and short-term investment fund investments are mostly comprised of cash and short-term money-market instruments and are valued at cost, which approximates fair value.

Common and preferred stock securities categorized as Level 1 are traded on active national and international exchanges and are valued at their closing prices on the last trading day of the year.

Common collective trusts are investment vehicles valued using the NAV provided by the fund managers. The NAV is the total value of the fund divided by the number of shares outstanding. Common collective trusts are categorized as Level 2 if the NAV is corroborated by observable market data (e.g., purchases or sales activity).

Registered investment company securities categorized as Level 1 are traded on active national and international exchanges and are generally valued at their closing prices on the last trading day of the year. In the cases where the valuation is based on NAV at the close of the year, these represent open-ended mutual funds valued by multiple pricing sources..

Corporate debt instruments and U.S. Government securities categorized as Level 2 are valued by the Trustee using pricing models that use verifiable observable market data (e.g., interest rates and yield curves observable at commonly quoted intervals and credit spreads), bids provided by brokers or dealers, or quoted prices of securities with similar characteristics.

Other investments consist of securities such as derivatives and fixed income securities not classified as corporate debt instruments or U.S. Government securities. Level 2 securities are mainly comprised of overthe-counter derivatives and fixed income investments valued by the Trustee using pricing models that use verifiable observable market data (e.g., interest rates and yield curves observable at commonly quoted intervals and credit spreads), bids provided by brokers or dealers, or quoted prices of securities with similar characteristics.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

In estimating the fair value of the investments not in a level of fair value hierarchy, management may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, management evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

5. Parties-in-Interest Transactions

The Trusts invest in funds managed by The Northern Trust Company, the former Trustee. Investments in these funds qualify as party-in-interest transactions for which a statutory exemption from the prohibited transaction regulation exists.

6. Income Tax Status

The Trusts have received exemption letters from the IRS, dated October 15, 2012, stating that the Trusts are tax-exempt under the provisions of Section 501(c)(9) of the IRC as Voluntary Employee Beneficiary Association trusts. The Plan and Trusts are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trusts. The Plan Administrator and the Plan's counsel believe the Plan is being operated in compliance with the applicable requirements of the IRC, and therefore, believes the related Plan and Trusts are tax-exempt.

Under Section 512 of the IRC, the investment earnings attributable to reserves for postretirement benefits are not exempt from income taxes.

Based on the available objective evidence, including the Plan Sponsor's decision to discontinue funding through the Trust, management believes it is more-likely-than-not that the net deferred tax assets will not be fully realizable. Accordingly, a full valuation allowance has been recorded against its deferred tax assets as of December 31, 2022.

Deferred income taxes consist of the following (in thousands):

	mber 31, 2022
Deferred tax assets:	
Capital loss carryforwards	\$ (1,079)
Unrealized gains/losses	301
Net operating loss carryforwards	(40)
Full valuation allowance on deferred tax assets	818
Total deferred tax assets	\$ _

GAAP requires plan management to evaluate tax positions taken by the Plan to determine whether the Plan has taken any uncertain positions that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, 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, but no tax audits are in progress. The Plan Administrator considers the Plan is no longer subject to income tax examinations for years prior to 2019.

7. 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 (in thousands):

	December 31,		
	2022		2021
Net assets available for benefits per the financial statements	\$ 1,657,009	\$	2,167,814
Less: Net assets held in LMRP 401(h) account	1,022,800		1,342,437
Less: Net assets held in SSP 401(h) account	17		17
Net assets available for benefits per the Form 5500	\$ 634,192	\$	825,360

The following is a reconciliation of the change in net asset available for benefits per the financial statements to the Form 5500 (in thousands):

	Y	Year Ended December 31, 2022	
	Dece		
Net decrease per the financial statements	\$	(510,805)	
Less: Net decrease in LMRP		(319,637)	
Net decrease per Form 5500	\$	(191,168)	

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 of the LMRP 401(h) account are held by the LMRP, and the assets of the SSP 401(h) account are held by the SSP.