Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110

2023

This Form is Open to Public Inspection

Part I Annual Report Id	dentification Information							
For calendar plan year 2023 or fisc	cal plan year beginning 01/01/2023	and ending 12/31/2023	1					
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking this lemployer information in accordance with the fo						
	X a single-employer plan	a DFE (specify)	,					
B This return/report is:								
	an amended return/report	a short plan year return/report (less than 12 m	onths)					
C If the plan is a collectively-barga	ained plan, check here	.	×					
D Check box if filing under:	X Form 5558	automatic extension	the DFVC program					
	special extension (enter descriptio	n)						
E If this is a retroactively adopted	E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here							
Part II Basic Plan Inform	mation—enter all requested information	on	<u>-</u>					
1a Name of plan LOCKHEED MARTIN GROUP B			1b Three-digit plan number (PN) ▶ 594					
			1c Effective date of plan 01/01/1995					
2a Plan sponsor's name (employe	, ,		2b Employer Identification					
Mailing address (include room City or town, state or province	, apt., suite no. and street, or P.O. Box) , country, and ZIP or foreign postal code TION	e (if foreign, see instructions)	Number (EIN) 52-1893632					
LOCKHEED MARTIN CORPORA	HON		2c Plan Sponsor's telephone number 863-647-0370					
6801 ROCKLEDGE DRIVE, CCT- BETHESDA, MD 20817	2d Business code (see instructions) 339900							
Coustient A manufactor for the letter of	wine complete filling of this yet	rt will he assessed unless reasonable cause is es	tablished					

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2024	ROBERT MUENINGHOFF
TIEILE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HEKE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

	Form 5500 (2023)		Pag	ıo 2				
3a	Plan administrator's name and address X Same as Plan Sponsor		гау	je Z		3b Ad	ministrator's EIN	
						3c Adı	ministrator's tele mber	
	If the name and/or EIN of the plan sponsor or the plan name has changed single enter the plan sponsor's name, EIN, the plan name and the plan number from Sponsor's name Plan Name					4b EII		
5	Total number of participants at the beginning of the plan year					5		107520
3	Number of participants as of the end of the plan year unless otherwise stated 6a(2), 6b, 6c, and 6d).	d (welfa	are plans	s con	mplete only lines 6a(1),			
а(1) Total number of active participants at the beginning of the plan year					6a(1)		107520
a(2) Total number of active participants at the end of the plan year					6a(2)		112559
b	Retired or separated participants receiving benefits					6b		0
С	Other retired or separated participants entitled to future benefits					6c		0
d	Subtotal. Add lines 6a(2), 6b, and 6c.					6d		112559
е	Deceased participants whose beneficiaries are receiving or are entitled to	receiv	e benef	its		6e		
f	Total. Add lines 6d and 6e					6f		
g(Number of participants with account balances as of the beginning of the p complete this item)					6g(1)		
g(Number of participants with account balances as of the end of the plan ve	ear (on	ly define	d co	ntribution plans	6g(2)		
h	Number of participants who terminated employment during the plan year less than 100% vested					6h		
	Enter the total number of employers obligated to contribute to the plan (only If the plan provides pension benefits, enter the applicable pension feature co		. ,			7		
	If the plan provides welfare benefits, enter the applicable welfare feature cod 4A 4B 4D 4E 4F 4H 4L 4Q Plan funding arrangement (check all that apply) (1) X Insurance (2) Code section 412(e)(3) insurance contracts	9b			Plan Characteristics Code: arrangement (check all the Insurance Code section 412(e)(3)	at apply)		
	(3) Trust		(3)		Trust			
10	(4) X General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are a	_	(4)	xhorr	General assets of the s		had (See instru	ıctions\
	Pension Schedules				e indicated, enter the num hedules	o c i allaci	neu. (See mstru	10110)
а	(1) R (Retirement Plan Information)	D	(1)		H (Financial Information	1)		
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan		(2) (3)	×	I (Financial Information A (Insurance Information	– Small		43
	actuary		(4)		C (Service Provider Info	ormation)		

(5)

(6)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

(3)

(4)

(5)

 $\textbf{SB} \ \ (\text{Single-Employer Defined Benefit Plan Actuarial}$

DCG (Individual Plan Information) – Number Attached

 $\textbf{MEP} \ \ (\textbf{Multiple-Employer Retirement Plan Information})$

Information) - signed by the plan actuary

Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

OMB No. 1210-0110

2023

		pursuant to	ERISA section 103(a)(2)) <u>. </u>			Inspection	
For calendar plan year 202	3 or fiscal plan	n year beginning 01/01/2023		and en	ding 12/3	31/2023		
A Name of plan				B Three	e-digit			
LOCKHEED MARTIN GE	ROUP BENEF	EFITS PLAN		plan	number (PN	1) 🕨	594	
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		D Emplo	yer Identifica	ation Number (EIN)	
LOCKHEED MARTIN CO	RPORATION			52-	-1893632			
		rning Insurance Contract Individual contracts grouped a						
1 Coverage Information:								
(a) Name of insurance car AETNA HEALTH INC.	rier							
	(a) NIAIC	(d) Contract or	(e) Approximate nu	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	
59-2411584	95088	0701220HNO	18	i	01/01/202	3	12/31/2023	
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 a	mount of com	missions paid		(b) To	tal amount o	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, broker	r, or other person to who	m commissi	ions or fees	were paid		
	Ţ							
(b) Amount of sales an	d base		es and other commission					
commissions pai	d	(c) Amount		(d) Purpose	9		(e) Organization code	
	(a) Name a	and address of the agent, broker	r, or other person to who	m commissi	ions or fees	were paid		
(b) Amount of sales and base Fees and other commissions paid								
commissions pai		(c) Amount		(d) Purpose			(e) Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
		Food 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) Nar	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	(c) Amount (d) Purpose							
commissions paid	(c) / illioant	(4) 1 41,5000	code					
(a) Name 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					
commissions paid			couc					
())								
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(4)	no and addition of the agent, pronor	, or said, person, or memoralisms or rose note para						
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	<u> </u>			- gaaranie		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

8 Benefit and contract type (check all applicable boxes) a Health (wher than dental or vision) b Dental c Vision d Life insurance e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h Prescription drug i Stop loss (large deductible) j HMO contract k PPO contract l Indemnity contract m Other (specify) ** 9 Experience-lated contracts: a Premiums: (1) Amount received 9a(1) 9a(2) 9a(3) (2) Increase (decrease) in mount due but unpaid 9a(3) 9a(4) 9a(3) 9a(4) 9a(4) 9a(2) 9a(3) 9a(4) 9a(2) 9a(4) 9a(2) 9a(4) 9a	P	art l	III Welfare Benefit Contract Informat If more than one contract covers the same g the information may be combined for reportir employees, the entire group of such individual	oup of employees of the gurposes if such contr	acts are ex	xpei	rience-rated as a ur	it. Where co	ontracts cover	
e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h Prescription drug i Stop loss (large deductible) j HMO contract k PPO contract l l Indemnity contract m Other (specify) P W W Provision of Information 9 Experience-rated contracts: a Premiums: (1) Amount received 9a(1) 9a(1) 9a(2) 10 10 10 10 10 10 10 10 10 10 10 10 10	8	Bene	efit and contract type (check all applicable boxes)							
i		а	Health (other than dental or vision)	b Dental	С	: 🗍	Vision		d Life ins	urance
i		еĪ	Temporary disability (accident and sickness)	f 🗍 Long-term disabilit	v a	Ē	Supplemental uner	nplovment	h Prescrip	otion drua
Per IV Provision of Information Part IV Provision of Information Provise angle and page 20 and		i		= -		=				_
9 Experience-rated contracts: a Premiums: (1) Amount received. (2) Increase (decrease) in amount due but unpaid		m				ш				,
a Premiums: (1) Amount received. (2) Increase (decrease) in amount due but unpaid. (3) Increase (decrease) in uneamed premium reserve (4) Earned ((f) + (2) - (3)) B Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves. (3) Incurred claims (add (f) and (2)). (4) Claims charged (5) Increase (decrease) in claim reserves. (6) Commissions (7) A Commissions (8) Administrative service or other fees. (9) Commissions (10) Other expenses. (11) Other expenses. (12) Clother expenses. (13) Commissions (14) Commissions (15) Charges for risks or other contingencies. (16) Other retention charges. (17) Charges for risks or other contingencies. (18) Gother retention charges. (19) Charges for risks or other contingencies. (19) Charges for risks or other contingencies. (19) Charges for risks or other contingencies. (10) Other retention charges. (10) Claim reserves at end of year: (1) Amount held to provide benefits after retirement. (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (2) Claim reserves. (3) Other reserves. (4) Commissions (5) Other search at a refunds due. (Do not include amount entered in line 9c(2)). (5) Other search at a refunds of the contracts: (5) Other search at a refunds due. (Do not include amount entered in line 9c(2)). (5) Other search at a refunds of the contract or price, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or price, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or price, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or price, other than reported in Part I, line 2 above, report amount. 10b Interest Provision of Information		L	J							
(2) Increase (decrease) in amount due but urpaid	9	Expe	erience-rated contracts:							
(3) Increase (decrease) in uneamed premium reserve. (4) Earned (11) + (2) - (3))		a i	Premiums: (1) Amount received		9a(1)					
(3) Increase (decrease) in uneared premium reserve 9a(3) b Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves. (3) Increase (decrease) in claim reserves. (4) Claims charged. (5) Part IV Provision of Information Part IV Provision of Information Pag(4) Part IV Provision of Information Pag(2) Increase (decrease) in claim reserves. 9b(2) 9b(4) 9b(4) 9b(5) 9b(6) 9b(7) 9b(8) 9b(9) 9b(1)			(2) Increase (decrease) in amount due but unpaid.		9a(2)					
Benefit charges (f) Claims paid					9a(3)					
(2) Increase (decrease) in claim reserves (3) Incurred claims (add (1) and (2)). (4) Claims charged			(4) Earned ((1) + (2) - (3))	······				9a(4)		0
(3) Incurred claims (add (1) and (2))		b	Benefit charges (1) Claims paid		9b(1)					
(4) Clalins charged (A) C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs (B) Administrative service or other fees (C) Other specific acquisition costs (D) Other expenses (E) Taxes (G) Other retention charges (G) Other retention charges at end of year: (1) Amount held to provide benefits after retirement (G) Other reserves (G) Other reserves (G) Other retention of orthoractive rate refunds due. (Do not include amount entered in line 9c(2)) (G) Other reserves (G) Other reserves (G) Other reserves (G) Other reserves (G) Other retention of retention charges paid to carrier (G) Other reserves (G) Other reserves (G) Other reserves (G) Other reserves (G) Other retention of retention charges paid to carrier (G) Other reserves (G) Other retention of retention charges paid to carrier (D) Other charges in the retirement (D) Other charges in the reti			(2) Increase (decrease) in claim reserves		9b(2)					
C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions			(3) Incurred claims (add (1) and (2))					9b(3)		0
(A) Commissions			(4) Claims charged					9b(4)		
(B) Administrative service or other fees (C) Other specific acquisition costs (D) Other expecific acquisition costs (E) Taxes (E) Taxes (F) Charges for risks or other contingencies (G) Other retention charges (G) Other retention charges (G) Other retention charges (H) Total 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 ☐ credited.) (2) Claim reserves (3) Other reserves at end of year: (1) Amount held to provide benefits after retrement (3) Other reserves (3) Other reserves (3) Other reserves (4) Section (5) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (6) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (7) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (8) 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).) (1) Nonexperience-rated contracts: (2) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (2) Line reserves (3) Other reserves (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (2) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (2) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (3) Dividends or retroactive retroactive rate refunds. (4) Dividends or retroactive retrement. (5) Dividends or retroactive retrement. (6) Dividends or retroactive retrement. (9) Dec(1) Dividends. (9) Dec(1) Dividends. (10) Dividends or retrement. (10) Dividends or retrement. (10) Dividends or retrement. (11) Dividends or retrement. (12) Dividends or retrement. (13) Dividends or retrement. (14) Dividends or retrement. (15) Dividends or retremen		С	Remainder of premium: (1) Retention charges (on	an accrual basis)						
(C) Other specific acquisition costs 9c(1)(C) 9c(1)(D) 9c(1)(D) 9c(1)(E) 9c(1)(E) 9c(1)(E) 9c(1)(F) 9c(2) 9c(2) 9d(2) 9d(3) 0ter reserves — 9d(3) 9e 9d(2) 9d(3) 9e 10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier. 9e 10a 58602e 10b H 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			(A) Commissions		9c(1)(A))				
(D) Other expenses			(B) Administrative service or other fees		9c(1)(B))				
(E) Taxes			(C) Other specific acquisition costs			_				
(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. (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (5) Pe Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (6) Value reserves. (7) Pe Povision of Information Part IV Provision of Information Part IV Provision of Information Yes No			(D) Other expenses			_				
(G) Other retention charges			(E) Taxes			_				
(H) Total retention				To the second se		_				
(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)			(G) Other retention charges		9c(1)(G))				
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			` ')	0
(2) Claim reserves			(2) Dividends or retroactive rate refunds. (These a	amounts were paid in	cash, or	cr	redited.)	9c(2)		
e 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		d	Status of policyholder reserves at end of year: (1)	Amount held to provide b	penefits aft	ter r	etirement	9d(1)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) 9e 10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier. 10a 586024 b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 10b Specify nature of costs. Part IV Provision of Information 10 10 2 586024 10 10 3 586024 10 10 10 10 10 10 10 10 10 10 10 10 10 1			(2) Claim reserves					9d(2)		
Total premiums or subscription charges paid to carrier			(3) Other reserves					9d(3)		
a Total premiums or subscription charges paid to carrier		е	Dividends or retroactive rate refunds due. (Do not	include amount entered	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	No	nexperience-rated contracts:							
retention of the contract or policy, other than reported in Part I, line 2 above, report amount		а	Total premiums or subscription charges paid to ca	rrier				10a		586024
Specify nature of costs. Part IV Provision of Information 11 Did the insurance company fail to provide any information necessary to complete Schedule A?		b						401		
Part IV Provision of Information 11 Did the insurance company fail to provide any information necessary to complete Schedule A?		C		ted in Part I, line 2 above	e, report ar	mou	ınt	10b		
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?	Р	art I	IV Provision of Information							
				tion necessary to comple	ete Schedi	ule 4	Δ? Γ	Yes	X No	
					oto Coricat	aic /				

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

2023

This Form is Open to Public Inspection

		pursuant to	LINION SECTION 103(a)(2)				Inspection	
For calendar plan year 20	23 or fiscal pla	n year beginning 01/01/2023		and en	iding 12/31/20	23	•	
A Name of plan LOCKHEED MARTIN G	ROUP BENEF	ITS PLAN			e-digit number (PN)	•	594	
C Plan sponsor's name a	s shown on lir	e 2a of Form 5500		D Emplo	yer Identification	Number (EIN)	
LOCKHEED MARTIN CO	ORPORATION	I		52	-1893632			
		rning Insurance Contract. A. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance ca		OF WASHINGTON OPTIONS,	INC.					
	(c) NAIC	(d) Contract or	(e) Approximate no		Р	olicy or co	ontract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f) Fron	1	(g) To	
91-1467158	47055	6778600	39)	01/01/2023		12/31/2023	
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		ees. (Complete as many entrie						
	(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 hase	F	ees and other commissio	ns paid				
commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code	
	(a) Name	and address of the agent, broke	or other person to who	m commiss	ions or fees were	naid		
	(a) Name	and address of the agent, broke	or, or other person to who	111 COITHINGS	ions of fees were	paid		
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid				
commissions paid		(c) Amount		(d) Purpos	e		(e) Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
		Food 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) Nar	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	(c) Amount (d) Purpose							
commissions paid	(c) / illioant	(4) 1 41,5000	code					
(a) Name 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					
commissions paid			couc					
())								
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(4)	no and address of the agent, stener	, or said, person to mism commission or rose note para						
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	<u> </u>			- gaaranie		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

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 contemployees, the entire group of such individual contracts with each of	tracts are e	· expe	erience-rated as a uni	t. Where co	contracts 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 disabil	itv a	ı 🗀	Supplemental unem	nlovment	h Prescription drug	
	i [Stop loss (large deductible) j X HMO contract		, _ ([1	pioymoni	I Indemnity contract	
	m	Other (specify)		_	!		–	
	L							
9	Expe	perience-rated contracts:						
		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
	-		9b(1)					
		(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	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	i)				
		(H) Total retention	<u>-</u>			9c(1)(H	1)	0
		(2) Dividends or retroactive rate refunds. (These amounts were paid i	n cash, or	(credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits af	fter	retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not include amount entere	d in line 9c	(2).	.)	9e		
10	No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to carrier				10a	104887	' 9
	b	If the carrier, service, or other organization incurred any specific costs in	connection	witl	h the acquisition or			
		retention of the contract or policy, other than reported in Part I, line 2 about	ve, report a	ımo	unt	10b		
	Spe	ecify nature of costs.						
D	art l	IV Provision of Information						-
			oloto Cal I	lud -	ла П	Yes	X No	_
11		id the insurance company fail to provide any information necessary to comp	nete Schedi	iule	A:	169	NO INO	_
12	. IT 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

2023

This Form is Open to Public Inspection

			ERISA section 103(a)(2)	·			Inspection		
For calendar plan year 202	23 or fiscal plai	n year beginning 01/01/2023		and en	ding 12/3	31/2023			
A Name of plan				B Three	e-digit				
LOCKHEED MARTIN GI	ROUP BENEF	ITS PLAN		plan number (PN)			594		
0.5				D					
C Plan sponsor's name a						ation Number (EIN)		
LOCKHEED MARTIN CO	DRPORATION			52	-1893632				
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide inforon a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule									
<u> </u>	ate Schedule A	. Individual contracts grouped	as a unit in Parts II and II	I can be rep	ported on a	single Schedul	e A.		
1 Coverage Information:									
(a) Name of insurance car	rrier								
ANTHEM BLUE CROSS									
ANTITIEM BLOC OROSS									
	(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		
35-2145715	62825	173039-1,4,5	28		01/01/202	3	12/31/2023		
	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 fo	ees. (Complete as many entries	s as needed to report all	persons).					
J		and address of the agent, broke			ions or fees	were paid			
	. ,	y ,	,			•			
	1								
(b) Amount of sales ar	id base	Fe	es and other commissio	ns paid					
commissions pai	d	(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 paid			
		-							
	1						T		
(b) Amount of sales ar	d base	Fe	es and other commissio	ns paid					
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code		

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face 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	
	T		T
(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	r, or other person to whom commissions or fees were paid	
	ı		.
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(5) (7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c			•		6c		
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

Pa	art III	Welfare Benefit Contract Informa	ation					
		If more than one contract covers the same the information may be combined for report	group of employees of the					
		employees, the entire group of such individ	ual contracts with each ca	arrier may be	treated as a unit for p	urposes of t	his report.	uuai
8	Benefit	and contract type (check all applicable boxes)			<u> </u>		<u> </u>	
-		Health (other than dental or vision)	b Dental	с	Vision		d Life insurance	e
		Temporary disability (accident and sickness)	f Long-term disabili	<u> </u>	Supplemental unem	nlovment	h Prescription	
		Stop loss (large deductible)	j X HMO contract	, s_ k□	PPO contract	pioymoni	I Indemnity co	-
	=		J M TIMO CONTIACT	ν_	FFO contract			Tillact
	m 📙	Other (specify)						
0 [Typorio	ence-rated contracts:						
		emiums: (1) Amount received		9a(1)			_	
) Increase (decrease) in amount due but unpaid		9a(2)			_	
) Increase (decrease) in unearned premium res		9a(3)				
) Earned ((1) + (2) - (3))				9a(4)		0
	. ` '	enefit charges (1) Claims paid		9b(1)		• • • • • • • • • • • • • • • • • •		
) Increase (decrease) in claim reserves		9b(2)				
	. ,) Incurred claims (add (1) and (2))				9b(3)		0
) Claims charged				9b(4)		
	, ,	emainder of premium: (1) Retention charges (c						
		(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)		ı		
		(H) Total retention				9c(1)(H))	0
	(2	 Dividends or retroactive rate refunds. (These 	amounts were paid in	cash, or	credited.)	9c(2)		
	d St	tatus of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)		
	(2	?) Claim reserves				9d(2)		
	`	s) Other reserves				9d(3)		
		ividends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2)	.)	9e		
10		xperience-rated contracts:						
	a To	otal premiums or subscription charges paid to o	arrier			10a		1011642
	b If	the carrier, service, or other organization incur	ed any specific costs in c	onnection wit	h the acquisition or	106		
		etention of the contract or policy, other than report policy, other than report policy.	orted in Part I, line 2 abov	e, report amo	ount	10b		
,	opecii	y flature of costs.						
Pa	rt IV	Provision of Information						
		ne insurance company fail to provide any inform	ation necessary to compl	ete Schedule	А?	Yes	X No	
		answer to line 11 is "Yes," specify the informat		5054410				
		and the international state of the international	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

2023

		pursuant to	LINION Section 103(a)(2)			Inspection			
For calendar plan year 202	23 or fiscal pla	n year beginning 01/01/2023		and en	ding 12/31/2023				
A Name of plan LOCKHEED MARTIN GI	ROUP BENEF	ITS PLAN		B Three plan	e-digit number (PN)	594			
C Plan sponsor's name a	s shown on lir	e 2a of Form 5500		D Emplo	yer Identification Numb	per (EIN)			
LOCKHEED MARTIN CO	ORPORATION	I		52	-1893632				
		rning Insurance Contract A. Individual contracts grouped							
1 Coverage Information:									
(a) Name of insurance car BLUE CROSS BLUE SHIE		CARE PLAN OF GEORGIA							
(c) NAIC (d) Contract or (e) Approximate number of Policy or contract year									
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To			
58-1638390	96962	174524	1048		01/01/2023	12/31/2023			
	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 a	(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving com		ees. (Complete as many entrie							
	(a) Name	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 commission	ns paid					
commissions pai		(c) Amount		(d) Purpose	e	(e) Organization code			
	(a) Namo	and address of the agent, broke	r or other person to who	m commiss	ions or fees were noid				
	(a) Ivaille	and address of the agent, broke	i, or other person to who	III COIIIIII33	ions or rees were paid				
(b) Amount of sales ar	nd hase	Fe	ees and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpose	e	(e) Organization code			

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face 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	
	T		T
(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	r, or other person to whom commissions or fees were paid	
	ı		.
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(5) (7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c			•		6c		
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

P	art I	Welfare Benefit Contract Informa If more than one contract covers the same g		e same e	mplo	yer(s) or members of	the same e	mployee organizations(s)	,
		the information may be combined for reporting employees, the entire group of such individu							
8	Rene	efit and contract type (check all applicable boxes)				•	<u>. </u>		
Ŭ	аГ		b Dental		с□	Vision		d Life insurance	
	е	<u> </u>	f Long-term disabili		g∐		olovment	h Prescription drug	
	i	Stop loss (large deductible)	j X HMO contract	-	ย k∏		pioyinoni	I Indemnity contract	
	' _) I Tilvio contract		~ ∐	FFO contract		I I indefinity contract	
	m	Other (specify)							
9	Evno	rience-rated contracts:							
9		Premiums: (1) Amount received		9a(1)	1			-	
		(2) Increase (decrease) in amount due but unpaid.		9a(2)				-	
		(3) Increase (decrease) in unearned premium rese		9a(3)					
		(4) Earned ((1) + (2) - (3))					9a(4)		0
		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					9b(4)		
	С	Remainder of premium: (1) Retention charges (or	an accrual basis)						
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(l					
		(C) Other specific acquisition costs		9c(1)(0					
		(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)(0-(4)(11)		0
		(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) Other reserves					9d(2)		
	_	(3) Other reserves					9d(3)		
10		nexperience-rated contracts:	i include amount entere	u III IIIIe 9	C(Z).	.)	9e		
		Total premiums or subscription charges paid to ca	arrier				10a	3780	0543
		If the carrier, service, or other organization incurre					100	3700	0040
	b	retention of the contract or policy, other than repo					10b		
	Spec	cify nature of costs.	,	, ,				•	
D	art I	V Provision of Information							
				1-1- 0 :			Voc	V No	
11		the insurance company fail to provide any informa		iete Sche	dule	A?	Yes	X No	
12	! If th	ne 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

2023

This Form is Open to Public Inspection

		<u>'</u>	ERISA section 103(a)(2))			Inspection		
For calendar plan year 202	23 or fiscal plar	year beginning 01/01/2023		and en	ding 12/3	31/2023			
A Name of plan				B Three	e-digit				
LOCKHEED MARTIN GR	ROUP BENEFI	TS PLAN		plan	number (PN	N)	594		
0.5		- /		D = .			=		
C Plan sponsor's name a		e 2a of Form 5500				ation Number (EIN)		
LOCKHEED MARTIN CO	DRPORATION			52	-1893632				
		ning Insurance Contract. Individual contracts grouped a							
1 Coverage Information:									
(a) Name of insurance car		A PPO							
		1	(a) Approximate n	umb or of		Doliny or or	entract voor		
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a		100	Policy or co			
	code	identification number	policy or contrac	t year	(†)	From	(g) To		
58-0469845	54801	174524	50)	01/01/202	23	12/31/2023		
	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 a	(a) Total amount of commissions paid (b) Total 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, broker			ions or fees	were paid			
(b) Amount of sales an	nd base	Fe	es and other commissio	ns paid					
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code		
	(a) Nama a	nd address of the agent, broker	or other person to who	m commiss	ione or foca	were poid			
	(a) Name a	nu address of the agent, broker	, or other person to who	III COIIIIIII55	ions or rees	were paid			
(b) Amount of sales an	ud basa	Fe	es and other commissio	ns paid					
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code		

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face 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	
	T		T
(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	r, or other person to whom commissions or fees were paid	
	ı		.
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(5) (7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c			•		6c		
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

P	art	III	Welfare Benefit Contract Informal If more than one contract covers the same the information may be combined for report	group ing pu	of employees rposes if such	h contra	cts are	expe	erience-rated as a un	it. Where co	ontract	ts cover individual
_		• • •	employees, the entire group of such individ	Jai Co	niracis with ea	ach can	iei may	ре	treated as a unit for p	ourposes or	ınıs re	port.
8	г	_	and contract type (check all applicable boxes)						1		. —	
	а	H	ealth (other than dental or vision)	b ∐	Dental			c _	Vision		d 📗	Life insurance
	е	Te	emporary disability (accident and sickness)	f	Long-term di	isability		g	Supplemental uner	ployment	h	Prescription drug
	i	St	op loss (large deductible)	jΠ	HMO contrac	ct		k X	PPO contract		I	Indemnity contract
	m	= 	ther (specify)						•		_	
	[(0, 200, 7)									
9	Expe	erien	ce-rated contracts:									
-			niums: (1) Amount received			Г	9a(1))				
			ncrease (decrease) in amount due but unpaid				9a(2)					
		. ,	ncrease (decrease) in unearned premium res				9a(3)					
		` '	Earned ((1) + (2) - (3))			<u> </u>				9a(4)		0
	b		nefit charges (1) Claims paid				9b(1)					
		(2) I	ncrease (decrease) in claim reserves				9b(2)					
		(3) I	ncurred claims (add (1) and (2))							9b(3)		0
		(4) (Claims charged							9b(4)		
	С	Rer	nainder of premium: (1) Retention charges (o	n an a	ccrual basis)	<u> </u>						
			(A) Commissions			9	9c(1)(<i>I</i>	4)				
			(B) Administrative service or other fees			9	9c(1)(E	3)				
			(C) Other specific acquisition costs				9c(1)(0					
			(D) Other expenses				9c(1)([_				
			(E) Taxes				9c(1)(E				_	
			(F) Charges for risks or other contingencies				9c(1)(F					
			(G) Other retention charges			[9	9c(1)(0	3)				
			(H) Total retention		_			_		9c(1)(H)	0
			Dividends or retroactive rate refunds. (These		<u></u>			_		9c(2)		
	d	Sta	tus of policyholder reserves at end of year: (1) Amo	unt held to pro	ovide be	enefits a	after	retirement	9d(1)		
		(2)	Claim reserves							9d(2)		
		(3)	Other reserves							9d(3)		
	е		dends or retroactive rate refunds due. (Do no	ot inclu	ude amount e	ntered ir	n line 9	c(2).	.)	9e		
10	No		perience-rated contracts:									
	а	Tota	al premiums or subscription charges paid to c	arrier.						10a		1784287
	b		e carrier, service, or other organization incurr							401		
	Sno.		ention of the contract or policy, other than repo	orted i	n Part I, line 2	2 above,	report	amo	ount	10b		
	Spe	City	nature of costs.									
ם	art	1\/	Provision of Information									
							<u> </u>			Vaa	V N:	
			insurance company fail to provide any inform				e Sche	dule	A?	Yes	X N	0
12	! If t	he a	nswer 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

2023

		parodani te	2 = 11.0/ 1 σσσπστι 1 σσ(α)(=)	•			inspection				
For calendar plan year 202	23 or fiscal pla	an year beginning 01/01/2023		and en	ding 12/31/20	23					
A Name of plan LOCKHEED MARTIN GI	ROUP BENEF	FITS PLAN		B Three	e-digit number (PN))	594				
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		D Emplo	yer Identification	Number	(EIN)				
LOCKHEED MARTIN CO				·	-1893632		,				
David Informat	ion Conce	rning Inquironae Contra	ot Coverage Fees	and Can	amicolono D.						
		rning Insurance Contra A. Individual contracts grouped									
1 Coverage Information:		V 1			<u> </u>						
	_										
(a) Name of insurance car											
DELTA DENTAL OF CALI	FORNIA										
	(c) NAIC (d) Contract or (e) Approximate number of Policy or contract year										
(b) EIN	code	identification number	persons covered a policy or contract		(f) Fron	n	(g) To				
94-1461312	00000	70715	4		01/01/2023		12/31/2023				
2 Insurance fee and communication descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, broke	ers, and o	ther persons in				
(a) Total a	amount of con	nmissions paid		(b) To	tal amount of fee	s paid					
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).							
		and address of the agent, broke			ions or fees were	paid					
(h) Amount of color or	d b a a a	F	ees and other commission	ns paid							
(b) Amount of sales ar commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code				
·											
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were	paid					
(le) Americal at a all	d b a a s	F	ees and other commission	ns paid							
(b) Amount of sales ar commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code				
				. , , , , , , ,			, , , , , , , , , , , , , , , , , , , ,				

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid							
		Face 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							
	T		T						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
(a) Nai	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
	ı		.						
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid							
	y ,	,							
(b) Amount of color and har-		Fees and other commissions paid	(e) Organization						
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	code						
	•	•							

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(5) (7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c			•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

Р	art	≡	Welfare Benefit Contract Inform	ation						
•			If more than one contract covers the same the information may be combined for repor	group of employees of th ing purposes if such con	tracts are	exp	erience-rated as a uni	t. Where co	ontracts cover individua	
			employees, the entire group of such individ	ual contracts with each o	arrier may	be	treated as a unit for p	urposes of t	his report.	
8	Ben	efit a	nd contract type (check all applicable boxes)							
	а	He	ealth (other than dental or vision)	b X Dental	(С	Vision		d Life insurance	
	е	Te	emporary disability (accident and sickness)	f Long-term disabil	ity	gĒ	Supplemental unem	ployment	h Prescription dru	g
	i İ	=	op loss (large deductible)	j HMO contract		k 🗆	<u>-</u>		I Indemnity contra	_
	m		her (specify)	- 🗀			1			
	[(
9	Expe	erien	ce-rated contracts:							
			iums: (1) Amount received		9a(1)					
			ncrease (decrease) in amount due but unpai		9a(2)					
			ncrease (decrease) in unearned premium res		9a(3)					
			arned ((1) + (2) - (3))					. 9a(4)		0
	b	Ben	efit charges (1) Claims paid		9b(1)					
		(2) lı	ncrease (decrease) in claim reserves		9b(2)					
		(3) lı	ncurred claims (add (1) and (2))					9b(3)		0
		(4) C	Claims charged					9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (n an accrual basis)						
			(A) Commissions		9c(1)(A					
			(B) Administrative service or other fees		9c(1)(E					
			(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)(0			00(1)(H)		0
			(H) Total retention	_		_		9c(1)(H)	'	
	الہ		Dividends or retroactive rate refunds. (These			_		9c(2)		
	d		us of policyholder reserves at end of year: (1	•				9d(1)		
		` '	Claim reserves					9d(2)		
	е	` '	Other reservesdends or retroactive rate refunds due. (Do n					9d(3) 9e		
10			erience-rated contracts:	ot include amount entere	u III IIIIe 3 0	<u> -(2)</u>	.)	36		
	a		al premiums or subscription charges paid to	arrier				10a		2757
								100		2131
	b		e carrier, service, or other organization incur ntion of the contract or policy, other than rep					10b		
	Spe		nature of costs.		,					
Р	art	IV	Provision of Information						_	
11	Dio	d the	insurance company fail to provide any inforn	nation necessary to comp	lete Sched	dule	A?	Yes	X No	
12	lf t	he ar	nswer 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

OMB No. 1210-0110

2023

		pursuant to	ERISA section 103(a)(2)) <u>. </u>			Inspection	
For calendar plan year 202	23 or fiscal plar	n year beginning 01/01/2023		and en	ding 12/3	31/2023		
A Name of plan				B Three	e-digit			
LOCKHEED MARTIN GE	ROUP BENEFI	TS PLAN		plan	number (PN	1) •	594	
C Plan sponsor's name a	s shown on line	e 2a of Form 5500		D Emplo	yer Identific	ation Number (EIN)	
LOCKHEED MARTIN CO	ORPORATION			52-	-1893632			
		ning Insurance Contract. Individual contracts grouped a						
1 Coverage Information:								
(a) Name of insurance car EYEMED VISION CARE	rrier							
(a) NAIC (d) Contract on (e) Approximate number of Po					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	
43-0949844	71870	9657016	149		01/01/202	23	12/31/2023	
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 a	mount of comi	missions paid		(b) To	tal amount	of fees paid		
3 Persons receiving comi	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).				
	(a) Name a	nd address of the agent, broker	, or other person to who	m commissi	ions or fees	were paid		
(b) Amount of sales an	d base		es and other commission					
commissions pai	d	(c) Amount		(d) Purpose	9		(e) Organization code	
	(-) h!	and and decrease of the second second	di					
	(a) Name a	nd address of the agent, broker	, or other person to who	m commissi	ions or fees	were paid		
(b) Amount of sales an	nd hase	Fe	es and other commission	ns paid				
commissions pai		(c) Amount		(d) Purpose			(e) Organization code	

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid							
		Face 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							
	T		T						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
(a) Nai	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
	ı		.						
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid							
	y ,	,							
(b) Amount of color and har-		Fees and other commissions paid	(e) Organization						
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	code						
	•	•							

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(5) (7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) (7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c(7c(6)) 7c(7c(6) 7c(7c(6)) 7c(7c(6)) 7c			•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

Pa	art I							
		If more than one contract covers the same g the information may be combined for reporting employees, the entire group of such individu	ng purposes if such conf	tracts are expe	erience-rated as a un	it. Where co	ontracts cover indi	
8	Bene	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	c X	Vision		d Life insurar	nce
	еĒ	Temporary disability (accident and sickness)	f Long-term disabili	itv a \Box	Supplemental unem	nplovment	h Prescriptio	n drua
	i F	Stop loss (large deductible)	j HMO contract	· ' ' ' '	PPO contract	, ,	I Indemnity	-
	m	Other (specify)	, 🗆	Ш			- L	
9 1	Ехре	erience-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 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				1		
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on	,	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(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						
		(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) 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	rrier			10a		26682
	b	If the carrier, service, or other organization incurre	d any specific costs in o	connection with	n the acquisition or			
		retention of the contract or policy, other than repo				10b		
	Spec	cify nature of costs.						
P	art l'	V Provision of Information						
			tion no concert to come	loto Cobodula	Λ2 Γ	Yes	X No	
		the insurance company fail to provide any information		iete Schedule	Α:	169	/ NO	
12	If th	he 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

OMB No. 1210-0110

2023

pursuant to ERISA section 103(a)(2). Inspection									
For calendar plan year 202	23 or fiscal pla	n year beginning 01/01/2023		and en	ding 12/3	31/2023	•		
A Name of plan				B Three	e-digit				
LOCKHEED MARTIN GI	ROUP BENEF	ITS PLAN		plan	number (PN	1) •	594		
				·	,	,			
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		D Emplo	D Employer Identification Number (EIN)				
LOCKHEED MARTIN CO	ORPORATION			52	-1893632				
		rning Insurance Contract. Individual contracts grouped a							
1 Coverage Information:									
(a) Name of insurance carrier									
HAWAII MEDICAL SERVI	CE ASSOCIAT	TION							
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ntract year		
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To		
99-0040115	49948	C952	183		01/01/202	3	12/31/2023		
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 a	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).					
	(a) Name a	and address of the agent, broke	r, or other person to who	m commissi	ions or fees	were paid			
(b) Amount of sales ar	nd hase	Fe	ees and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpose			(e) Organization code		
	1								
	(a) Name a	and address of the agent, broke	r, or other person to who	m commissi	ions or fees	were paid			
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code		

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid							
		Face 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							
	T		T						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
(a) Nai	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
	ı		.						
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid							
	y ,	,							
(b) Amount of color and har-		Fees and other commissions paid	(e) Organization						
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	code						
	•	•							

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(4) 7c(5) (7c(6) 7c(6) 7c(6) (7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(7c(6) 7c(7c(6)) (7c(7c(7c(7c(7c(7c(7c(7c(7c(7c(7c(7c(7c(•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

Pa	art III	Welfare Benefit Contract Inform	ation				
		If more than one contract covers the same	group of employees of the				
		the information may be combined for report employees, the entire group of such individual.					
8	Ranafit	and contract type (check all applicable boxes)		,			
-	_	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance
		·	f Long-term disabilit	<u> </u>	<u>-</u>	nlovenont	
		Temporary disability (accident and sickness)			Supplemental unem	ipioyment	h Prescription drug
		Stop loss (large deductible)	j X HMO contract	k _	PPO contract		I Indemnity contract
	m 📗	Other (specify)					
		ence-rated contracts:		2 (4)			
		emiums: (1) Amount received		9a(1)			
		Increase (decrease) in amount due but unpaid		9a(2)			_
) Increase (decrease) in unearned premium res		9a(3)		0-(4)	0
	. ` '	Earned ((1) + (2) - (3))				9a(4)	0
		enefit charges (1) Claims paid		9b(1)			
	, ,	Increase (decrease) in claim reserves		9b(2)		05/2)	0
) Incurred claims (add (1) and (2))				9b(3)	
	, ,) Claims chargedemainder of premium: (1) Retention charges (c				9b(4)	
	C Re		·	0c(1)(A)			
		(A) Commissions(B) Administrative service or other fees		9c(1)(A) 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	_	_		9c(2)	,
		tatus of policyholder reserves at end of year: (1	_			9d(1)	
		Claim reserves				9d(2)	
	`	Other reserves				9d(3)	
	,	ividends or retroactive rate refunds due. (Do n				9e	
10		xperience-rated contracts:			,		
		otal premiums or subscription charges paid to o	arrier			10a	2340596
	b If	the carrier, service, or other organization incur	ed any specific costs in c	onnection wit	h the acquisition or		
	re	tention of the contract or policy, other than rep	orted in Part I, line 2 abov	e, report amo	ount	10b	
	Specify	y nature of costs.					
Pa	rt IV	Provision of Information					
11	Did th	ne insurance company fail to provide any inform	nation necessary to compl	ete 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

OMB No. 1210-0110

2023

pursuant to ERISA section 103(a)(2).					Inspection			
For calendar plan year 202	23 or fiscal pl	an year beginning 01/01/2023		and end	ding 12	/31/2023	•	
A Name of plan LOCKHEED MARTIN GR	ROUP BENE	FITS PLAN		B Three plan	e-digit number (P	N) •	594	
C Plan sponsor's name a					yer Identific 1893632	cation Number (I	EIN)	
		erning Insurance Contract A. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance carrier KAISER FOUNDATION HEALTH PLAN INC								
	(a) NIAIC	(d) Contract or	(e) Approximate n	umber of		Policy or co	ntract year	
(b) EIN	(c) NAIC (d) Contract or persons covered at end of policy or contract year			(f)	From	(g) To		
94-1340523	00000	5-0002 & 605635	1467	,	01/01/20	23	12/31/2023	
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 a	mount of cor	mmissions paid		(b) To	tal amount	of fees paid		
		53072					0	
3 Persons receiving com	nissions and	fees. (Complete as many entrie	s as needed to report all	persons).				
	(a) Name	and address of the agent, broke	r, or other person to who	m commissi	ons or fees	s were paid		
CONDUENT SECURITIES	s, LLC		LEXINGTON AVE, 4TH I V YORK, NY 10170	FLOOR				
(h) Amount of color on	d boos	Fe	ees and other commissio	ns paid				
(b) Amount of sales an commissions pai		(c) Amount		(d) Purpose			(e) Organization code	
	53072						3	
	(a) Name	and address of the agent, broke	r. or other person to who	m commissi	ons or fees	were paid		
(b) Amount of sales an	d hase	Fe	ees and other commissio	ns paid				
commissions paid		(c) Amount		(d) Purpose)		(e) Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) / illioant	(4) 1 41,5000	code					
(a) Name 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					
commissions paid			couc					
())								
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(4)	no and addition of the agent, pronor	, or said, person to mism commission or rose note para						
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranie		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

F	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 cemployees, the entire group of such individual contracts with each	ontracts are e	· xpe	erience-rated as a ι	unit. Where co	ontracts	s cover individual
8	Bene	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision) b Dental	C	; [Vision		d	Life insurance
	е	Temporary disability (accident and sickness) f Long-term disa	ability Q	ıĒ	Supplemental une	employment	h∏	Prescription drug
	i Ť	Stop loss (large deductible) j X HMO contract		, ר	PPO contract	, ,	=	Indemnity contract
	m	Other (specify)			'			
9	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	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					_	
		(C) Other specific acquisition costs					_	
		(D) Other expenses					_	
		(E) Taxes	0 (4)(=)	_			4	
		(F) Charges for risks or other contingencies					_	
		(G) Other retention charges				6 (4)(1)	_	0
		(H) Total retention					'	0
		(2) Dividends or retroactive rate refunds. (These amounts were pai	_					
	d							
		(2) Claim reserves						
		(3) Other reserves				•	+	
-		()	ered in line 9c	(2)	<u>)</u>	9e		
10		lonexperience-rated contracts:						
	а	Total premiums or subscription charges paid to carrier		••••	•••••	<u>10a</u>	_	16352385
	b					405		
	Sne	retention of the contract or policy, other than reported in Part I, line 2 all ecify nature of costs.	bove, report a	ımo	unt	10b		
	500							
Р	art l	Provision of Information						
		id the insurance company fail to provide any information necessary to co	mplete Sched	ule	A?	Yes	X No)
		the answer to line 11 is "Yes," specify the information not provided.	mpioto odried	aic	,			
1 4		and another to line 1113 103, 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

2023

This Form is Open to Public

		pursuant to	ERISA section 103(a)(2)) <u>. </u>			Inspection	
For calendar plan year 202	23 or fiscal pla	n year beginning 01/01/2023		and en	ding 12/3	31/2023		
A Name of plan				B Three	e-digit			
LOCKHEED MARTIN GE	ROUP BENEF	ITS PLAN		plan	number (PN	1) 🕨	594	
C Plan sponsor's name a	C Plan sponsor's name as shown on line 2a of Form 5500				yer Identifica	ation Number (EIN)	
LOCKHEED MARTIN CORPORATION 52-1893632								
		rning Insurance Contract. Individual contracts grouped a						
1 Coverage Information:							_	
(a) Name of insurance car KAISER FOUNDATION H		INC						
			(e) Approximate nu	ımbor of		Policy or co	intract year	
(b) EIN	(c) NAIC	(d) Contract or identification number	persons covered a		(£)		-	
	code	identification number	policy or contrac	t year	(1)	From	(g) To	
94-1340523	00000	101200	205		01/01/202	3	12/31/2023	
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 entries	s as needed to report all	persons).				
-		and address of the agent, broke			ions or fees	were paid		
(b) Amount of sales an	nd base	Fe	es and other commission	ns paid				
commissions pai	d	(c) Amount		(d) Purpose	Э		(e) Organization code	
	(a) Na - : -	and address of the annual bracket						
	(a) Name a	and address of the agent, broker	, or other person to who	m commissi	ions or rees	were paid		
(b) Amount of sales and base Fees and other commissions paid								
commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code	
				•				

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) / illioant	(4) 1 41,5000	code					
(a) Name 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					
commissions paid			couc					
())								
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(4)	no and addition of the agent, pronor	, or said. person to mism commission or rose note para						
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranie		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

Pa	art III	Welfare Benefit Contract Informa	ation					
		If more than one contract covers the same	group of employees of the					
		the information may be combined for report employees, the entire group of such individ						
•	- "		uai contracts with each ca	annei may be	treated as a utilit for p	urposes or t	піз тероп.	
	_	and contract type (check all applicable boxes)	• □ - · ·		1		• · · · · ·	
	a	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	e 📗	Temporary disability (accident and sickness)	f Long-term disabilit	ty g	Supplemental unem	ployment	h Prescription drug	
	i 🔲 :	Stop loss (large deductible)	j X HMO contract	k	PPO contract		I Indemnity contract	
	m	Other (specify)	_				_	
	ш	· · · · · · · · · · · · · · · · · · ·						
9 E	xperie	ence-rated contracts:						
		emiums: (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 B	enefit charges (1) Claims paid		9b(1)				
	(2)) Increase (decrease) in claim reserves		9b(2)				
	(3)	Incurred claims (add (1) and (2))				9b(3)		0
	, ,) Claims charged				9b(4)		_
	C R	emainder of premium: (1) Retention charges (c	n an accrual basis)				_	
		(A) Commissions		9c(1)(A)			4	
		(B) Administrative service or other fees		9c(1)(B)			_	
		(C) Other specific acquisition costs		9c(1)(C)			4	
		(D) Other expenses		9c(1)(D)			_	
		(E) Charge for risks as other coefficient		9c(1)(E) 9c(1)(F)				
		(F) Charges for risks or other contingencies (G) Other retention charges		9c(1)(G)				
		(H) Total retention				9c(1)(H)		0
	(2	Dividends or retroactive rate refunds. (These	_	_		9c(2)	<u>'</u>	—
		tatus of policyholder reserves at end of year: (1	_			9d(1)		_
		tatus of policyfloider reserves at end of year. (1	•			9d(1)		—
	,	d) Other reserves				9d(3)		
	,	ividends or retroactive rate refunds due. (Do n				9e		_
10		xperience-rated contracts:			,			
		otal premiums or subscription charges paid to c	arrier			10a	33342	47
	b If	the carrier, service, or other organization incur	ed any specific costs in c	onnection wit	h the acquisition or			
	re	tention of the contract or policy, other than rep	orted in Part I, line 2 abov	e, report amo	ount	10b		
	Specify	y nature of costs.						
_	11. /	Dravisian of Information						
	rt IV	Provision of Information					<u> </u>	
		ne insurance company fail to provide any inform		ete Schedule	A?	Yes	X No	
12	If the	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

2023

This Form is Open to Public Inspection

		pursuant to	LINION Section 103(a)(2)				Inspection			
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023										
A Name of plan LOCKHEED MARTIN G	ROUP BENEF	ITS PLAN			e-digit number (PN)	•	594			
C Plan sponsor's name a	as shown on lir	e 2a of Form 5500		D Emplo	yer Identification	Number (EIN)			
LOCKHEED MARTIN C	ORPORATION	l		52	-1893632					
		rning Insurance Contract. A. Individual contracts grouped								
1 Coverage Information:	1 Coverage Information:									
(a) Name of insurance ca		OF COLORADO								
(c) NAIC (d) Contract or persons opered at				Р	olicy or co	ontract year				
(b) EIN	code	identification number	persons covered a policy or contract		(f) Fron	1	(g) To			
84-0591617	95669	35881	1986	;	01/01/2023		12/31/2023			
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		ees. (Complete as many entrie								
	(a) Name	and 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) Name :	and address of the agent, broke	r or other person to who	m commiss	ions or fees were	naid				
	(a) Italiio	and address of the agent, broke	1, or other person to who	111 00111111100	iono or reco were	paid				
(b) Amount of sales a	nd base	Fe	ees and other commissio	ns paid						
commissions paid		(c) Amount		(d) Purpos	е		(e) Organization code			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) / illioant	(4) 1 41,5000	code					
(a) Name 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					
commissions paid			couc					
())								
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(4)	no and address of the agent, stener	, or said. person to mism commission or rose note para						
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranie		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

P	art	III Welfare Benefit Contract Informat If more than one contract covers the same g the information may be combined for reportir employees, the entire group of such individual	roup of employees of the ng purposes if such contr	acts are ex	xperie	ence-rated as a	unit. W	here co	ontracts	cover individual
8	Ben	efit and contract type (check all applicable boxes)								
	а	Health (other than dental or vision)	b Dental	С	· 🗌 V	/ision			dΠι	_ife insurance
	е	Temporary disability (accident and sickness)	f Long-term disability	, g	Πs	Supplemental ur	emplov	ment	h∏i	Prescription drug
	i	Stop loss (large deductible)	j X HMO contract	, s k		PPO contract				ndemnity contract
	m	Other (specify)			. П.	. • • • • • • • • • • • • • • • • • • •			- LJ "	naciminy continuor
	L									
9	Expe	erience-rated contracts:								
		Premiums: (1) Amount received		9a(1)						
		(2) Increase (decrease) in amount due but unpaid.		9a(2)						
		(3) Increase (decrease) in unearned premium rese	T T	9a(3)						
		(4) Earned ((1) + (2) - (3))	-					9a(4)		0
	b	Benefit charges (1) Claims paid	Г	9b(1)						
		(2) Increase (decrease) in claim reserves	F	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	Γ	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					90	c(1)(H))	0
		(2) Dividends or retroactive rate refunds. (These a	amounts were paid in	cash, or	cre	edited.)		9c(2)		
	d	Status of policyholder reserves at end of year: (1)						9d(1)		-
		(2) Claim reserves	· ·					9d(2)		-
		(3) Other reserves						9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not						9e		
10		onexperience-rated contracts:		•						
	а	Total premiums or subscription charges paid to ca	rrier					10a		20305606
	b	If the carrier, service, or other organization incurre	d any specific costs in co	nnection v	with tl	he acquisition o	r			
		retention of the contract or policy, other than repor						10b		
	Spe	ecify nature of costs.								
Р	art l	IV Provision of Information								
		d the insurance company fail to provide any informa	tion necessary to comple	ata Schadi	راه ۸۲	2	☐ Ye	s	X No	
		the answer to line 11 is "Yes," specify the information		ie odliedt	uic A	i				
14	. 11 (1	ne answer to line it is ites, specify the informatio	n not provid e d. 🔻							

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

2023

This Form is Open to Public

		pursuant to i	LINIOA Section 103(a)(2)			Inspection		
For calendar plan year 202	23 or fiscal plan	year beginning 01/01/2023		and en	ding 12/31/2023			
A Name of plan LOCKHEED MARTIN GI	ROUP BENEFI	TS PLAN		B Three	e-digit number (PN)	594		
C Plan sponsor's name a	r (EIN)							
LOCKHEED MARTIN CO		e 2a 01 F01111 5500			yer Identification Numbe	I (□IIN)		
LOCKHEED WARTIN CO	DREGRATION			52	-1893632			
		ning Insurance Contract. Individual contracts grouped a						
1 Coverage Information:								
(a) Name of insurance cal		TH AMERICA						
		T	T					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a		Policy or	contract year		
(b) LIN	code	identification number	policy or contract		(f) From	(g) To		
23-1503749	65498	LK 0008348	49185		01/01/2023	12/31/2023		
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 fe	ees. (Complete as many entries	as needed to report all	persons).				
	(a) Name a	nd address of the agent, broker,	, or other person to who	m commiss	ions or fees were paid			
(b) Amount of sales ar	d base	Fee	es and other commissio	ns paid				
commissions pai	d	(c) Amount		(d) Purpose	е	(e) Organization code		
	(a) Name a	nd address of the agent, broker.	or other person to who	m commiss	ions or fees were paid			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(b) Amount of sales ar	nd hase	Fee	es and other commissio	ns paid				
commissions pai		(c) Amount		(d) Purpose	e	(e) Organization code		
·								

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
		Food and other commissions paid	(e)			
(b) Amount of sales and base						
commissions paid	(c) Amount	(d) Purpose	code			
(a) Nar	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	(c) Amount	(d) Purpose	Organization			
commissions paid	(c) / illioant	(4) 1 41,5000	code			
(a) Nar	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			
commissions paid			couc			
())						
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
(4)	no and addition of the agent, pronor	, or said, person, or memoralisms or rose note para				
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranii -		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

P	art	III Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for reporti employees, the entire group of such individu	roup of employees of the ng purposes if such contr	acts are ex	xpe	rience-rated as a uni	t. 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 🗌 ı	Life insurance
	е	Temporary disability (accident and sickness)	f X Long-term disability	, g	П	Supplemental unem	ployment	h∏⊩	Prescription drug
	ιΪ	Stop loss (large deductible)	j HMO contract	k	=	PPO contract		=	ndemnity contract
	m	Other (specify)	* L					ш	•
	••••								
9	Ехр	erience-rated contracts:							
		Premiums: (1) Amount received		9a(1)					
		(2) Increase (decrease) in amount due but unpaid		9a(2)					
		(3) Increase (decrease) in unearned premium rese		9a(3)					
		(4) Earned ((1) + (2) - (3))	-				9a(4)		0
	b	Benefit charges (1) Claims paid	Ī	9b(1)					
		(2) Increase (decrease) in claim reserves	The state of the s	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	The state of the s	9c(1)(D))				
		(E) Taxes		9c(1)(E))				
		(F) Charges for risks or other contingencies		9c(1)(F))				
		(G) Other retention charges	F	9c(1)(G))				
		(H) Total retention	-				9c(1)(H))	0
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	CI	redited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)		_			9d(1)		-
		(2) Claim reserves	•				9d(2)		-
		(3) Other reserves					9d(3)		-
	е	Dividends or retroactive rate refunds due. (Do no					9e		
10	No	onexperience-rated contracts:			. , ,		•		
	а	Total premiums or subscription charges paid to ca	arrier				10a		14178815
	b	If the carrier, service, or other organization incurre							
	-	retention of the contract or policy, other than repo					10b		
	Spe	cify nature of costs.							
Р	art	IV Provision of Information							
		d the insurance company fail to provide any informa	ation necessary to comply	ata Schadi	ule	Δ2 Π	Yes	X No	
		he answer to line 11 is "Yes " specify the information		no ocnedt	uie /	/ \ :		<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

2023

This Form is Open to Public Inspection

		parouant to	σ = : ::σ: : σσσεισ:: :σσ(ω)(=	,.			inspection
For calendar plan year 202	23 or fiscal pla	an year beginning 01/01/2023	3	and en	ding 12/31/202	23	
A Name of plan LOCKHEED MARTIN GROUP BENEFITS PLAN				B Three	e-digit number (PN)	→	594
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		D Emplo	yer Identification I	Number /	(EIN)
	LOCKHEED MARTIN CORPORATION				-1893632	,	,
Dest I Informat	ion Conoc	rning Incurance Contra	est Coverage Food	and Can	amissions Des	uida infa	
		erning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:		<u> </u>					
-							
(a) Name of insurance ca							
LIFE INSURANCE COMP	ANY OF NOF	RTH AMERICA					
	(c) NAIC	(d) Contract or	(e) Approximate n		Po	olicy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	1	(g) To
23-1503749	65498	LK 0018358	2073	2073			12/31/2023
2 Insurance fee and coming descending order of the		nation. Enter the total fees and t	total commissions paid. L	ist in line 3	the agents, broke	rs, and o	ther persons in
<u> </u>		nmissions paid		(b) To	otal amount of fees	s paid	
•							
3 Persons receiving commissions and fees. (Complete as many entries 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	
(b) Amount of sales ar	nd hase	F	ees and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were	paid	
							1
(b) Amount of sales ar	nd base		ees and other commissio	ns paid			_
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code
							I

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
		Food and other commissions paid	(e)			
(b) Amount of sales and base						
commissions paid	(c) Amount	(d) Purpose	code			
(a) Nar	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	(c) Amount	(d) Purpose	Organization			
commissions paid	(c) / illioant	(4) 1 41,5000	code			
(a) Nar	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			
commissions paid			couc			
())						
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
(4)	no and address of the agent, stener	, or said, person, or memoralisms or rose note para				
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	<u> </u>			- gaaranii -		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

Р	art	III	Welfare Benefit Contract Information for the information may be combined for report employees, the entire group of such individuals.	group of employees of the ing purposes if such cont	racts are exp	erie	ence-rated as a unit.	Where co	ontract	ts cover individual
8	Ben	_	nd contract type (check all applicable boxes)	_		_			_	
	а	He	ealth (other than dental or vision)	b Dental	С	V	ision/		d	Life insurance
	e	K Te	emporary disability (accident and sickness)	f X Long-term disabili	ty g	s	Supplemental unemp	oyment	h	Prescription drug
	i [Sto	op loss (large deductible)	j HMO contract	k	i P	PO contract		ıΠ	Indemnity contract
	m	_	ther (specify)	<i>,</i> ¬	L					•
	_									
9	Ехре	eriend	ce-rated contracts:		_				_	
	a I	Prem	iums: (1) Amount received		9a(1)					
		(2) Ir	ncrease (decrease) in amount due but unpaid	l	9a(2)				_	
		(3) Ir	ncrease (decrease) in unearned premium res	erve	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 (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	cre	dited.)	9c(2)		
	d	Stat	us of policyholder reserves at end of year: (1	Amount held to provide	benefits after	r ret	tirement	9d(1)		
		(2) (Claim reserves					9d(2)		
		. ,	Other reserves				T T	9d(3)		
	е	Divi	dends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)) .)		9e		
10	No		erience-rated contracts:		` '					
	а	Tota	al premiums or subscription charges paid to c	arrier				10a		532266
	b	If the	e carrier, service, or other organization incurr ntion of the contract or policy, other than repo	ed any specific costs in c	onnection wit	th th	he acquisition or	10b		
	Spe		nature of costs.		э, гэр этг этг					
P	art l	W	Provision of Information							
	art l								<u> </u>	
			insurance company fail to provide any inform		ete Schedule	e A?	?	Yes	X N	0
12	If th	he ar	nswer 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

2023

This Form is Open to Public Inspection

		parodant to	= = : :: • : : • • (a) (=)				inspection
For calendar plan year 202	23 or fiscal pla	an year beginning 01/01/2023	3	and en	ding 12/31/20	023	
A Name of plan LOCKHEED MARTIN GI	A Name of plan LOCKHEED MARTIN GROUP BENEFITS PLAN			B Three	e-digit number (PN)	•	594
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		D Emplo	yer Identification	Number	(EIN)
LOCKHEED MARTIN CORPORATION 52-1893632							
		erning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca LIFE INSURANCE COMP		RTH AMERICA					
	(c) NAIC	(d) Contract or	(e) Approximate no		F	Policy or c	ontract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f) From	m	(g) To
23-1503749	65498	LK 0008358	11	11			12/31/2023
2 Insurance fee and communication descending order of the		nation. Enter the total fees and t	total commissions paid. L	ist in line 3	the agents, broke	ers, and c	other persons in
(a) Total a	amount of cor	nmissions paid		(b) To	otal amount of fee	es paid	
3 Persons receiving commissions and fees. (Complete as many entries 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	e paid	
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			_
commissions pai	d	(c) Amount		(d) Purpose	9		(e) Organization code
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were	e paid	
(b) Amount of sales ar	nd base		ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code
							•

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
		Food and other commissions paid	(e)			
(b) Amount of sales and base	Fees and other commissions paid ase (4) Amount					
commissions paid	(c) Amount	(d) Purpose	code			
(a) Nar	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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
(0)		,				
			T			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Nar	ne 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			
commissions paid			0000			
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid				
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or rees were paid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) 7c(4) (7c(4) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(5) 7c(4) 7c(3) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(5) 7c(6) 7c(6) (7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c			•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs •				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other F				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

F	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 complete employees, the entire group of such individual contracts with each	ontracts are e	· exp	erience-rated as a υ	unit. Where co	ontrac	ts cover individual
8	Ben	enefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision) b Dental	C	٦:	Vision		d	Life insurance
	e	▼ Temporary disability (accident and sickness)	bility C	,	Supplemental une	emplovment	h∏	Prescription drug
	i	Stop loss (large deductible) j HMO contract		, -	PPO contract		ıΠ	Indemnity contract
	m	Other (specify)						
	L							
9	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	. 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	(1			
		(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	i)				
		(H) Total retention				9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These amounts were paid	d in cash, or	,	credited.)	9c(2)		
	d		_					
		(2) Claim reserves						
		(3) Other reserves						
	е	Dividends or retroactive rate refunds due. (Do not include amount ente	red in line 9c	(2)	.)			
10	No	Ionexperience-rated contracts:						
	а	Total premiums or subscription charges paid to carrier				10a		4649956
	b	If the carrier, service, or other organization incurred any specific costs in	n connection	wit	h the acquisition or			
		retention of the contract or policy, other than reported in Part I, line 2 ab				10b		
	Spe	pecify nature of costs.						
P	art	IV Provision of Information						
		Did the insurance company fail to provide any information necessary to con	nolete Sched	عاريا	A?	Yes	X N	0
		the answer to line 11 is "Yes," specify the information not provided.	npioto odried	aic				<u>-</u>
1 4		and another to line 11 is 103, 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.

OMB No. 1210-0110

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 A Name of plan LOCKHEED MARTIN GROUP BENEFITS PLAN B Three-digit plan number (PN) 594	594
C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN)	N)
LOCKHEED MARTIN CORPORATION 52-1893632	
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.	
1 Coverage Information:	
(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA	
(e) Approximate number of Policy or contract	ract year
(b) EIN (c) NAIC (d) Contract or persons covered at end of (f) From	(g) To
policy of contract year	12/31/2023
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other p descending order of the amount paid.	r persons in
(a) Total amount of commissions paid (b) Total amount of fees paid	
91574	0
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
MERCER HEALTH & BENEFITS LLC 4565 PAYSPHERE CIRCLE CHICAGO, IL 60674	
(b) Amount of sales and base Fees and other commissions paid	
	(e) Organization code
91574	3
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base Fees and other commissions paid	
	(e) Organization code

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Face 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						
	T		T					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
	ı		.					
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid						
	y ,	,						
(b) Amount of color and har-		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
	•	•						

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) 7c(4) (7c(4) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(5) 7c(4) 7c(3) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(5) 7c(6) 7c(6) (7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c			•		6c		
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •	•	6d		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs •				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred				
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

P	art	III Welfare Benefit Contract Informat	ion					
		If more than one contract covers the same gr the information may be combined for reportin employees, the entire group of such individual	g purposes if such cont	racts are exp	perience-rated as a ur	nit. Where co	ntracts cove	
8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	Vision		d X Life in	nsurance
	е	-	f Long-term disabili	ty g	Supplemental uner	mnlovment		ription drug
	i		i ☐ HMO contract	່າ ອູເ k∫	PPO contract	прюутнети		nnity contract
	' L	Stop loss (large deductible)	, I Third contract	N.	_ FFO contract			illity contract
	m	Other (specify)						
0								
9		erience-rated contracts:		00(1)		28779424	_	
		Premiums: (1) Amount received		9a(1)		6395447	_	
		(2) Increase (decrease) in amount due but unpaid		9a(2) 9a(3)		0000447		
		(3) Increase (decrease) in unearned premium reservable (4) Formed (41) + (2) (2)				9a(4)		35174871
	b	(4) Earned ((1) + (2) - (3))		9b(1)		31888526		00111011
		(2) Increase (decrease) in claim reserves				727951		
		(3) Incurred claims (add (1) and (2))						32616477
		(4) Claims charged				9b(4)		32616477
	С	Remainder of premium: (1) Retention charges (on				00(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)		1448243		
		(E) Taxes		9c(1)(E)		928265		
		(F) Charges for risks or other contingencies		9c(1)(F)		181886		
		(G) Other retention charges		9c(1)(G)				
		(H) Total retention				9c(1)(H)		2558394
		(2) Dividends or retroactive rate refunds. (These a	mounts were paid in	n cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits afte	r retirement	. 9d(1)		
		(2) Claim reserves				. 9d(2)		5417193
		(3) Other reserves				. 9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not	include amount entered	d in line 9c(2) .)	. 9e		
10	No	nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to car	rier			. 10a		
	b	If the carrier, service, or other organization incurred				406		
	Sne	retention of the contract or policy, other than report cify nature of costs.	ied in Part I, line 2 abov	e, report am	ount	. 10b		_
P	art l	IV Provision of Information						
			tion noonoon; to as	loto Cobodiil	_ ^2	Yes	X No	
		d the insurance company fail to provide any informat		iete ocheduli	₽ A (169	, INO	
14	i it ti	he answer to line 11 is "Yes," specify the information	i 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.

OMB No. 1210-0110

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			ion	This Form is Open to Public Inspection			
For calendar plan year 2023	or fiscal plar	n year beginning 01/01/2023		and en	ding 12/3	1/2023	
A Name of plan LOCKHEED MARTIN GRO	OUP BENEFI	TS PLAN		B Three plan	e-digit number (PN) >	594
C Plan sponsor's name as s LOCKHEED MARTIN COR		e 2a of Form 5500		•	yer Identifica -1893632	ation Number	(EIN)
		ning Insurance Contract . Individual contracts grouped as					
(a) Name of insurance carrie PRUDENTIAL INSURANCE		OF AMERICA					
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or o	contract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f)	From	(g) To
22-1211670	68241	23748-1	47297		01/01/2023	3	12/31/2023
2 Insurance fee and commis descending order of the ar		ation. Enter the total fees and total	al commissions paid. L	ist in line 3	the agents, b	orokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
36243						0	
3 Persons receiving commis	ssions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,	or other person to who	m commissi	ions or fees	were paid	
MERCER HEALTH & BENEF	FITS LLC		PAYSPHERE CIRCLE AGO, IL 60674				
(b) Amount of sales and	base	Fee	es and other commission	ns paid			
commissions paid		(c) Amount		(d) Purpose	Э		(e) Organization code
	36243						3
	(a) Name a	nd address of the agent, broker,	or other person to who	m commissi	ions or fees	were paid	
(b) Amount of sales and	base	Fee	es and other commission	ns paid			
commissions paid	- 400	(c) Amount	(d) Purpose				(e) Organization code

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Face 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						
	T		T					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
	ı		.					
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid						
	y ,	,						
(b) Amount of color and har-		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
	•	•						

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) 7c(4) (7c(4) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(5) 7c(4) 7c(3) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(5) 7c(6) 7c(6) (7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c			•		6c		
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •	•	6d		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs •				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred				
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

Pa	art I	III	Welfare Benefit Contract Information for the contract covers the same the information may be combined for report employees, the entire group of such individuals.	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a uni	t. Where co	ontract	ts cover individual
8	3ene	efit a	nd contract type (check all applicable boxes)						
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d X	Life insurance
	е	Те	emporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unem	ployment	h	Prescription drug
	iΓ	Sto	op loss (large deductible)	j HMO contract		PPO contract		ıΠ	Indemnity contract
	m		ther (specify)	- Ц		4			·
9 E	Expe	eriend	ce-rated contracts:					_	
i			iums: (1) Amount received		9a(1)		13810071	_	
		(2) Ir	ncrease (decrease) in amount due but unpaid	l	9a(2)			_	
			ncrease (decrease) in unearned premium res		9a(3)		<u></u>		
		(4) E	Earned ((1) + (2) - (3))				9a(4)		13810071
	b	Ben	efit charges (1) Claims paid		9b(1)		14369642	<u> </u>	
		(2) Ir	ncrease (decrease) in claim reserves		9b(2)		-58876	S	
		(3) Ir	ncurred claims (add (1) and (2))				9b(3)		14310766
		` '	Claims charged				9b(4)		14310766
	С	Ren	nainder 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)		330137	_	
			(E) Taxes		9c(1)(E)		364448	_	
			(F) Charges for risks or other contingencies		9c(1)(F)		157987		
		((G) Other retention charges		9c(1)(G)				
			(H) Total retention				9c(1)(H)	852572
		(2) [Dividends or retroactive rate refunds. (These	amounts were paid ir	n cash, or 🔲 (credited.)	9c(2)		
	d	Stat	rus of policyholder reserves at end of year: (1	Amount held to provide	benefits after	retirement	9d(1)		
		(2) (Claim reserves				9d(2)		1592567
		(3) (Other reserves				9d(3)		3761688
	е	Divi	dends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	9e		
10	No	nexp	erience-rated contracts:				_		
	а	Tota	al premiums or subscription charges paid to c	arrier			10a		
	b		e carrier, service, or other organization incurr						
	_		ntion of the contract or policy, other than reponature of costs.	orted in Part I, line 2 abov	e, report amo	ount	10b		
Pa	rt I	V	Provision of Information						
			insurance company fail to provide any inform	ation necessary to comp	lete Schedule	A?	Yes	X No	 0
			nswer to line 11 is "Yes," specify the informati		.o.o oonodalo			<u> П .,,</u>	
- 4	ii U	ıu al	iorroi io iirio i ria i rea, apeony irie iriiofiliali	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.

OMB No. 1210-0110

mmarrant to FDICA anation 400(a)(0)						rm is Open to Public Inspection	
For calendar plan year 202	23 or fiscal pla	an year beginning 01/01/2023		and en	ding 12/3	31/2023	
A Name of plan LOCKHEED MARTIN G	ROUP BENEI	FITS PLAN		B Three plan	e-digit number (PN	u) >	594
C Plan sponsor's name a	ıs shown on li	ne 2a of Form 5500		D Emplo	yer Identifica	ation Number	(EIN)
LOCKHEED MARTIN CO	ORPORATIO	V		52	-1893632		
		erning Insurance Contract A. Individual contracts grouped					
1 Coverage Information:						<u> </u>	
(a) Name of insurance ca		Y OF AMERICA					
	1	T -	(a) Ammanimata n			Daliavoro	antro at via ar
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered a	t end of	(f)	From	ontract year
			policy or contract year				(g) To
22-1211670	68241	23749-1	7543		01/01/202	3	12/31/2023
2 Insurance fee and communication descending order of the		nation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, l	brokers, and c	other persons in
(a) Total a	amount of con	nmissions paid		(b) To	otal amount o	of fees paid	
	7565 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	NEFITS LLC		5 PAYSPHERE CIRCLE CAGO, IL 60674				
(h) Amount of color or		F	ees and other commission	ns paid			
(b) Amount of sales ar commissions pa		(c) Amount		(d) Purpose	Э		(e) Organization code
	7565						3
	(a) Name	and address of the agent, broke	er, or other person to who	m commissi	ions or fees	were paid	
	(a) Hame	and address of the agent, broke	ir, or other person to who	11 00111111100	10110 01 1000	were paid	
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions paid		(c) Amount		(d) Purpose	Э		(e) Organization code
							1

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Face 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						
	T		T					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
	ı		.					
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid						
	y ,	,						
(b) Amount of color and har-		Fees and other commissions paid	(e)					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code					
	•	•						

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) 7c(4) (7c(4) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(5) 7c(4) 7c(3) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(5) 7c(6) 7c(6) (7c(6) 7c(6) 7c(6) (7c(7c(6) 7c(6) 7c(6) (7c(7c			•		6c		
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •	•	6d		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred				
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

P	art l	Welfare Benefit Contract Informa	ation					
		If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	ing purposes if such cont	tracts are expe	erience-rated as a uni	it. Where con	tracts cover individua	
8	Bene	efit and contract type (check all applicable boxes)			·		·	
	аΓ	Health (other than dental or vision)	b Dental	с	Vision	(X Life insurance	
	_	Temporary disability (accident and sickness)	f Long-term disabili	_			Prescription dru	~
	e [<u>=</u>		Supplemental unem	ipioyineni i		_
	ַ י	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contra	ıct
	m	Other (specify)						
_							T	
		erience-rated contracts:		- m				
		Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid		9a(2)				
		(3) Increase (decrease) in unearned premium res		9a(3)		02/4)		0
	b	(4) Earned ((1) + (2) - (3))		9b(1)		9a(4)		
		(2) Increase (decrease) in claim reserves						
		(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)				
		(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\/11\		0
		(H) Total retention				9c(1)(H)		
	_1	(2) Dividends or retroactive rate refunds. (These				9c(2)		
	d	Status of policyholder reserves at end of year: (1)	•			9d(1)		
		(2) Claim reserves				9d(2) 9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no				9a(3)		
10		nexperience-rated contracts:	A morade amount enteres	a III IIII 0 30(2).	· / ······	<u> </u>		
. •		Total premiums or subscription charges paid to c	arrier			10a	2	2618865
	b	If the carrier, service, or other organization incurr						
		retention of the contract or policy, other than repo				10b		
	Spe	cify nature of costs.						
Pa	art I	V Provision of Information						
		I the insurance company fail to provide any inform	ation necessary to comp	lete Schedule	Α?	Yes	No	
		ne answer to line 11 is "Yes," specify the informati				<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

OMB No. 1210-0110

n						s Form is Open to Public Inspection	
For calendar plan year 202	23 or fiscal pla	an year beginning 01/01/2023		and en	ding 12/31/2023	•	
A Name of plan LOCKHEED MARTIN G	ROUP BENE	FITS PLAN		B Three plan	e-digit number (PN)	594	
C Plan sponsor's name a LOCKHEED MARTIN CO					yer Identification Nun -1893632	nber (EIN)	
		erning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance car PRUDENTIAL INSURANCE		Y OF AMERICA					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a		Policy	or contract year	
(b) EIN	code	identification number	ication number policy or contract year		(f) From	(g) To	
22-1211670	68241	43406-2	114079		01/01/2023	12/31/2023	
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					iid		
		28002				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 were paid	t	
MERCER HEALTH & BEN	EFITS LLC		5 PAYSPHERE CIRCLE CAGO, IL 60674				
(b) Amount of sales an	nd hase	F	ees and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose	е	(e) Organization code	
28002						3	
	(a) Name	and address of the agent, broke	er, or other person to who	m commissi	ions or fees were paid		
(b) Amount of sales an	nd hase	F	ees and other commissio	ns paid			
commissions pai		(c) Amount	(d) Purpose			(e) Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization		
commissions paid	(c) / illioant	(4) 1 41,5000	code		
(a) Nar	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		
commissions paid			couc		
())					
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid			
(4)	no and address of the agent, stener	, or said, person, or memoralisms or rose note para			
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	<u> </u>			- gaaranii -		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

Par	rt III Welfare Benefit Contract Informati		e same emplo	ver(s) or members of	the same er	mplovee organiza	tions(s)
	the information may be combined for reporting employees, the entire group of such individua	purposes if such cont	racts are expe	erience-rated as a uni	t. Where co	ntracts cover indi-	
8 Be	enefit and contract type (check all applicable boxes)	_	_			_	
а	Health (other than dental or vision)	Dental	c 🗌	Vision		d X Life insurar	ice
е	Temporary disability (accident and sickness)	Long-term disabili	ty g	Supplemental unem	ployment	h Prescription	n drug
i	Stop loss (large deductible)	HMO contract	- =	PPO contract		I Indemnity of	ontract
m	m ☐ Other (specify) ▶	_	_			_	
9 Ex	xperience-rated contracts:						
а	Premiums: (1) Amount received		9a(1)				
	(2) Increase (decrease) in amount due but unpaid		9a(2)			<u>_</u>	
	(3) Increase (decrease) in unearned premium reserve	ve	9a(3)				
	(4) Earned ((1) + (2) - (3))				. 9a(4)		0
b	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				9b(4)		
С	Remainder of premium: (1) Retention charges (on a					_	
	(A) Commissions		9c(1)(A)			_	
	(B) Administrative service or other fees		9c(1)(B)			_	
	(C) Other specific acquisition costs		9c(1)(C)			4	
	(D) Other expenses		9c(1)(D)			_	
	(E) Taxes		9c(1)(E) 9c(1)(F)			\dashv	
	(F) Charges for risks or other contingencies (G) Other retention charges					+	
					9c(1)(H)		0
	(H) Total retention	_	_				
اء	(2) Dividends or retroactive rate refunds. (These ar				9c(2)		
d	, , , , , , , , , , , , , , , , , , , ,	·			9d(1)		
	(2) Claim reserves				9d(2)		
_	(3) Other reserves Prividends or retroactive rate refunds due. (Do not in the control of				9d(3) 9e		
10 6	Nonexperience-rated contracts:	nciude amount entered	a iii iiile 90(2) .	<u>)</u>	36		
_	a Total premiums or subscription charges paid to care	rior			10a		8595983
_					100		0030300
N.	b If the carrier, service, or other organization incurred retention of the contract or policy, other than reporte	, ,		•	10b		
Sp	Specify nature of costs.						
Par	rt IV Provision of Information						
11	Did the insurance company fail to provide any informati	on necessary to comp	lete Schedule	A?	Yes	X No	
	If the answer to line 11 is "Yes," specify the information						

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

2023

		pursuant to	ERISA section 103(a)(2)).			Inspection
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023							
A Name of plan LOCKHEED MARTIN GR	ROUP BENEF	TS PLAN		B Three plan	e-digit number (PN	J) •	594
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		D Emplo	yer Identific	ation Number	(EIN)
LOCKHEED MARTIN CO	RPORATION			52-	-1893632		
		ning Insurance Contract. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance car UNITED HEALTHCARE O							
		-	(e) Approximate no	umber of		Policy or o	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	it end of	(f)	From	(g) To
63-1036817	95716	65083	87	•	01/01/202	23	12/31/2023
	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	s as needed to report all	persons).			
	(a) Name a	nd address of the agent, broke	r, or other person to who	m commissi	ons or fees	were paid	
		F	ees and other commissio	ne naid			
(b) Amount of sales an commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code
	(a) Name a	nd address of the agent, broke	r, or other person to who	m commissi	ons or fees	were paid	
	(1)						
				no noi -l			<u> </u>
(b) Amount of sales an commissions pai		(c) Amount	ees and other commissio	ns paid (d) Purpose			(e) Organization code
•				•			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization		
commissions paid	(c) / illioant	(4) 1 41,5000	code		
(a) Nar	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		
commissions paid			couc		
())					
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid			
(4)	no and addition of the agent, pronor	, or said, person, or memoralisms or rose note para			
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here 🕨 🗍		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	<u> </u>			- gaaranii		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

Part					the second		- \
	If more than one contract covers the same of the information may be combined for report employees, the entire group of such individual.	ng purposes if such cont	racts are exp	erience-rated as a un	it. Where cor	ntracts cover individual	;),
8 Be	nefit and contract type (check all applicable boxes)			·		·	
а	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance	
е	Temporary disability (accident and sickness)	f Long-term disabilit	_	Supplemental unem		h Prescription drug	
i	Stop loss (large deductible)	. H		PPO contract	ipioymoni	I Indemnity contract	. +
-		J X HMO contract	^ _	PPO contract		■ Indefinity contract	д
m	Other (specify)						
Q Evr	perience-rated contracts:						
	Premiums: (1) Amount received		9a(1)			_	
u	(2) Increase (decrease) in amount due but unpaid		9a(2)			-	
	(3) Increase (decrease) in unearned premium res		` '			_	
	(4) Earned ((1) + (2) - (3))				9a(4)		0
b	Benefit charges (1) Claims paid						
	(2) Increase (decrease) in claim reserves					1	
	(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				00(4)(U)		0
	(H) Total retention	_			9c(1)(H)		
اہ	(2) Dividends or retroactive rate refunds. (These	_			9c(2)		
d	Status of policyholder reserves at end of year: (1)	·			9d(1)		
	(2) Claim reserves				9d(2) 9d(3)		
е	Dividends or retroactive rate refunds due. (Do no				90(5) 9e		
	onexperience-rated contracts:	t include amount entered	7 111 1111C 3C(2)	.)	36		
a	Total premiums or subscription charges paid to c	arrier			10a	18	354346
b	If the carrier, service, or other organization incurr						
~	retention of the contract or policy, other than repo				10b		
Sp	ecify nature of costs.						
Part	IV Provision of Information						
11 D	id the insurance company fail to provide any inform	ation necessary to compl	ete Schedule	A?	Yes	X No	
	the 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

2023

		pursuant to	ENIOA Section 103(a)(2)			Inspection
For calendar plan year 202	23 or fiscal plan	year beginning 01/01/2023		and en	ding 12/31/2023	
A Name of plan LOCKHEED MARTIN GR	ROUP BENEFI	TS PLAN		B Three	e-digit number (PN)	594
C Plan sponsor's name a	s shown on line	e 2a of Form 5500		D Emplo	yer Identification Numbe	r (EIN)
LOCKHEED MARTIN CO		2 La 0. 1 0 0000		-	-1893632	. (=,
				02	1000002	
		ning Insurance Contrac . Individual contracts grouped a				
1 Coverage Information:						
(a) Name of insurance car UPMC HEALTH PLAN INC						
	(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
25-2813536	95216	8451	193		01/01/2023	12/31/2023
2 Insurance fee and common descending order of the		ation. Enter the total fees and to	tal 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		ees. (Complete as many entries				
	(a) Name a	nd address of the agent, broker	, or other person to who	m commiss	ions or fees were paid	
(b) Amount of sales an	id base	Fe	es and other commissio	ns paid		
commissions pai	d	(c) Amount	(d) Purpose			(e) Organization code
	(a) Name a	nd address of the agent, broker	, or other person to who	m commiss	ions or fees were paid	
(b) Amount of sales an	nd hase	Fe	es and other commissio	ns paid		
commissions pai		(c) Amount		(d) Purpose	e	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization		
commissions paid	(c) / illioant	(4) 1 41,5000	code		
(a) Nar	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		
commissions paid			couc		
())					
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid			
(4)	no and address of the agent, stener	, or said, person, or memoralisms or rose note para			
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here 🕨 🗍		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	<u> </u>			- gaaranie		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

P	art III Welfare Benefit Contract Information		
	the information may be combined for reporting purposes if	byees of the same employer(s) or members of the same employee organizations(s), if such contracts are experience-rated as a unit. Where contracts cover individual with each carrier may be treated as a unit for purposes of this report.	
8	Benefit and contract type (check all applicable boxes)		
	a ☐ Health (other than dental or vision) b ☐ Dental	c	
	e ☐ Temporary disability (accident and sickness) f ☐ Long-ter	erm disability g Supplemental unemployment h Prescription drug	
	i Stop loss (large deductible)		
	m ☐ Other (specify) ▶	- I I I I I I I I I I I I I I I I I I I	
9	Experience-rated contracts:		
	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))	9a(4)	0
	b Benefit charges (1) Claims paid		
	(2) Increase (decrease) in claim reserves		
	(3) Incurred claims (add (1) and (2))		0
	(4) Claims charged	9b(4)	
	c Remainder of premium: (1) Retention charges (on an accrual ba		
	(A) Commissions	· · · ·	
	(B) Administrative service or other fees		
	(C) Other specific acquisition costs	0. (4)(D)	
	(D) Other expenses		
	(E) Taxes	0 (4)(=)	
	(F) Charges for risks or other contingencies		
	(G) Other retention charges		0
	(H) Total retention		
	(2) Dividends or retroactive rate refunds. (These amounts were		
	d Status of policyholder reserves at end of year: (1) Amount held to	•	
	(2) Claim reserves		
	(3) Other reserves		
10	e Dividends or retroactive rate refunds due. (Do not include amount Nonexperience-rated contracts:	unt entered in line 9c(2).) 9e	
10		10a 4629	210
			310
	b If the carrier, service, or other organization incurred any specific retention of the contract or policy, other than reported in Part I, Ii		
	Specify nature of costs.	into 2 abovo, report amount	—
Pa	art IV Provision of Information		
	Did the insurance company fail to provide any information necessar	·	
12	! If the answer to line 11 is "Yes," specify the information not provided	d. ▶	

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

2023

		pursuant to I	INIOA Section 103(a)(2)	,.		Inspection
For calendar plan year 202	23 or fiscal plan	year beginning 01/01/2023		and en	iding 12/31/2023	
A Name of plan LOCKHEED MARTIN GR	ROUP BENEFI	TS PLAN		B Three	e-digit number (PN)	594
C Plan sponsor's name a	e shown on line	22 of Form 5500		D Emplo	yer Identification Numbe	r (FINI)
LOCKHEED MARTIN CO		2 2 di Follii 3300		-		i (Liiv)
LOCKITLED WARTIN CO	DREGRATION			52	-1893632	
		ning Insurance Contract Individual contracts grouped a				
1 Coverage Information:						
(a) Name of insurance car LIFE INSURANCE COMP		TH AMERICA				
	()))))	(1) 0	(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	at end of	(f) From	(g) To
23-1503749	65498	SDJ0007632	2249)	01/01/2023	12/31/2023
2 Insurance fee and commodescending order of the		ation. Enter the total fees and tot	al 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		ees. (Complete as many entries				
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees were paid	
(b) Amount of sales an	id base	Fee	es and other commissio	ns paid		
commissions pai	d	(c) Amount		(d) Purpose	е	(e) Organization code
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees were paid	
(b) Amount of sales an	nd hase	Fee	es and other commissio	ns paid		
commissions pai		(c) Amount		(d) Purpose	e	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) / illioant	(4) 1 41,5000	code					
(a) Name 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					
commissions paid			couc					
())								
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(4)	no and address of the agent, stener	, or said, person, or memoralisms or rose note para						
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here 🕨 🗍		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	<u> </u>			- gaaranie		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

P	art l	III Welfare Benefit Contract Information	ion					
- '		If more than one contract covers the same gi the information may be combined for reporting employees, the entire group of such individual	oup of employees of the gurposes if such con-	tracts are expe	erience-rated as a uni	it. Where con	tracts cover individual	
8	Bene	efit and contract type (check all applicable boxes)			<u> </u>		·	
	аΓ	7	b Dental	с	Vision	c	Life insurance	
	<u> </u>		f Long-term disabil	_]]		Prescription drug	
	e >				Supplemental unem	ipioyineni i		
	י וְ	Stop loss (large deductible)	HMO contract	k	PPO contract		Indemnity contract	
	m	Other (specify)						
_							T	
9		erience-rated contracts:		- m				
		Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid.		9a(2)				
		(3) Increase (decrease) in unearned premium rese		9a(3)		02/4)		0
		(4) Earned ((1) + (2) - (3))		9b(1)		9a(4)		Ť
		(2) Increase (decrease) in claim reserves						
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
		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		9c(1)(F)				
		(G) Other retention charges				0-(4)(11)		0
		(H) Total retention	_			9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These a	_			9c(2)		
	d	Status of policyholder reserves at end of year: (1)	•			9d(1)		
		(2) Claim reserves				9d(2)		—
	е	(3) Other reserves				9d(3) 9e		—
10		pnexperience-rated contracts:	morade amount entere	a iii iiiic 30(2) .	.)	J 36		
		Total premiums or subscription charges paid to ca	rrier			10a	585	 192
	_	If the carrier, service, or other organization incurre						
	-	retention of the contract or policy, other than repor				10b		
	Spe	ecify nature of costs.						
Pa	art I	IV Provision of Information						
		d the insurance company fail to provide any informa	tion necessary to comp	lete Schedule	A?	Yes	No	
		the answer to line 11 is "Yes," specify the information		Concadie	,		<u> </u>	
. 4	11 (1	no answer to line i i is i es, specity the intollitatio	ii iiot 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

2023

		parouarit to	= 1.1.0; 1.0001.011 1.00(a)(=	,.			inspection	
For calendar plan year 202	23 or fiscal pla	an year beginning 01/01/2023	3	and en	ding 12/31/20	23		
A Name of plan LOCKHEED MARTIN GI	ROUP BENEI	FITS PLAN		B Three	e-digit number (PN)	•	594	
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		D Emplo	yer Identification	Number	(EIN)	
LOCKHEED MARTIN CO				-	-1893632		,	
		erning Insurance Contra A. Individual contracts grouped						
Coverage Information:	ate ochedule	A. Individual contracts grouped	as a unit in rants in and n	ii can be re	ported on a single	, ochedu	IC A.	
(a) Name of insurance car		E COMPANY OF NEW YORK						
4. \ - \ . \	(c) NAIC	(d) Contract or	(e) Approximate n		P	olicy or c	ontract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f) Fron	n	(g) To	
13-2556568	64548	NYD0074268	4496	;	01/01/2023		12/31/2023	
2 Insurance fee and communication descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, broke	ers, and o	ther persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
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		
(b) Amount of sales ar	nd base	F	ees and other commissio	es and other commissions paid				
commissions pai	d	(c) Amount		(d) Purpose	e		(e) Organization code	
	(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 commissio	ns paid				
commissions paid		(c) Amount	(d) Purpose				(e) Organization code	
							•	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) / illioant	(4) 1 41,5000	code					
(a) Name 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					
commissions paid			couc					
())								
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(4)	no and address of the agent, stener	, or said. person to mism commission or rose note para						
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	<u> </u>			- gaaranie		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

Pa	art II	II Welfare Benefit Contract Informa	ation					
		If more than one contract covers the same the information may be combined for report employees, the entire group of such individual.	ing purposes if such con	tracts are expe	erience-rated as a un	it. Where co	ontracts cover inc	
8	Bene	efit and contract type (check all applicable boxes)						
	аΓ	Health (other than dental or vision)	b Dental	С	Vision		d Life insura	ance
	e X	Temporary disability (accident and sickness)	f Long-term disabili	<u> </u>	Supplemental unem	nlovment	h Prescripti	
	· [<u> </u>		PPO contract	ipioyiliciit		-
		Stop loss (large deductible)	j HMO contract	ν_	PPO contract		I Indemnity	contract
	m X	Other (specify) PAID FAMILY LEAVE						
0								
	•	rience-rated contracts:		00(1)				
		Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid(3) Increase (decrease) in unearned premium res		9a(2) 9a(3)				
		(3) Increase (decrease) in uneamed premium res (4) Earned ((1) + (2) - (3))				9a(4)		0
		Benefit charges (1) Claims paid		9b(1)		Ja(+)		
		(2) Increase (decrease) in claim reserves						
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
		Remainder of premium: (1) Retention charges (o				02(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)				
		(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	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 entere	d in line 9c(2) .	.)	9e		
10	Nor	nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			10a		2085763
	b	If the carrier, service, or other organization incurr	ed any specific costs in a	connection with	h the acquisition or			
		retention of the contract or policy, other than repo	orted in Part I, line 2 above	e, report amo	unt	10b		
	Spec	cify nature of costs.						
P	art I	V Provision of Information						
				lata Oale III		l voc	X No	
		the insurance company fail to provide any inform		iete Schedule	Α/	Yes	^ NO	
12	If th	ne 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

2023

		pursuant to	LINION Section 105(a)(2)			Inspection
For calendar plan year 202	23 or fiscal pla	n year beginning 01/01/2023		and en	iding 12/31/2023	
A Name of plan				B Three	e-diait	
LOCKHEED MARTIN GI	ROUP BENEF	TTS PLAN			number (PN)	594
				pian	Trainber (1.14)	
C Plan sponsor's name a	s shown on lin	ne 2a of Form 5500		D Emplo	yer Identification Number	or (FIN)
LOCKHEED MARTIN CO						(=114)
LOCKHEED WARTIN CO	RECKATION	ı		52	-1893632	
David Informat	ion Conco	rning Incurence Centre	ot Coverage Fees	and Can	amicolono Danida ia	(analysis for a sale and a sale
		rning Insurance Contract A. Individual contracts grouped				
_	ate Scriedule A	A. Individual contracts grouped	as a uniil in Fans ii anu i	i can be re	ported on a single scried	lule A.
1 Coverage Information:						
(a) Name of insurance car	rrier					
METROPOLITAN LIFE IN	SURANCE CO	OMPANY				
			1 () 4		D #	
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a		Policy or	contract year
(b) EIN	code	identification number	policy or contract		(f) From	(g) To
			•	·		
13-5581829	65978	1840000	7		01/01/2023	12/31/2023
		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 commissions paid (b) Total amount of fees paid						
2 Develope receiving com-	mississe and t	ees. (Complete as many entrie	a ac nacded to report all	noroono)		
3 Persons receiving com						
	(a) Name	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid	
	ı					
(b) Amount of sales an	nd hase	Fe	ees and other commissio	ns paid		
commissions pai		(c) Amount		(d) Purpose	е	(e) Organization code
•		, ,		` ' '		
						1
	(a) Name	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 an				•		
commissions pai	a	(c) Amount		(d) Purpose	е	(e) Organization code
						1

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
		Food and other commissions paid	(0)					
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization					
commissions paid	(c) Amount	(u) r uipose	code					
(a) Nar	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) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(0)		,						
			T					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					
(a) Nar	ne 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					
commissions paid			0000					
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or rees were paid						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) 7c(4) (7c(4) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(5) 7c(4) 7c(3) (7c(5) 7c(4) 7c(5) (6) Total deductions (7c(5) 7c(5) 7c(5) 7c(5)			•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •	•	6d		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

Pa	art I	II	Welfare Benefit Contract Informal If 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 ing purposes if such cont	tracts are expe	erience-rated as a un	it. Where co	ontracts cover inc	
8	3ene	efit a	nd contract type (check all applicable boxes)						
	а	Не	ealth (other than dental or vision)	b Dental	С	Vision		d X Life insura	ance
	е	Те	emporary disability (accident and sickness)	f Long-term disabili	ity g	Supplemental unem	ployment	h Prescription	on drug
	iΓ	Sto	op loss (large deductible)	j HMO contract		PPO contract		I Indemnity	contract
	m [Ot	ther (specify)			-			
0 [- - -	rion	ce-rated contracts:						
			iums: (1) Amount received		9a(1)			-	
			,		9a(1)			-	
			ncrease (decrease) in amount due but unpaid		9a(2)			-	
			ncrease (decrease) in unearned premium res				02(4)		0
	-		Earned ((1) + (2) - (3))				9a(4)		
			efit charges (1) Claims paid		9b(1) 9b(2)			_	
		` '	ncrease (decrease) in claim reserves				0h/3)		0
			ncurred claims (add (1) and (2))				9b(3)		
		` '	Claims charged nainder of premium: (1) Retention charges (o				9b(4)		
	С		(A) Commissions		9c(1)(A)			_	
			()		9c(1)(B)			_	
			(B) Administrative service or other fees (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(H)				9c(1)(H)	\	0
			Dividends or retroactive rate refunds. (These	_	_			/	
				—			9c(2)		
	d		us of policyholder reserves at end of year: (1	•			9d(1)		
		. ,	Claim reserves				9d(2)		
	_	` '	Other reserves				9d(3)		
10			dends or retroactive rate refunds due. (Do no	ot include amount entere	a in line 9c(2)	.)	9e		
10			erience-rated contracts:	orrior			100		507
	_		al premiums or subscription charges paid to c				10a		507
			e carrier, service, or other organization incuri ntion of the contract or policy, other than repo				10b		
			nature of costs.	oned in Part I, line 2 abov	e, report and	Juni	100		
Pa	rt l	V	Provision of Information						
				otion no occarate as as	loto Coltanio	. A2	Yes	X No	
			insurance company fail to provide any inform		iete Scheaule	9 A (169	^ NO	
12	If th	ne ar	nswer 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

2023

		pursuant to	ERISA section 103(a)(2)).			Inspection	
For calendar plan yea	r 2023 or fiscal pla	an year beginning 01/01/2023		and en	iding 12	/31/2023	•	
A Name of plan				B Thre	e-digit			
LOCKHEED MARTI	N GROUP BENE	FITS PLAN		plan	number (P	'N) •	594	
C Plan sponsor's nar	ne as shown on li	ne 2a of Form 5500		D Emplo	yer Identifi	cation Number	(EIN)	
LOCKHEED MARTII	N CORPORATION	N		52	-1893632			
		erning Insurance Contract A. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance		RTH AMERICA						
	(c) NAIC	(d) Contract or	(e) Approximate no	umber of		Policy or c	ontract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f)) From	(g) To	
23-1503749	65498	LK 0100000	91		01/01/20	23	12/31/2023	
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.								
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving	commissions and	fees. (Complete as many entrie	s as needed to report all	persons).				
	(a) Name	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	s were paid		
(b) Amount of sale	s and base	Fe	ees and other commissio	ns paid				
commissions		(c) Amount		(d) Purpose	e		(e) Organization code	
	(a) Name	and address of the agent, broke	r or other person to who	m commiss	ions or feet	s were paid		
	(a) Name	and address of the agent, broke	i, or other person to who	III COIIIIIISS	ions or rees	s were paid		
(b) Amount of sale	es and hase	Fe	es and other commissio	ns paid				
commissions		(c) Amount		(d) Purpos	e		(e) Organization code	

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face 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	
	T		T
(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	r, or other person to whom commissions or fees were paid	
	ı		.
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) 7c(4) (7c(4) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(5) 7c(4) 7c(3) (7c(5) 7c(4) 7c(5) (6) Total deductions (7c(5) 7c(5) 7c(5) 7c(5)			•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

F	art	≡	Welfare Benefit Contract Inform	ation						
-			If more than one contract covers the same the information may be combined for repor	group of employees of th						
			employees, the entire group of such individ							
8	Ben	efit a	nd contract type (check all applicable boxes)							
	а	_	ealth (other than dental or vision)	b Dental		С	Vision		d Life insurance	
	e	=	emporary disability (accident and sickness)	f Long-term disabil	itv (g	Supplemental unem	plovment	h Prescription dru	ıa
	i [op loss (large deductible)	j HMO contract		ے k [<u>-</u>	,	I Indemnity contr	_
	m		ther (specify)	, I mile comilact			11 0 continuot			uot
	•••• [iner (specify)							
9	Evn	rion	ce-rated contracts:							
•			iums: (1) Amount received		9a(1)	,				
	u		ncrease (decrease) in amount due but unpai		9a(2)					
			ncrease (decrease) in unearned premium res		9a(3)					
			Earned ((1) + (2) - (3))					9a(4)		0
	b		efit charges (1) Claims paid		9b(1)					
			ncrease (decrease) in claim reserves							
		` '	ncurred claims (add (1) and (2))			•		9b(3)		0
			Claims charged					9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (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)(0	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)(0	3)				
			(H) Total retention			_		9c(1)(H))	0
		(2) [Dividends or retroactive rate refunds. (These	amounts were paid i	n cash, or	∐ '	credited.)	9c(2)		
	d		us of policyholder reserves at end of year: (1	•				9d(1)		
		(2) (Claim reserves					9d(2)		
		` '	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	_		erience-rated contracts:							
	a	I ota	al premiums or subscription charges paid to	carrier				10a		6679
	b		e carrier, service, or other organization incur					10b		
	Sne		ntion of the contract or policy, other than rep nature of costs.	orted in Part I, line 2 abo	ve, report	amc	Juni	100		
	Opo	oy .	latare or ecoto.							
P	art	IV	Provision of Information							
11			insurance company fail to provide any inform	nation necessary to com	Nata Scho	dula	Δ2 Π	Yes	X No	
			nswer to line 11 is "Yes," specify the informat		11616 OCHE	uule	Λ:	100	[] 110	
14	- 11 t	ne al	iswer to line it is ites, specify the informat	ion 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

2023

		parouant to				шэресноп			
For calendar plan year 202	23 or fiscal pl	an year beginning 01/01/2023	8	and en	ding 12/31/2023				
A Name of plan LOCKHEED MARTIN GI	ROUP BENE	FITS PLAN			e-digit number (PN)	594			
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		D Emplo	yer Identification Numb	per (EIN)			
LOCKHEED MARTIN CO				· · · · · · · · · · · · · · · · · · ·	-1893632	,			
		erning Insurance Contra A. Individual contracts grouped							
1 Coverage Information:									
(a) Name of insurance ca LIFE INSURANCE COMP		RTH AMERICA							
	(c) NAIC	(d) Contract or		ximate number of	Policy of	or contract year			
(b) EIN	code	identification number		overed at end of r contract year	(f) From	(g) To			
23-1503749	65498	TDI0001120		178	01/01/2023	12/31/2023			
	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 a	amount of cor	nmissions paid		(b) To	otal amount of fees paid	1			
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to r	eport all persons).					
	(a) Name	and address of the agent, broke	er, or other perso	n to whom commiss	ions or fees were paid				
(b) Amount of sales ar	nd base	F	ees and other co	mmissions paid					
commissions pai	d	(c) Amount		(d) Purpos	e	(e) Organization code			
	(a) Name	and address of the agent, broke	er, or other perso	n to whom commiss	ions or fees were paid				
(b) Amount of sales ar	nd base	F	ees and other co	mmissions paid					
commissions paid		(c) Amount		(d) Purpos	(e) Organization code				

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face 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	
	T		T
(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	r, or other person to whom commissions or fees were paid	
	ı		.
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) 7c(4) (7c(4) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(5) 7c(4) 7c(3) (7c(5) 7c(4) 7c(5) (6) Total deductions (7c(5) 7c(5) 7c(5) 7c(5)			•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

Pa	rt III	Welfare Benefit Contract Informa	ation					
•		If more than one contract covers the same	group of employees of the					
		the information may be combined for report employees, the entire group of such individ						dual
8	Popofii		dai contracts with cach ca	arrier may be	treated as a unit for p	urposes or t	піз тероп.	
-		t and contract type (check all applicable boxes)	h □ Dantal	٦	1 . /:=:==		م المال	_
		Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	e 🛚	Temporary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental unem	ployment	h Prescription	drug
	i 📙	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity co	ntract
	m	Other (specify)						
	_							
9 E	Experie	ence-rated contracts:						
	a Pre	emiums: (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)		T		_
	(4) Earned ((1) + (2) - (3))				. 9a(4)		0
		enefit charges (1) Claims paid		9b(1)			_	
	•) Increase (decrease) in claim reserves		9b(2)		01 (0)		
) Incurred claims (add (1) and (2))				9b(3)		0
	,) Claims charged				9b(4)		
	C R	emainder of premium: (1) Retention charges (c		00/1\/A\			_	
		(A) Commissions		9c(1)(A) 9c(1)(B)				
		(B) Administrative service or other fees (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	2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
		tatus of policyholder reserves at end of year: (1	_			9d(1)		
		2) Claim reserves	•			9d(2)		
	(3	B) Other reserves				9d(3)		
	e D	ividends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2)	.)	9e		
10	None	experience-rated contracts:						
	a T	otal premiums or subscription charges paid to o	arrier			10a		17930
	b If	the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	h the acquisition or			
		etention of the contract or policy, other than rep	orted in Part I, line 2 abov	e, report amo	ount	10b		
,	Specii	y nature of costs.						
Pa	rt IV	Provision of Information						
		ne insurance company fail to provide any inform	ation necessary to compl	ata Schadula	Δ2 Π	Yes	X No	
				ore or leadle	Λ:			
ıZ	n me	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

2023

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 A Name of plan LOCKHEED MARTIN GROUP BENEFITS PLAN B Three-digit plan number (PN)			pursuant to	LINION Section 105(a)(2)				Inspection		
C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier AMERICAN HERITAGE LIFE INSURANCE COMPANY (b) EIN (c) NAIC (d) Contract or identification number of persons covered at end of policy or contract year persons covered at end of policy or contract year in the second or policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year (g) To 1/10/1/2023 12/31/2023 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 were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and base Fees and other commissions paid (c) Amount of sales and base Fees and other commissions paid	For calendar plan year 202	23 or fiscal pla	n year beginning 01/01/2023		and en	ding 12/31/20	23			
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier AMERICAN HERITAGE LIFE INSURANCE COMPANY (b) EIN (c) NAIC (d) Contract or code identification number (e) Approximate number of persons covered at end of policy or contract year (f) From (g) To persons covered at end of policy or contract year (g) To 10/1/2023 12/31/2023 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base Fees and other commissions paid (e) Organization code (b) Amount of sales and base Fees and other commissions or fees were paid	•	ROUP BENEF	ITS PLAN			-	•	594		
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier AMERICAN HERITAGE LIFE INSURANCE COMPANY (b) EIN (c) NAIC (d) Contract or code identification number (e) Approximate number of persons covered at end of policy or contract year (f) From (g) To persons covered at end of policy or contract year (g) To 10/1/2023 12/31/2023 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base Fees and other commissions paid (e) Organization code (b) Amount of sales and base Fees and other commissions or fees were paid					,	, ,				
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier AMERICAN HERITAGE LIFE INSURANCE COMPANY (b) EIN (c) NAIC code identification number of code identification number of persons covered at end of policy or contract year of persons covered at end of policy or contract year of persons covered at end of policy or contract year of the amount paid. 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base Fees and other commissions paid (e) Organization code (b) Amount of sales and base Fees and other commissions or fees were paid	C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		D Emplo	yer Identification	Number (EIN)		
on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier AMERICAN HERITAGE LIFE INSURANCE COMPANY (b) EIN (c) NAIC code identification number persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year (d) From (g) To 59-0781901 60534 G0846 1 01/01/2023 12/31/2023 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	LOCKHEED MARTIN CO	ORPORATION	l		52	-1893632				
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base (c) Amount of sales and base (d) Contract or identification number (e) Approximate number of persons covered at end of policy or contract year (f) From (g) To (g) To (g) To (h) From (g) To (g										
MERICAN HERITAGE LIFE INSURANCE COMPANY (b) EIN (c) NAIC code identification number persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year (f) From (g) To 59-0781901 60534 G0846 1 01/01/2023 12/31/2023 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base Fees and other commissions paid (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	1 Coverage Information:									
(b) EIN (c) NAIC code identification number persons covered at end of policy or contract year (f) From (g) To 59-0781901 60534 G0846 1 01/01/2023 12/31/2023 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid										
Code identification number persons covered area of Code policy or contract year Code policy or contract year Code Prom Cod						P	olicy or co	entract year		
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and address of the agent, broker, or other person to whom commissions or fees were paid	(b) EIN		` ,			(f) From	n	(g) To		
descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and address of the agent, broker, or other person to whom commissions or fees were paid	59-0781901	60534	G0846	1		01/01/2023		12/31/2023		
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (a) Name 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 or fees were paid										
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base	(a) Total a	amount of com	missions paid		(b) To	otal amount of fee	s paid			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base										
(b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base	3 Persons receiving com									
(a) Name 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 (c) Amount (d) Purpose (e) Organization code		(a) Name a	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were	paid			
(a) Name 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 (c) Amount (d) Purpose (e) Organization code										
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base Commissions paid Commissions (e) Organization code	(b) Amount of sales ar	nd base	<u> </u>	ees and other commissio	ns paid					
(b) Amount of sales and base Fees and other commissions paid			(c) Amount		(d) Purpose	e		(e) Organization code		
(b) Amount of sales and base Fees and other commissions paid										
(b) Amount of sales and base Fees and other commissions paid		(a) Name	and address of the agent broke	ar or other person to who	m commiss	ions or fees were	naid			
(b) Amount of sales and base		(a) Ivaille	and address of the agent, broke	er, or other person to who	III COIIIIIIISS	ions or rees were	paiu			
(b) Amount of sales and base										
	(h) Amount of sales or	nd hase	F	ees and other commissio	ns paid					
			(c) Amount		(d) Purpose	e	·	(e) Organization code		

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face 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	
	T		T
(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	r, or other person to whom commissions or fees were paid	
	ı		.
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) 7c(4) (7c(4) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)). (6) Total of balance and additions (add lines 7b and 7c(6)). (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(5) 7c(4) 7c(3) (7c(5) 7c(4) 7c(5) (6) Total deductions (7c(5) 7c(5) 7c(5) 7c(5)			•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (4) other Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other F				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

Pa	art I	II	Welfare Benefit Contract Informal If 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 the ing purposes if such cont	tracts are expe	erience-rated as a un	it. Where co	ontracts cover inc	
8	Bene	efit a	nd contract type (check all applicable boxes)						
	а	Не	ealth (other than dental or vision)	b Dental	С	Vision		d X Life insura	nce
	e 🗍	Τe	emporary disability (accident and sickness)	f Long-term disabili	ity g	Supplemental unem	ployment	h Prescription	n drug
	ιĒ	_	op loss (large deductible)	j HMO contract		PPO contract		I Indemnity	-
	m	_	ther (specify)	<i>-</i> L	_	J			
			ce-rated contracts:		2 (1)			_	
			iums: (1) Amount received		9a(1)				
			ncrease (decrease) in amount due but unpaid		9a(2)				
			ncrease (decrease) in unearned premium res		9a(3)		0-(4)		0
	-		Earned ((1) + (2) - (3))				9a(4)		0
			efit charges (1) Claims paid		9b(1)				
		. ,	ncrease (decrease) in claim reserves				01 (0)		0
			ncurred claims (add (1) and (2))				9b(3)		0
		` '	Claims charged				9b(4)		
	С		nainder of premium: (1) Retention charges (o		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)		0-(4)(11)		0
			(H) Total retention	_			9c(1)(H)	1	
			Dividends or retroactive rate refunds. (These	<u>—</u>			9c(2)		
	d		us of policyholder reserves at end of year: (1	•			9d(1)		
		(2) (Claim reserves				9d(2)		
		` '	Other reserves				9d(3)		
			dends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	9e		
10			erience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to c	arrier			10a		424
	b		e carrier, service, or other organization incurrention of the contract or policy, other than repo				10b		
	Spe		nature of costs.	onted in Fart 1, line 2 abov	re, report arric	June	100		
Pa	rt I	٧	Provision of Information						
			insurance company fail to provide any inform	ation necessary to comp	lete Schedule	A?	Yes	X No	
			nswer to line 11 is "Yes," specify the informati		ioto Coricadio		1	<u> </u>	
14	ıı tf	ıc al	iswer to line i ris i tes, specily 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

2023

						Inspection		
For calendar plan year 2023 or fiscal pl	an year beginning 01/01/2023		and en	ding 12/3	31/2023			
A Name of plan LOCKHEED MARTIN GROUP BENE	FITS PLAN		B Three plan	e-digit number (PN	۱) 🕨	594		
C Plan sponsor's name as shown on I	ne 2a of Form 5500		D Emplo	yer Identific	ation Number (EIN)		
LOCKHEED MARTIN CORPORATIO	N		52-	-1893632				
	erning Insurance Contract A. Individual contracts grouped a							
1 Coverage Information:								
(a) Name of insurance carrier DAVIS VISION, INC.								
(e) Approximate number of Policy or con						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		
11-3051991 93440	001,002,C02,C0B	4052		01/01/202	23	12/31/2023		
2 Insurance fee and commission information descending order of the amount paid		tal commissions paid. Li	ist in line 3	the agents,	brokers, and ot	her persons in		
(a) Total amount of co	nmissions paid		(b) To	tal amount	of fees paid			
3 Persons receiving commissions and	fees. (Complete as many entries	s as needed to report all	persons).					
(a) Name	and address of the agent, broker	, or other person to whor	m commissi	ons or fees	were paid			
(b) Amount of sales and base	Fe	es and other commission	ns paid					
commissions paid	(c) Amount		(d) Purpose			(e) Organization code		
(a) Name	and address of the agent, broker	, or other person to whor	m commissi	ons or fees	were paid			
(b) Amount of sales and base	Fe	es and other commission	ns paid					
commissions paid	(c) Amount	(d) Purpose				(e) Organization code		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) / illioant	(4) 1 41,5000	code					
(a) Name 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					
commissions paid			couc					
())								
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(4)	no and address of the agent, stener	, or said, person, or memoralisms or rose note para						
Fees and other commissions paid								
(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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.		6d		
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranii		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

P	art l	III Welfare Benefit Contract Informa	tion					
		If more than one contract covers the same g the information may be combined for reportir employees, the entire group of such individu	ng purposes if such con	tracts are expe	erience-rated as a un	it. Where con	tracts cover individu	
8	Bene	efit and contract type (check all applicable boxes)		•	·		·	
	аΓ	7	b Dental	c x	Vision	(Life insurance	
	_	-	f ☐ Long-term disabil				Prescription dr	
	e [· <u> </u>	Supplemental unem	ipioyineni i	=	-
	ַ י	Stop loss (large deductible)	j HMO contract	k 📗	PPO contract		I Indemnity cont	ract
	m	Other (specify)						
_							T	
		erience-rated contracts:						
		Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid.		9a(2)				
		(3) Increase (decrease) in unearned premium rese		9a(3)		02/4)		0
	b	(4) Earned ((1) + (2) - (3))		9b(1)		9a(4)		
		(2) Increase (decrease) in claim reserves						
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
		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		9c(1)(F)				
		(G) Other retention charges				0-(4)(11)		0
		(H) Total retention				9c(1)(H)		
	_1	(2) Dividends or retroactive rate refunds. (These a				9c(2)		
	d	Status of policyholder reserves at end of year: (1)	·			9d(1)		
		(2) Claim reserves				9d(2)		
	е	(3) Other reserves				9d(3) 9e		
10		pnexperience-rated contracts:	melade amount entere	a iii iiiic 30(2) .	· / ······	<u> </u>		
. •		Total premiums or subscription charges paid to ca	rrier			10a		375354
	b	If the carrier, service, or other organization incurre						
	~	retention of the contract or policy, other than report				10b		
	Spe	cify nature of costs.						
Pa	art I	IV Provision of Information						
		d the insurance company fail to provide any informa	tion necessary to comp	lete Schedule	A?	Yes	No	
		he answer to line 11 is "Yes," specify the information		Concadio			<u> </u>	
14	11 (1	no answer to line it is ites, specify the illioilliatio	ii 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

2023

This Form is Open to Public

		pursuant to	ERISA section 103(a)(2)	١.			Inspection	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023							•	
A Name of plan				B Three	e-digit			
LOCKHEED MARTIN G	ROUP BENEI	FITS PLAN		plan	number (PN	N) •	594	
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		D Employ	yer Identific	ation Number (EIN)	
LOCKHEED MARTIN CO	ORPORATIO	N		52-	1893632			
		rning Insurance Contra A. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance car KAISER FOUNDATION H		I OF THE NORTHWEST						
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ntract year	
(b) EIN	code	identification number	persons covered a policy or contract	t end of		From	(g) To	
93-0798039	95540	21201	16	i	01/01/202	23	12/31/2023	
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	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	ons or fees	were paid		
(b) Amount of sales an	id base	F	ees and other commission	ns paid				
commissions pai	d	(c) Amount		(d) Purpose)		(e) Organization code	
	(a) Name	and address of the agent, broke	er, or other person to who	m commissi	ons or fees	were paid		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(b) Amount of color on	(b) Amount of sales and base Fees and other commissions paid							
commissions pai		(c) Amount		(d) Purpose)		(e) Organization code	
				•				

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) / illioant	(4) 1 41,5000	code					
(a) Name 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					
commissions paid			couc					
())								
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(4)	no and address of the agent, stener	, or said. person to mism commission or rose note para						
Fees and other commissions paid								
(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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.		6d		
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranie		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

P	art I	Welfare Benefit Contract Information If more than one contract covers the same group of employee the information may be combined for reporting purposes if such employees, the entire group of such individual contracts with	ch contracts are expe	erience-rated as a unit	t. Where con	tracts cover individual
8	Bene	nefit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision) b Dental	С	Vision	(Life insurance
	еĒ	Temporary disability (accident and sickness) f Long-term	disability g	Supplemental unem	plovment i	n Prescription drug
	i	Stop loss (large deductible) j X HMO contra		PPO contract		I Indemnity contract
	m [i i i o oonaaa		
	L					
9	Expe	perience-rated contracts:				
		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			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	0 (4)(5)			
		(D) Other expenses				
		(E) Taxes	0 (4)(=)			
		(F) Charges for risks or other contingencies				
		(G) Other retention charges	<u>-</u>		0-(4)(11)	0
		(H) Total retention	_		9c(1)(H)	<u> </u>
		(2) Dividends or retroactive rate refunds. (These amounts were	_		9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to p			9d(1)	
		(2) Claim reserves			9d(2)	
	_	(3) Other reserves			9d(3)	
10		Dividends or retroactive rate refunds due. (Do not include amount	enterea in line 9c(2).	.)	9e	
10		onexperience-rated contracts:			10a	105046
	_	Total premiums or subscription charges paid to carrier			IUa	165346
	b	If the carrier, service, or other organization incurred any specific corretention of the contract or policy, other than reported in Part I, line	sts in connection with 2 above, report amo	h the acquisition or ount	10b	
	Spec	ecify nature of costs.				
P	art I	IV Provision of Information				
		id the insurance company fail to provide any information necessary to	complete Schodule	Λ2 Π	Yes	No
		the answer to line 11 is "Yes," specify the information not provided.		Λ:		110
12	ii tr	the answer to line it is ites, specify the information not provided.	7			

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

2023

This Form is Open to Public

For calendar plan year 202	23 or fiscal pla	an year beginning 01/01/2023	3		and en	ding 12/31/202	23	
A Name of plan					B Three	e-digit		
LOCKHEED MARTIN GI	ROUP BENEF	FITS PLAN			plan	number (PN)	<u> </u>	594
C Plan sponsor's name as shown on line 2a of Form 5500				D Emplo	yer Identification	Number (EIN)	
LOCKHEED MARTIN CO	LOCKHEED MARTIN CORPORATION				52-	-1893632		
		rning Insurance Contra A. Individual contracts grouped						
1 Coverage Information:	ato Conocano	ii. marriada comitacio groupou	1 40 0	and in and in and in	r can be rep	sortou on a omigio	Conoda	
-								
(a) Name of insurance car								
KAISER FOUNDATION H	EALTH PLAN	OF GEORGIA, INC.						
	(c) NAIC	(d) Contract or		(e) Approximate nu	ımber of	Po	olicy or co	ontract year
(b) EIN	code	identification number		persons covered at policy or contract		(f) From	1	(g) To
58-1592076	96237	10306		281		01/01/2023		12/31/2023
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	fees. (Complete as many entrie	es as	needed to report all r	nersons)			
• 1 didding receiving contin		and address of the agent, broke				ions or fees were	paid	
	(0) 1101110		,					
			200	and other commissior	ne naid			
(b) Amount of sales ar commissions pai		(c) Amount	003		(d) Purpose	9		(e) Organization code
		(5) 1		,	(4) 1 3 1 1 2 2 3	-		(c) c gameanica
	(a) Name	and address of the agent, broke	er, or	other person to whor	n commissi	ions or fees were	paid	
42.4	Fees and other commissions paid							
(b) Amount of sales ar commissions pai		(c) Amount	000		(d) Purpose	<u> </u>		(e) Organization code
	-	(-)		,		-		(3) 2.324.0 2040

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) / illioant	(4) 1 41,5000	code					
(a) Name 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					
commissions paid			couc					
())								
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(4)	no and address of the agent, stener	, or said, person, or memoralisms or rose note para						
Fees and other commissions paid								
(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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.		6d		
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranie		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

P	art l	Welfare Benefit Contract Informa	tion					
- '		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 thing purposes if such con	tracts are expe	erience-rated as a uni	it. Where con	tracts cover individua	
8	Bene	efit and contract type (check all applicable boxes)			·	•	·	
	аΓ	Health (other than dental or vision)	b Dental	с	Vision	C	Life insurance	
	e [f Long-term disabil	_	Supplemental unem		n Prescription drug	~
	٠ <u> </u>		# -			ipioyineni i		_
	ַ י	Stop loss (large deductible)	j X HMO contract	k	PPO contract		I Indemnity contra	ıct
	m	Other (specify)						
_							T	
9		erience-rated contracts:		- m				
		Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid.		9a(2)				
		(3) Increase (decrease) in unearned premium rese		9a(3)		02/4)		0
	b	(4) Earned ((1) + (2) - (3))		9b(1)		9a(4)		
		(2) Increase (decrease) in claim reserves						
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
		Remainder of premium: (1) Retention charges (or						
		(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\/11\		0
		(H) Total retention				9c(1)(H)		
	_1	(2) Dividends or retroactive rate refunds. (These	_			9c(2)		
	d	Status of policyholder reserves at end of year: (1)	·			9d(1)		
		(2) Claim reserves				9d(2) 9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no				9a(3)		
10		nexperience-rated contracts:	inolade amount chiere	a III IIII 0 30(2).	· / ······	30		
		Total premiums or subscription charges paid to ca	rrier			10a	2	2366321
	b	If the carrier, service, or other organization incurre						
		retention of the contract or policy, other than repo				10b		
	Spe	cify nature of costs.						
Pa	art I	IV Provision of Information						
		d the insurance company fail to provide any informa	ition necessary to comp	lete Schedule	A?	Yes	No	
		he answer to line 11 is "Yes," specify the information		Jorrodale			d - −	
	., .	to mile in its roo, speeding the information						

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

2023

			ERISA section 103(a)(2)		1		n is Open to Public Inspection	
For calendar plan year 202	23 or fiscal pla	an year beginning 01/01/2023	}	and end	ding 12/31/202		•	
A Name of plan LOCKHEED MARTIN GI	ROUP BENE	FITS PLAN		B Three plan	e-digit number (PN)	•	594	
	C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION				D Employer Identification Number (EIN) 52-1893632			
		erning Insurance Contra A. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance car KAISER FOUNDATION H		N OF THE MID-ATLANTIC STAT		-				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu		Po (f) From		ontract year	
(b) LIN	code	identification number		persons covered at end of policy or contract year			(g) To	
52-0954463	95639	24776	392		01/01/2023		12/31/2023	
2 Insurance fee and commodescending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3 t	the agents, broker	s, and ot	her persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
15765 9060					9060			
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 were p	oaid		
CONDUENT SECURITIES	SLLC	WE	LEXINGTON AVE WORK 4TH FLOOR V YORK, NY 10017					
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pai		(c) Amount		(d) Purpose)		(e) Organization code	
	15765	9060	ANNUAL BOB				3	
	(a) Name	and address of the agent, broke	er, or other person to who	m commissi	ions or fees were r	naid		
	(a) reamo	and address of the agont, broke	or, or earlor percent to when	<u> </u>	iono en 1000 weile p	Sara		
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid									
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization						
commissions paid	(c) / illioant	(4) 1 41,5000	code						
(a) Name 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						
commissions paid			couc						
())									
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid							
(4)	no and address of the agent, stener	, or said, person, or memoralisms or rose note para							
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year		6c		
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.		6d		
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred				
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranie		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

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 coremployees, the entire group of such individual contracts with each of the contracts with each of the contracts.	ntracts are ex	xperie	ence-rated as a	unit. Where c	contracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision) b Dental	С	:∏ v	ision/		d Life insurance
	еĪ	Temporary disability (accident and sickness) f Long-term disabi	lity a	ı∏s	Supplemental ur	nemployment	h Prescription drug
	i [Stop loss (large deductible) j X HMO contract			PO contract	nomploymon	I Indemnity contract
	m	Other (specify)		_			_
	L						
9	Expe	perience-rated contracts:					
		Premiums: (1) Amount received	9a(1)				7
		(2) Increase (decrease) in amount due but unpaid	9a(2)				
		(3) Increase (decrease) in unearned premium reserve					
		(4) Earned ((1) + (2) - (3))				9a(4)	0
	-						
		(2) Increase (decrease) in claim reserves					
		(3) Incurred claims (add (1) and (2))				9b(3)	0
		(4) Claims charged					
	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	<u>.</u>	<u></u>		9c(1)(H	0
		(2) Dividends or retroactive rate refunds. (These amounts were paid	in cash, or	cre	dited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	e benefits aft	ter ret	tirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount entere	ed in line 9c((2) .)		9e	
10	No	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to carrier				10a	2650526
	b	If the carrier, service, or other organization incurred any specific costs in	connection v	with th	he acquisition o	or	
		retention of the contract or policy, other than reported in Part I, line 2 about	ve, report ar	moun	t	10b	
	Spe	ecify nature of costs.					
D	art l	IV Provision of Information					
			oloto Col I	ulo ^′	<u> </u>	Yes	X No
11		id the insurance company fail to provide any information necessary to com	piete Schedl	ule A	·	162	NO NO
12	. IT 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

2023

This Form is Open to Public

		parodani	2 = 1 11 2 1 2 2 2 1 2 1 1 2 2 (4)(=)			mspection			
For calendar plan year 202	23 or fiscal pla	an year beginning 01/01/2023	}	and en	ding 12/31/2023				
A Name of plan				B Thre	e-digit				
LOCKHEED MARTIN GI	ROUP BENEF	FITS PLAN		plan	number (PN)	594			
				•	, ,				
C Plan sponsor's name a	s shown on lii	ne 2a of Form 5500		D Emplo	yer Identification Number	er (EIN)			
LOCKHEED MARTIN CO	DRPORATION	J			-1893632	,			
LOOTH ILLD WATER TO		•		52	1000002				
Part I Informat	ion Conce	rning Insurance Contra	ct Coverage Fees	and Con	nmissions Provide in	formation for each contract			
		A. Individual contracts grouped							
	ate ochedate	A. Individual contracts grouped	as a unit in r arts ir aria ii	i can be re	ported on a single oche	duic A.			
1 Coverage Information:									
(a) Name of income									
(a) Name of insurance car	mer								
CIGNA HEALTH AND LIF	E INSURANC	E COMPANY							
			(-) A		Dellerre				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a		Policy of	r contract year			
(b) LIN	code	identification number	policy or contract		(f) From	(g) To			
			·	•					
59-1031071	67369	2500544/3341110	5161		01/01/2023	12/31/2023			
		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, brokers, and	d other persons in			
descending order of the	amount paid.		T						
(a) Total amount of commissions paid (b) Total amount of fees paid									
2 Danasaa maasiidaa aan		face (Commission on many contri-		\					
3 Persons receiving com		fees. (Complete as many entrie							
	(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 book	F	ees and other commissio	ns paid					
commissions pai		(c) Amount		(d) Purpose	Α	(e) Organization code			
commissione par	<u> </u>	(o) / integrit		(a) i dipoo	<u> </u>	(5) Organization code			
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were paid				
	(4)								
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid					
commissions pai	d	(c) Amount		(e) Organization code					
	T								

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid									
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization						
commissions paid	(c) / illioant	(4) 1 41,5000	code						
(a) Name 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						
commissions paid			couc						
())									
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid							
(4)	no and address of the agent, stener	, or said, person, or memoralisms or rose note para							
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year		6c		
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.		6d		
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred				
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranii		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

F	Part	III Welfare Benefit Contract Informa	tion						
		If more than one contract covers the same g the information may be combined for reportir employees, the entire group of such individu	ng purposes if such cont	tracts are e	expe	erience-rated as a ur	nit. Where co	ontracts cover	
8	Ben	nefit and contract type (check all applicable boxes)						·	
	а		b X Dental	c	: 🗆	Vision		d Life ins	urance
			_ H		믐				
	e		f ∐ Long-term disabili		ן נ	Supplemental uner	mpioyment		otion drug
	1 [Stop loss (large deductible)	j HMO contract	K	(PPO contract		I Indemn	ity contract
	m	Other (specify)							
9	Expe	erience-rated contracts:						4	
	a	Premiums: (1) Amount received		9a(1)				_	
		(2) Increase (decrease) in amount due but unpaid.		9a(2)				_	
		(3) Increase (decrease) in unearned premium rese		9a(3)			0-(4)		0
	h	(4) Earned ((1) + (2) - (3))			<u>-</u>		9a(4)		0
	b	Benefit charges (1) Claims paid		9b(1) 9b(2)				_	
		(2) Increase (decrease) in claim reserves					. 9b(3)		0
		(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on					00(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	i)				
		(H) Total retention	_	_)	0
		(2) Dividends or retroactive rate refunds. (These a	amounts were paid in	n cash, or	С	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)	•						
		(2) Claim reserves							
	_	(3) Other reserves					· · · ·		
40	<u>е</u>	Dividends or retroactive rate refunds due. (Do not	include amount entered	d in line 9c	(2).)	. 9e		
10	_	onexperience-rated contracts: Total premiums or subscription charges paid to ca	rrior				100		4000700
	a						. <u>10a</u>		1908782
	b	If the carrier, service, or other organization incurre retention of the contract or policy, other than report					. 10b		
	Spe	ecify nature of costs.		. o, . op o a					
P	Part	IV Provision of Information							
		d the insurance company fail to provide any informa	tion necessary to comp	lete Sched	عاياا	Α? Γ	Yes	X No	
		the answer to line 11 is "Yes," specify the information		TOTO OUT TOU	uic	,	. 20	<u> </u>	
1 4	- 11 U	and anower to line it is ites, specify the infollitation	ii iiot 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

2023

		parouarit to	2 = 111 0 7 1 00011011 100(a)(=	,.			Inspection		
For calendar plan year 202	23 or fiscal pla	an year beginning 01/01/2023	}	and en	ding 12/31/20	023			
A Name of plan LOCKHEED MARTIN GI	ROUP BENEF	FITS PLAN		B Three	e-digit number (PN)	<u> </u>	594		
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		D Emplo	yer Identification	Number	(EIN)		
LOCKHEED MARTIN CO					-1893632		` ,		
		rning Insurance Contra A. Individual contracts grouped							
1 Coverage Information:									
(a) Name of insurance ca VISION SERVICE PLAN	rrier								
	(c) NAIC	(d) Contract or	(e) Approximate n		F	Policy or c	ontract year		
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	m	(g) To		
23-7089668	53031	30077627	82991		01/01/2023		12/31/2023		
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	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	e paid			
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid					
commissions pai	d	(c) Amount		(d) Purpose	9		(e) Organization code		
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were	e paid			
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid					
commissions pai		(c) Amount		(d) Purpose			(e) Organization code		
(u) i dipose									
							•		

(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid							
		Food and other commissions paid	(0)						
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization						
commissions paid	(c) Amount	(u) r uipose	code						
(a) Nar	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) Name and address of the agent, broker, or other person to whom commissions or fees were paid									
(0)		,							
			T						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
(a) Nar	ne 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						
commissions paid			0000						
(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid							
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or rees were paid							
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(5) 7c(6) (7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6)			•		6c		
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •		•	6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred				
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

P	art l	Welfare Benefit Contract Informat If more than one contract covers the same gr		e same ei	olam	over(s) or members of	the same e	mplovee organization	s(s).
		the information may be combined for reporting	g purposes if such cont	racts are	expe	erience-rated as a uni	t. Where co	ontracts cover individu	
8	D	employees, the entire group of such individua	Contracts with each ca	amer may	be i	treated as a unit for pr	urposes or t	nis report.	
0		efit and contract type (check all applicable boxes)	Преня		- □	1 . // - /		al 🗆	
	a [Dental			Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	Long-term disabili	ty	g 📙	Supplemental unem	ployment	h Prescription dr	ng
	i	Stop loss (large deductible)	HMO contract		k	PPO contract		I Indemnity cont	act
	m	Other (specify)							
9	Expe	erience-rated contracts:							
	a F	Premiums: (1) Amount received		9a(1))				
		(2) Increase (decrease) in amount due but unpaid		9a(2)				_	
		(3) Increase (decrease) in unearned premium reser		9a(3)					
	-	(4) Earned ((1) + (2) - (3))					. 9a(4)		0
		Benefit charges (1) Claims paid		9b(1)				_	
		(2) Increase (decrease) in claim reserves					01- (0)		0
		(3) Incurred claims (add (1) and (2))					9b(3)		
		(4) Claims charged					9b(4)		
	С	(A) Commissions	,	9c(1)(/	۸۱			_	
		(B) Administrative service or other fees		9c(1)(E				-	
		(C) Other specific acquisition costs		9c(1)(0				_	
		(D) Other expenses		9c(1)(I	_				
		(E) Taxes		9c(1)(E	_				
		(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
		(2) Dividends or retroactive rate refunds. (These a	mounts were paid ir	n cash, or		credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) A	Amount held to provide	benefits a	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	d in line 9	c(2).	.)	9e		
10	No	nexperience-rated contracts:							
	а	Total premiums or subscription charges paid to car	rier				10a	1	2440214
	b	If the carrier, service, or other organization incurred					401		
	Sno	retention of the contract or policy, other than report cify nature of costs.	ed in Part I, line 2 abov	e, report	amo	unt	10b		
	Ope	ony nataro or costs.							
Р	art I	IV Provision of Information							
11	Dic	d the insurance company fail to provide any informat	ion necessary to comp	lete Sche	dule	A?	Yes	X No	
12	lf 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

2023

		pursuant to t	_1\10A 3ection 103(a)(z)			<u> </u>	nspection		
For calendar plan year 202	23 or fiscal pla	n year beginning 01/01/2023		and en	ding 12/31/2023				
A Name of plan LOCKHEED MARTIN GI	ROUP BENEF	ITS PLAN			B Three-digit plan number (PN) 594				
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		D Emplo	yer Identification Nu	ımber (E	EIN)		
LOCKHEED MARTIN CO	LOCKHEED MARTIN CORPORATION 52-1893632								
		rning Insurance Contract . Individual contracts grouped a							
1 Coverage Information:									
(a) Name of insurance car PRUDENTIAL INSURANCE		OF AMERICA							
	(c) NAIC	(d) Contract or	(e) Approximate nu		Polic	cy or co	ntract year		
(b) EIN	code	identification number	persons covered a policy or contrac		(f) From		(g) To		
22-1211670	68241	43406-1	112559		01/01/2023		12/31/2023		
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		ees. (Complete as many entries							
	(a) Name a	and address of the agent, broker,	or other person to who	m commiss	ions or fees were pa	aid			
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code		
	(a) Name a	and address of the agent, broker,	or other person to who	m commiss	ions or fees were pa	aid			
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpose)		(e) Organization code		

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face 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	
	T		T
(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	r, or other person to whom commissions or fees were paid	
	ı		.
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(5) 7c(6) (7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6)			•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •	•	6d		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

Ρ	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 completes, the entire group of such individual contracts with each	contracts are expe	erience-rated as a uni	t. Where cor	ntracts 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 disa	ability g	Supplemental unem	ployment	h Prescription drug	
	i į	Stop loss (large deductible) j HMO contract		PPO contract		I Indemnity contract	
	m	☐ Other (specify) ► TRAVEL AD&D		•			
9	Evne	perience-rated contracts:					
•		Premiums: (1) Amount received	9a(1)				
	u .	(2) Increase (decrease) in amount due but unpaid					
		(3) Increase (decrease) in unearned premium reserve					
		(4) Earned ((1) + (2) - (3))			9a(4)		0
	b				Ju(+)		
	~	(2) Increase (decrease) in claim reserves					
		(3) Incurred claims (add (1) and (2))			9b(3)		0
		(4) Claims charged			9b(4)		Ť
	С	Remainder of premium: (1) Retention charges (on an accrual basis)			30(4)		
	·	(A) Commissions	9c(1)(A)			_	
			- (1)(-)			_	
		(B) Administrative service or other fees(C) Other specific acquisition costs	0 (4)(0)			_	
		(D) Other expenses	0 (4)(5)				
		(E) Taxes	0. (4)(5)			_	
			0 (4)(=)			_	
		(F) Charges for risks or other contingencies(G) Other retention charges	2 (1)(2)			_	
		(H) Total retention			9c(1)(H)		0
		` '					Ť
		(2) Dividends or retroactive rate refunds. (These amounts were pai			9c(2)		
	d				9d(1)		
		(2) Claim reserves			9d(2)		
		(3) Other reserves			9d(3)		
40	<u>e</u>	(=	ered in line 9c(2).	.)	9e		
10	_	lonexperience-rated contracts:					
	а	Total premiums or subscription charges paid to carrier			10a	8852	62
	b	retention of the contract or policy, other than reported in Part I, line 2 a			10b		
	Spe	ecify nature of costs.					
	art l	<u> </u>			-		_
<u>11</u>	Dic	old the insurance company fail to provide any information necessary to co	mplete Schedule	A?	Yes	X No	
12	If 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

OMB No. 1210-0110

2023

			pursuant to	uant to ERISA section 103(a)(2). Inspection				
For calendar p	olan year 202	23 or fiscal p	an year beginning 01/01/2023		and en	nding 12/	31/2023	
A Name of pl		ROUP BENE	FITS PLAN			e-digit number (Pl	N) •	594
C Plan spons	or's name a	s shown on I	ine 2a of Form 5500		D Emplo	yer Identific	cation Number (EIN)
LOCKHEED	MARTIN CO	ORPORATIO	N		52	2-1893632		·
Part I			erning Insurance Contract A. Individual contracts grouped					
1 Coverage I	nformation:							
` '	(a) Name of insurance carrier PRUDENTIAL INSURANCE COMPANY OF AMERICA							
<i>a</i>		(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	ontract year
(b) E	IN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
22-1211670		68241	24444 - GUL	62474	1	01/01/202	23	12/31/2023
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 a	mount of co	mmissions paid		(b) To	otal amount	of fees paid	
226090 1251707								
3 Persons re	ceiving com	missions and	I fees. (Complete as many entrie	s as needed to report all	persons).			
		(a) Name	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	were paid	
MARSH USA,	INC			AVENUE OF THE AME YYORK, NY 10036	RICAS			
(h) Amoun	it of sales an	nd hase	Fe	ees and other commissio	ns paid			
	missions pai		(c) Amount		(d) Purpose			(e) Organization code
		0	1251707	THIRD PARTY ADMINIS	STRATION	FEES		5
		(a) Name	and address of the agent, broke	r, or other person to who	m commiss	sions or fees	were paid	
MERCER HEA	MERCER HEALTH & BENEFITS LLC 4565 PAYSPHERE CIRCLE CHICAGO, IL 60674							
(b) Amoun	it of sales an	nd base	F	ees and other commissio	ns paid			
(b) Amount of sales and base commissions paid			(c) Amount		(d) Purpose			(e) Organization code
		226090						3
F D	d. Dadwatia	n Aat Nation	and the Instructions for Form	EEOO			Calaa	

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face 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	
	T		T
(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	r, or other person to whom commissions or fees were paid	
	ı		.
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(5) 7c(6) (7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6)			•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •	•	6d		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

M. IC - D - C. O - 4 - 1 - C						
Part III Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for report	group of employees of the ng purposes if such conti	racts are	expe	rience-rated as a unit	t. Where co	ontracts cover individual
employees, the entire group of such individu	iai contracts with each ca	arrier may	/ be t	reated as a unit for pi	urposes of t	tnis report.
8 Benefit and contract type (check all applicable boxes)	_ 🗔		_			- 🗖
a Health (other than dental or vision)	b Dental		С	Vision		d X Life insurance
e Temporary disability (accident and sickness)	f Long-term disabilit	ty !	g	Supplemental unemp	ployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract		k 🗌	PPO contract		I Indemnity contract
m	_					_
9 Experience-rated contracts:						
a Premiums: (1) Amount received		9a(1))		75324014	. T
(2) Increase (decrease) in amount due but unpaid		9a(2))			
(3) Increase (decrease) in unearned premium res		9a(3)				
(4) Earned ((1) + (2) - (3))					9a(4)	75324014
b Benefit charges (1) Claims paid		9b(1))		73164948	
(2) Increase (decrease) in claim reserves		9b(2))		-5049157	•
(3) Incurred claims (add (1) and (2))					9b(3)	68115791
(4) Claims charged					9b(4)	68115791
C Remainder of premium: (1) Retention charges (or	n an accrual basis)					
(A) Commissions		9c(1)(A	A)			
(B) Administrative service or other fees		9c(1)(E			1251707	
(C) Other specific acquisition costs		9c(1)(0				
(D) Other expenses		9c(1)([_		3201850	
(E) Taxes		9c(1)(E			2180195	
(F) Charges for risks or other contingencies		9c(1)(F			574471	_
(G) Other retention charges		9c(1)(0	3)			700000
(H) Total retention	_		_		9c(1)(H)	7208223
(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	С	redited.)	9c(2)	
d Status of policyholder reserves at end of year: (1)	·				9d(1)	
(2) Claim reserves					9d(2)	28169633
(3) Other reserves					9d(3)	
e Dividends or retroactive rate refunds due. (Do no	t include amount entered	d in line 9	c(2).)	9e	
10 Nonexperience-rated contracts:						
a Total premiums or subscription charges paid to c	arrier				10a	
b If the carrier, service, or other organization incurr retention of the contract or policy, other than report					10b	
Specify nature of costs.	inted in Fart 1, line 2 abov	е, теропт	anio	unt	100	
. ,						
Part IV Provision of Information						
11 Did the insurance company fail to provide any inform	ation necessary to compl	ete Sche	dule	А?	Yes	X No
12 If the answer to line 11 is "Yes," specify the information		300				<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

2023

		pursuant to	LINION Section 103(a)(2)	,.		Inspection
For calendar plan year 202	23 or fiscal pla	n year beginning 01/01/2023		and en	iding 12/31/2023	
A Name of plan				B Thre	e-digit	
LOCKHEED MARTIN GI	ROUP BENEF	TITS PLAN			number (PN)	594
				Pian		
C Plan sponsor's name a	s shown on lir	ne 2a of Form 5500		D Emplo	yer Identification Number	er (EIN)
LOCKHEED MARTIN CO				· ·	-1893632	,
LOOK ILLD WATER OF				32	-1093032	
Part I Informat	ion Conce	rning Insurance Contrac	t Coverage Fees	and Con	nmissions Provide in	formation for each contract
		A. Individual contracts grouped				
	ato Corrodato 7	t. marriada contracto greapea	ao a ant in r ano n ana n	11 0411 50 10	portou on a omigio como	1010 7 1.
1 Coverage Information:						
(a) Name of insurance car	rrior					
• •						
JOHN HANCOCK LIFE IN	SURANCE C	OMPANY USA				
		1	(e) Approximate n	umber of	Policy or	contract year
(b) EIN	(c) NAIC	(d) Contract or	persons covered a			
(=, =	code	identification number	policy or contract		(f) From	(g) To
04 0000046	65000	20260	5042		01/01/2023	40/04/0000
01-0233346	65838	28260	5013)	01/01/2023	12/31/2023
2 Inquironne for and com	minaian inform	ation. Enter the total face and to	atal aammiaaiana naid	iat in line 2	the execute brokers and	other persons in
descending order of the		ation. Enter the total fees and to	nai commissions paid. L	ist in line 3	the agents, brokers, and	other persons in
				(I.) T.	tal an and afficience of	
(a) i otai a	(a) Total amount of commissions paid (b) Total amount of fees paid					
3 Persons receiving com	missions and t	fees. (Complete as many entrie	s as needed to report all	persons).		
		and address of the agent, broke			ions or fees were naid	
	(a) Name	and address of the agent, broke	i, or other person to who	111 00111111133	ions of fees were paid	
	T					
(b) Amount of sales ar	d base	Fe	ees and other commissio	ns paid		
commissions pai	d	(c) Amount		(d) Purpose	е	(e) Organization code
	(a) Name	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid	
(b) Amount of color and	d boos		ees and other commissio	ns paid		
(b) Amount of sales ar commissions pai		(c) Amount		(d) Purpos	e	(e) Organization code
COMMINISSIONS PAI	<u> </u>	(C) Amount		(a) i diposi	<u> </u>	(c) Organization code
	J					

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face 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	
	T		T
(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	r, or other person to whom commissions or fees were paid	
	ı		.
(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	r, 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) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	y ,	,	
(b) Amount of color and har-		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
	•	•	

C Additions: (1) Contributions deposited during the year	F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with	n each carrier may	/ be treated as	s a unit for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
b Premiums paid to carrier						5	
b Premiums paid to carrier	6	Con	tracts With Allocated Funds:				_
C Premiums due but unpaid at the end of the year		а	State the basis of premium rates •				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year		b	•				
retention of the contract or policy, enter amount. Specify nature of costs Pype of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year. C Additions: (1) Contributions deposited during the year (2) Dividends and credits. (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below) (6) Total additions (6) Total additions (add lines 7b and 7c(6)). (7c(1) 7c(2) 7c(3) (7c(4) 7c(5) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(4) 7c(5) (6) Total of balance and additions (add lines 7b and 7c(6)) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(3) 7c(4) (7c(4) 7c(4) 7c(4) (7c(5) 7c(6) 7c(6) (6) Total of balance and additions (add lines 7b and 7c(6)) (7c(6) 7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(3) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(4) 7c(4) (7c(7c(4) 7c(5) 7c(6) (7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6) (7c(7c(4) 7c(6) 7c(6) (7c(7c(4) 7c(6)			•			6c	
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		d	• • • • • • • • • • • • • • • • • • • •	•	6d		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			Specify nature of costs				
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		е	Type of contract: (1) individual policies (2) group deferred	d annuity			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year			(3) other (specify)				
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check l	here •		
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separat	te accounts)		
b Balance at the end of the previous year							
b Balance at the end of the previous year							
C Additions: (1) Contributions deposited during the year			(3) U guaranteed investment (4) U other 7				
C Additions: (1) Contributions deposited during the year							
C Additions: (1) Contributions deposited during the year							
(2) Dividends and credits			·			/b	0
(3) Interest credited during the year		С					
(4) Transferred from separate account							
(6)Total additions							
(6)Total additions			` '				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(5) Other (specify below)	7c(5)			
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			•				
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							
d Total of balance and additions (add lines 7b and 7c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions			7c(6)	0
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) (5) Total deductions (7e(1) 7e(2) 7e(3) 7e(4)		Ь					0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier							· ·
(2) Administration charge made by carrier		·		7e(1)			
(3) Transferred to separate account							
(4) Other (specify below)							
(5) Total deductions			•				
(3) Total deductions			(4) Other (specify below)	76(4)			
(3) Total deductions			•				
(3) Total deductions							
(3) Total deductions							
			(5) Total deductions			7e(5)	0
T Balance at the end of the current year (subtract line 7e(5) from line 7d)		f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	0

	art	If more than one contract covers the same gr the information may be combined for reportin employees, the entire group of such individual	oup of employees of th g purposes if such conf	racts are expe	erience-rated as a uni	t. Where con	tracts cover	
8	Ben	nefit and contract type (check all applicable boxes)	_		_			
	а	Health (other than dental or vision)	Dental	С	Vision	(d Life ins	urance
	е	Temporary disability (accident and sickness)	Long-term disabili	ty g	Supplemental unem	ployment I	h Prescri	ption drug
	iΪ	Stop loss (large deductible)	HMO contract	k	PPO contract		I ndemn	ity contract
	m	별	Ш	<u> </u>	1			,
	[Cuter (epoonly)						
9	Expe	erience-rated contracts:						
	•	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid						
		(3) Increase (decrease) in unearned premium reser		· · · ·				
		(4) Earned ((1) + (2) - (3))				. 9a(4)		0
	b	Benefit charges (1) Claims paid				1 ()		
		(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						
		(A) Commissions	,	9c(1)(A)			_	
		(B) Administrative service or other fees		9c(1)(B)			1	
		(C) Other specific acquisition costs		9c(1)(C)			1	
		(D) Other expenses		9c(1)(D)			1	
		(E) Taxes		9c(1)(E)			_	
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges					1	
		(H) Total retention				9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These a	_	_		9c(2)		
	d	Status of policyholder reserves at end of year: (1)	_			9d(1)		
	u	(2) Claim reserves				· · ·		
		• •				9d(2)		
	_	(3) Other reserves				9d(3)		
10	e No	onexperience-rated contracts:	include amount entere	u III IIIIe 90(2)	.)	9e		
10	_	•	rior			100		9699407
	a	Total premiums or subscription charges paid to car				10a		8688497
	b	If the carrier, service, or other organization incurred				10b		
	Sne	retention of the contract or policy, other than report ecify nature of costs.	eu III Fait I, IIIIe 2 abov	e, report arric	Juni	100		
_		Dravisian of Information						
	art				<u> </u>		.	
		d the insurance company fail to provide any informa		lete Schedule	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

2023

			ERISA section 103(a)(2))			Inspection
For calendar plan year 202	23 or fiscal pla	n year beginning 01/01/2023		and en	ding 12/3	31/2023	
A Name of plan				B Three	e-digit		
LOCKHEED MARTIN GI	ROUP BENEF	ITS PLAN		plan	number (PN	1) 🕨	594
					·		
0 =:				D			
C Plan sponsor's name a						ation Number (EIN)
LOCKHEED MARTIN CO	DRPORATION			52	-1893632		
		rning Insurance Contract. Individual contracts grouped a					
1 Coverage Information:	ate ochedule A	i. Individual contracts grouped a	as a unit in r arts ir and n	i can be rep	ported on a	single Schedul	6 A.
Coverage information.							
(a) Name of insurance ca	rrier						
METROPOLITAN LIFE IN	SURANCE CO	DMPANY					
	I		(a) Ammuning - (la a a a a a		Dollover	antro at 110 ar
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a			Policy or co	
(-,	code	identification number	policy or contract		(f)	From	(g) To
13-5581829	65978	35512	980	980 01/01/		3	12/31/2023
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.							
		missions poid		(b) To	atal amount	of food poid	
(a) 10tal a	(a) Total amount of commissions paid (b) Total amount of fees paid						
_							
3 Persons receiving com		ees. (Complete as many entries					
	(a) Name a	and address of the agent, broker	, or other person to who	m commiss	ions or fees	were paid	
		Fo	es and other commissio	ns naid			
(b) Amount of sales ar commissions pai		(c) Amount		(d) Purpose	<u> </u>		(e) Organization code
commissions par	lu l	(o) / unount		(a) i dipost	<u> </u>		(c) Organization code
	(=) Al	and address of the court by the			: f		
	(a) Name a	and address of the agent, broker	, or other person to who	m commiss	ions or rees	were paid	
(h) Amazzz at and	4 5 5 5 5	Fe	es and other commissio	ns paid			
(b) Amount of sales and base commissions paid (c) Amount			(d) Purpose				(e) Organization code
commodiano pui	-	(5) /		() . aipoot	-		(-) 5.90201011 0000

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) / illioant	(4) 1 41,5000	code					
(a) Name 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					
commissions paid			couc					
())								
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(4)	no and addition of the agent, pronor	, or said, person, or memoralisms or rose note para						
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier		6b		
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranii		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

P	art I	Welfare Benefit Contract Information If more than one contract covers the same group the information may be combined for reporting p employees, the entire group of such individual co	o of employees of the urposes if such cont	racts are expe	erience-rated as a uni	t. Where con	tracts cover individual
8	Bene	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	Dental	С	Vision	C	Life insurance
	еĒ	Temporary disability (accident and sickness) f	Long-term disabili	ty g	Supplemental unem	ployment h	Prescription drug
	i F	Stop loss (large deductible)	HMO contract	, <u>5 </u>	PPO contract	. ,	I Indemnity contract
	m		1	L	I		
9	Expe	erience-rated contracts:					
	a F	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid		9a(2)			
		$\hbox{(3) Increase (decrease) in unearned premium reserve}\\$		9a(3)		Т	
		(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		0.747(4)			
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B) 9c(1)(C)			
		(C) Other specific acquisition costs		9c(1)(D)			
		(D) Other expenses(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 amo	_	_		9c(2)	
	d	Status of policyholder reserves at end of year: (1) Ame				9d(1)	
	u	(2) Claim reserves	•			9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not inc				9e	
10		onexperience-rated contracts:			,		
		Total premiums or subscription charges paid to carried				10a	1004430
	b	If the carrier, service, or other organization incurred an	ny specific costs in c	onnection witl	h the acquisition or		
		retention of the contract or policy, other than reported	in Part I, line 2 abov	e, report amo	unt	10b	
	Spec	ecify nature of costs.					
P	art I	IV Provision of Information					
		d the insurance company fail to provide any information	necessary to comp	ata Sahadula	Δ2 Π	Yes	No
		the answer to line 11 is "Yes," specify the information no		ere ochedule	Λί	100] 110
12	ii tr	the answer to line it is tres, specify the information no	n 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

2023

This Form is Open to Public

		pursuant to	ERISA section 103(a)(2).		Inspection		
For calendar plan year 2	or calendar plan year 2023 or fiscal plan year beginning 01/01/2023			and en	ding 12	/31/2023	•	
A Name of plan				B Three	e-digit			
LOCKHEED MARTIN	GROUP BENE	FITS PLAN			number (P	'N) •	594	
						,		
C Plan sponsor's name	as shown on I	ine 2a of Form 5500		D Emplo	yer Identifi	cation Number (EIN)	
LOCKHEED MARTIN (CORPORATIO	N		52	-1893632			
		erning Insurance Contrac						
on a sepa	rate Schedule	A. Individual contracts grouped	as a unit in Parts II and I	II can be re	oorted on a	single Schedule	e A.	
1 Coverage Information	:							
(a) Name of insurance of	arrier							
KAISER FOUNDATION	HEALTH PLAN	N OF WASHINGTON						
			(e) Approximate n	umber of		Policy or co	entract vear	
(b) EIN	(c) NAIC		persons covered a		(0)		_	
	code	identification number	policy or contract	t year	(1)) From	(g) To	
91-0511770	95672	1924400	91	91 01/01/2023		23	12/31/2023	
2 Insurance fee and cor descending order of the		mation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	, brokers, and ot	her persons in	
		mmissions paid		(b) To	otal amount	of fees paid		
(4)		3556		(3) 13			0	
3.5							-	
Persons receiving col		fees. (Complete as many entrie						
	(a) Name	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	s were paid		
CONDUENT SECURITIE	ES, LLC		LEXINGTON AVE					
			VORK 4TH FLOOR VYORK, NY 10017					
		NEW	TORK, NT 10017					
	1							
(b) Amount of sales	and base	Fe	ees and other commission	ns paid				
commissions p	aid	(c) Amount		(d) Purpose	<u> </u>		(e) Organization code	
	3556						3	
	(a) Name	and address of the agent, broke	r or other person to who	m commiss	ions or fee	s were naid		
	(a) Harris	and address of the agent, broke	i, or other percent to who		10110 01 1001	o woro para		
(I-) A		Fe	ees and other commissio	ns paid				
(b) Amount of sales a commissions p		(c) Amount		(d) Purpose	۵		(e) Organization code	
οσιπιποδισπό μ	uiu	(C) Allibuilt		(a) i diposi			(S) Organization code	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) / illioant	(4) 1 41,5000	code					
(a) Name 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					
commissions paid			couc					
())								
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(4)	no and address of the agent, stener	, or said, person, or memoralisms or rose note para						
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier		6b		
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranii		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

Pa	art l	II	Welfare Benefit Contract Informal If 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 the ing purposes if such cont	racts are expe	erience-rated as a un	it. Where co	ontracts cover indi	
8	Bene	efit a	nd contract type (check all applicable boxes)						
	а	Не	ealth (other than dental or vision)	b Dental	С	Vision		d Life insurar	nce
	е	Те	emporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unem	ployment	h Prescription	n drug
	iΓ	Sto	op loss (large deductible)	j X HMO contract		PPO contract		I Indemnity	contract
	m	Ot	ther (specify)	_		-			
0 1		rion	ce-rated contracts:						
					02/1)			_	
			iliums: (1) Amount received		9a(1) 9a(2)			_	
			ncrease (decrease) in amount due but unpaid		9a(2)				
			ncrease (decrease) in unearned premium res				02/4)		0
	-		Earned ((1) + (2) - (3))				9a(4)		
			efit charges (1) Claims paid		9b(1) 9b(2)			-	
		` '	ncrease (decrease) in claim reserves				0h/3)		0
			ncurred claims (add (1) and (2))				9b(3)		
		` '	Claims charged		•••••		9b(4)		
	С		. , , , , , , , , , , , , , , , , , , ,	,	9c(1)(A)			-	
			(A) Commissions		9c(1)(A)				
			(B) Administrative service or other fees		9c(1)(B) 9c(1)(C)			-	
			(C) Other specific acquisition costs		9c(1)(D)			-	
			(D) Other expenses		9c(1)(E)			-	
			(E) Taxes		9c(1)(E)			_	
			(F) Charges for risks or other contingencies		9c(1)(G)			_	
			(G) Other retention charges				0o/1\/LI\		0
			(H) Total retention	_	_		9c(1)(H)		
			Dividends or retroactive rate refunds. (These	<u>—</u>			9c(2)		
	d		tus of policyholder reserves at end of year: (1	•			9d(1)		
		. ,	Claim reserves				9d(2)		
	_	` '	Other reserves				9d(3)		
40			dends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2)	.)	9e		
10			perience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to o	arrier			10a		869520
	b		e carrier, service, or other organization incurrention of the contract or policy, other than rep				10b		
	Sne		nature of costs.	oned in Part I, line 2 abov	e, report amo	Juni	100		
Pa	art I	V	Provision of Information						
			insurance company fail to provide any inform	ation necessary to comp	lete Schedule	A?	Yes	X No	
			nswer 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

OMB No. 1210-0110

2023

			ERISA section 103(a)(2)		This	s Form is Open to Public Inspection	
For calendar plan year 202	23 or fiscal pla	an year beginning 01/01/2023	3	and en	ding 12/31/2023	•	
A Name of plan LOCKHEED MARTIN G	ROUP BENEF	FITS PLAN		B Three plan	e-digit number (PN)	594	
C Plan sponsor's name a LOCKHEED MARTIN CO				•	yer Identification Nun	nber (EIN)	
		rning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance car ARAG SERVICES, LLC	rrier						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no		Policy	or contract year	
(b) EIN	code	identification number	•	persons covered at end of policy or contract year		(g) To	
20-4632340	00000	18447-0001-1-2	35832	!	01/01/2023	12/31/2023	
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					aid		
	460411 0						
3 Persons receiving com	missions and	fees. (Complete as many entri	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 were paid	d	
BUCK GLOBAL, LLC			BOX 207640 LAS, TX 75320				
(b) Amount of sales an	nd hasa	F	ees and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose	е	(e) Organization code	
	318746					3	
	(a) Name	and address of the agent, broke	er, or other person to who	m commissi	ions or fees were paid		
CONDUENT SERVICES, I		450 WE ¹	LEXINGTON AVE WORK 4TH FLOOR V YORK, NY 10017			-	
(b) Amount of sales an	id base		ees and other commissio	ns paid			
commissions pai	d	(c) Amount		(d) Purpose	9	(e) Organization code	
	141665					3	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) / illioant	(4) 1 41,5000	code					
(a) Name 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					
commissions paid			couc					
())								
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid						
(4)	no and address of the agent, stener	, or said, person, or memoralisms or rose note para						
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er			5	
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier		6b		
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranie		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

P	art	III Welfare Benefit Contract Informa	tion				
		If more than one contract covers the same g the information may be combined for reporting employees, the entire group of such individu	ng purposes if such con	tracts are expe	erience-rated as a uni	t. Where con	tracts cover individual
0	<u> </u>		ai contracts with each c	amer may be	treated as a unit for p	urposes or thi	з героп.
0	г	nefit and contract type (check all applicable boxes)	. □ .		1		. ⊓
	a	Health (other than dental or vision)	b Dental		Vision		Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabili	ity g	Supplemental unem	ployment I	n Prescription drug
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify) LEGAL	_		•		_
9	Ехре	erience-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 rese	erve	9a(3)		1	
		(4) Earned ((1) + (2) - (3))				. 9a(4)	0
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves				1	
		(3) Incurred claims (add (1) and (2))				9b(3)	0
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (or	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) 9c(1)(F)			
		(F) Charges for risks or other contingencies (G) Other retention charges					
						9c(1)(H)	0
		(H) Total retention(2) Dividende or retrocative retered(These					
		(2) Dividends or retroactive rate refunds. (These	_			9c(2)	
	d	Status of policyholder reserves at end of year: (1)	·			9d(1)	
		(2) Claim reserves				9d(2)	
	е	(3) Other reserves				9d(3) 9e	
10		onexperience-rated contracts:	i ilicidde amount entere	u III IIIIe 90(2) .	.)	36	
	a	Total premiums or subscription charges paid to ca	rrior			10a	3541626
						100	3041020
	b	If the carrier, service, or other organization incurrer retention of the contract or policy, other than repo	, .		•	10b	
	Spe	ecify nature of costs.		, .			
Pa	art l	IV Provision of Information					
		d the insurance company fail to provide any informa	ation necessary to comp	lete Schedule	А?	Yes	No
		the answer to line 11 is "Yes," specify the information		.o.o conocado			-
12	11 (1	the answer to line it is lites, specify the information	in 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

2023

			ERISA section 103(a)(2)		1011		n is Open to Public Inspection
For calendar plan year 202	23 or fiscal pla	an year beginning 01/01/2023		and en	ding 12/31/202	23	•
A Name of plan LOCKHEED MARTIN GI	ROUP BENEI	FITS PLAN		B Three plan	e-digit number (PN))	594
C Plan sponsor's name a					yer Identification N -1893632	Number (EIN)
		erning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance car KAISER FOUNDATION H		I, INC.					
	(c) NAIC	(d) Contract or	(e) Approximate n		Po	licy or co	ntract year
(b) EIN	code	identification number	•	persons covered at end of policy or contract year			(g) To
94-1340523	0000	233619	1876		01/01/2023		12/31/2023
2 Insurance fee and common descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, broker	rs, and ot	her persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
		63416					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 were p	paid	
CONDUENT SECURITIES	S, LLC		LEXINGTON AVE, 4TH F V YORK, NY 10170	FLOOR			
(b) Amount of sales ar	nd hasa	F	ees and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code
	63416						3
	(a) Name	and address of the agent, broke	er, or other person to who	m commissi	ions or fees were r	naid	
	(4)	a a aaa. oo o a ago, 2.o	., c. s po			- Cara	
(b) Amount of sales ar	nd hase	F	ees and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose	e		(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
		Food 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) Nar	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	(c) Amount	(d) Purpose	Organization		
commissions paid	(c) / illioant	(4) 1 41,5000	code		
(a) Nar	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		
commissions paid			couc		
())					
(a) Nar	ne 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) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid			
(4)	no and address of the agent, stener	, or said, person, or memoralisms or rose note para			
(b) Amount of calca and base		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 individual this report.	dual contracts	with each carrier may	y be treated	as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year ϵ	end		4	
		rent value of plan's interest under this contract in separate accounts at year er		5		
		tracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount.			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	annuity			
			armany			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan ch	eck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts mai				
•	a		e participation			
	ŭ			- gaaranie		
		(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)		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(3)			
		(4) Other (specify below)	7e(4)			
		• Carlot (opcomy bolow)				
		•				
		(F) Total deductions			70/5)	0
	f	(5) Total deductions			7e(5) 7f	0
	1	balance at the end of the current year (Subtract line 7e(3) from line 7d)			11	

P	art l	Welfare Benefit Contract Informa	tion					
-		If more than one contract covers the same g the information may be combined for reporting employees, the entire group of such individu	roup of employees of th ng purposes if such con	tracts are expe	erience-rated as a un	it. Where con	tracts cover individual	
8	Bene	efit and contract type (check all applicable boxes)		•	·		·	
	аΓ	Health (other than dental or vision)	b Dental	с	Vision	(d Life insurance	
	<u> </u>		f Long-term disabil		1 -		n Prescription drug	
	e		=		Supplemental unem	ipioyineni i	<u> </u>	
	ַ י	Stop loss (large deductible)	j X HMO contract	k	PPO contract		I Indemnity contract	
	m	Other (specify)						
_								
		erience-rated contracts:		- (1) I				
		Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid.		9a(2)			_	
		(3) Increase (decrease) in unearned premium rese		9a(3)		02/4)		0
	-	(4) Earned ((1) + (2) - (3))		9b(1)		9a(4)		Ť
		(2) Increase (decrease) in claim reserves					_	
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
		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		9c(1)(F)				
		(G) Other retention charges				0-(4)(11)		0
		(H) Total retention				9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These	_	_		9c(2)		
	d	Status of policyholder reserves at end of year: (1)	•			9d(1)		
		(2) Claim reserves				9d(2)		—
	е	(3) Other reserves				9d(3) 9e		
10		nexperience-rated contracts:	include amount entere	a iii iiiio 30(2) .	.)	<u> </u>		
. •		Total premiums or subscription charges paid to ca	rrier			10a	189086	<u>—</u>
	_	If the carrier, service, or other organization incurre						
	-	retention of the contract or policy, other than repo				10b		
	Spe	cify nature of costs.						
Pa	art I	IV Provision of Information						—
		d the insurance company fail to provide any informa	ation necessary to comp	lete Schedule	A?	Yes	No	_
		he answer to line 11 is "Yes," specify the information		3.2 3004410		<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

OMB No. 1210-0110

2023

This Form is Open to Public

					Inspection		
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023					ding 12/	31/2023	
A Name of plan B Three-digit							
LOCKHEED MARTIN GI	ROUP BENEFI	TS PLAN		plan	number (Pl	N) •	594
C Plan sponsor's name a	s shown on line	e 2a of Form 5500		D Emplo	yer Identific	cation Number (EIN)
LOCKHEED MARTIN CO	ORPORATION			52	-1893632		
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca		CE COMPANY					
			(e) Approximate nu	ımber of		Policy or co	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contrac	t end of	(f)	From	(g) To
59-0781901	60534	99267	10000	l	01/01/202	23	12/31/2023
2 Insurance fee and communication descending order of the		tion. Enter the total fees and total	al commissions paid. L	ist in line 3	the agents,	brokers, and of	ther persons in
(a) Total a	amount of comn	nissions paid		(b) To	tal amount	of fees paid	
		1277687				1	244925
3 Persons receiving com		ees. (Complete as many entries					
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
BUCK GLOBAL LLC			OX 207640 AS, TX 75320				
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code
766612		765721 S	SUPPLEMENTAL COMP	PENSATIO	N		3
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
CONDUENT SECURITIES LLC 450 LEXINGTON AVENUE, 4TH FLOOR NEW YORK, NY 10017							
(h) Amount of sales ar	(b) Amount of sales and base Fees and other commissions paid						
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code
	511075						3

Page 2 – 1

	ne agent, broker, or other p	

BUCK GLOBAL LLC

PO BOX 207640 DALLAS, TX 75320-7640

		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
0	479204	SUPPLEMENTAL COMPENSATION	3
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	<u>.</u>
	.		
(h) A second of soles and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	-		
	Г		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	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
commissions paid	,		code
(-NN)-			
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
(h) Amount of a decreating		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 r	nay be treated as a un	it for purposes of
		this report.		- -	
		ent value of plan's interest under this contract in the general account at year e			
5	Curre	ent value of plan's interest under this contract in separate accounts at year er	nd	5	
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	C	Premiums due but unpaid at the end of the year		6с	
	d	If the carrier, service, or other organization incurred any specific costs in conretention 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	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а		te participation guarantee		
		(3) guaranteed investment (4) other			
		(i) guarantous invocations (ii) auto-			
	b	Relance at the and of the provious year		7b	
	C	Balance at the end of the previous year	7c(1)	75	
	Ū	(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)		
		•			
		,			
				7-(0)	0
	الم	(6)Total additions		7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))		7d	0
		Deductions:	7e(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)	76(4)		
		•			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art I	II	Welfare Benefit Contract Informal If more than one contract covers the same the information may be combined for report employees, the entire group of such individual contract covers the same transfer of the contract covers the same transfer of the contract covers the covers the covers the contract covers the c	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a un	it. Where co	ontracts cover in	
8	Bene	efit a	nd contract type (check all applicable boxes)						
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life insur	ance
	e 🗏	Te	mporary disability (accident and sickness)	f Long-term disabili	ty q	Supplemental unem	ployment	h Prescript	ion drug
	i F	_	op loss (large deductible)	j HMO contract		PPO contract	, ,	I X Indemnity	_
	m	_	her (specify)	,	L	J			
9 1	zne	rienc	ce-rated contracts:						
			iums: (1) Amount received		9a(1)			_	
			ncrease (decrease) in amount due but unpaid		9a(2)				
			ncrease (decrease) in unearned premium res		9a(3)				
			arned ((1) + (2) - (3))				9a(4)		0
	-		efit charges (1) Claims paid		9b(1)		Ju(+)		
			ncrease (decrease) in claim reserves					+	
		. ,	ncurred claims (add (1) and (2))				9b(3)		0
			Claims charged				9b(4)		
		` '	nainder of premium: (1) Retention charges (o				35(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(H)				9c(1)(H)	1	0
			Dividends or retroactive rate refunds. (These	_	_			'	
				_			9c(2)		
	d		us of policyholder reserves at end of year: (1	•			9d(1)		
		. ,	Claim reserves				9d(2)		
	_	` '	Other reserves				9d(3)		
10			dends or retroactive rate refunds due. (Do no	ot include amount entered	a in line 9c(2)	.)	9e		
10			erience-rated contracts:				40-		0000445
	_		Il premiums or subscription charges paid to c				10a		6388445
			e carrier, service, or other organization incuri ntion of the contract or policy, other than rep				10b		
			nature of costs.	nted in Fait i, line 2 abov	e, report arric	Juni	100		
Pa	rt l	V	Provision of Information						
		-	insurance company fail to provide any inform	ation necessary to comp	lete Schedule	A?	Yes	X No	
			swer to line 11 is "Yes," specify the informati		501104410		-		
- 4	ii U	ıc al	is works into this these, 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

OMB No. 1210-0110

2023

pursuant to ERISA section 103(a)(2). This Form is Open to Pub					•			
For calendar plan year 202	For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023							
A Name of plan LOCKHEED MARTIN GROUP BENEFITS PLAN					e-digit number (PI	N) •	594	
·	C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION D Employer Identification Number (EIN) 52-1893632							
		erning Insurance Contract A. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance ca AMERICAN HERITAGE L		NCE COMPANY						
/L) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ontract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To	
59-0781901	60534	64759	53998		01/01/202	23	12/31/2023	
	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								
		2378601				1	1772014	
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all	persons).				
	(a) Name	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	were paid		
BUCK GLOBAL LLC			3OX 207640 LAS, TX 75320-7640					
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid				
commissions pai		(c) Amount	(d) Purpose			(e) Organization code		
	1427577	1559560	SUPPLEMENTAL COMI	PENSATIO	N		3	
	(a) Name	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	were paid		
CONDUENT SECURITIES LLC 450 LEXINGTON AVENUE, 4TH FLOOR NEW YORK, NY 10170								
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid				
commissions pai		(c) Amount		(d) Purpose			(e) Organization code	
	951024						3	
For Panerwork Reduction	n Act Notice	see the Instructions for Form	5500			Scher	Jule A (Form 5500) 2023	

Page	2 –	1

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

BUCK GLOBAL LLC

PO BOX 207640 DALLAS, TX 75320-7640

Fees and other commissions paid					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
0	212454	SUPPLEMENTAL COMPENSATION	3		
(a) No.	mo and address of the agent, broker	, or other person to whom commissions or fees were paid			
(a) Nai	ne and address of the agent, broker	, or other person to whom commissions or rees were paid			
(Iv) A second of color and because		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
(2)		,			
	<u>-</u>				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Nar	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) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		Face and other commissions noid	(-)		
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization		
commissions paid	(C) AITIOUITE	(d) Purpose	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 m	ay be treated as a u	nit for purposes of
		this report.			
		ent value of plan's interest under this contract in the general account at year e			
5	Curre	ent value of plan's interest under this contract in separate accounts at year er	nd	. 5	
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	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 conretention of the contract or policy, enter amount.	•	. 6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan, check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а		te participation guarantee		
		(3) guaranteed investment (4) other			
		(i) guarantous invocations (ii) auto-			
	b	Relance at the and of the provious year		. 7b	
	C	Balance at the end of the previous year	7c(1)	. 75	
	Ū	(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)		
		•	13(0)		
		,			
				70(0)	
	الم	(6)Total additions		. 7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))		. 7d	0
		Deductions:	7e(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)	76(4)		
		•			
		(5) Total deductions		. 7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		. 7f	0

Pá	art I	II Welfare Benefit Contract Informa	ation				
		If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	ing purposes if such cont	tracts are expe	erience-rated as a un	t. Where con	ntracts cover individual
8	Bene	efit and contract type (check all applicable boxes)		-	<u> </u>		
	аΓ	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	-	<u>.</u> -	<u>.</u> H		<u></u>		
	e] '	f Long-term disabili		Supplemental unem	ipioyment i	h Prescription drug
	i	Stop loss (large deductible)	j HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify) CRITICAL ILLNESS & ACC	IDENT				
9 1	Expe	rience-rated contracts:					
	a P	Premiums: (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					_
		(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) 9c(1)(F)			_
		(F) Charges for risks or other contingencies (G) Other retention charges					_
		(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 (2) Claim reserves	•			9d(1)	_
		(3) Other reserves				9d(2)	
		Dividends or retroactive rate refunds due. (Do no				9d(3) 9e	
10		nexperience-rated contracts:	Ji molade amount entere	u III IIIIe 30(2)	.)	36	
		Total premiums or subscription charges paid to c	arrier			10a	14475551
	_					100	14470001
		If the carrier, service, or other organization incurr retention of the contract or policy, other than repo	, .		•	10b	
		cify nature of costs.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. o, . op o ao			·
	Spec	ify nature of costs.					
D-	- F I	V Provision of Information					
	art l'					Var.	J N.
		the insurance company fail to provide any inform		lete Schedule	A?	Yes	No No
12	If th	ne 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

For calendar plan year 2023 or fiscal plan year beginning

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.

01/01/2023

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

and ending

12/31/2023

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

LOCKHEED MARTIN GROUP BENEFITS PLAN					e-digit number (PN)	•	594
					Transcer (1 14)	•	
·	C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION					Number (EIN)
		ning Insurance Contraction					
1 Coverage Information:		Q 1			J		
(a) Name of insurance car AMERICAN HERITAGE LI		E COMPANY					
/b) [IN]	(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
59-0781901	60534	64760	1935		01/01/2023		12/31/2023
2 Insurance fee and comr descending order of the		tion. Enter the total fees and to	otal commissions paid. L	st in line 3	the agents, broker	rs, and ot	her persons in
	mount of comn	nissions paid		(b) To	otal amount of fees	s paid	
		3134021					629034
3 Persons receiving comm	missions and fe	es. (Complete as many entrie	s as needed to report all	persons).			
	(a) Name ar	nd address of the agent, broke	r, or other person to who	m commiss	ions or fees were	paid	
BUCK GLOBAL LLC			3OX 207640 LAS, TX 75320-7640				
(b) Amount of sales an	nd hase	Fe	ees and other commission	ns paid			
commissions pai		(c) Amount	(d) Purpose				(e) Organization code
	3134021	420077	SUPPLEMENTAL COMP	PENSATIO	N		3
	(a) Name ar	nd address of the agent, broke	r. or other person to who	m commiss	ions or fees were	paid	
BUCK GLOBAL LLC	(4)	PO E	BOX 207640 LAS, TX 75320-7640			5 6.1 6	
		F	ees and other commission	ne naid			
(b) Amount of sales an commissions pai		(c) Amount		(d) Purpos	e		(e) Organization code
	0	208957	SUPPLEMENTAL COMI				3
For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Schedule A (Form 5500) 2023 v. 230707							

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face 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	
	T		T
(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	r, or other person to whom commissions or fees were paid	
	ı		.
(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	r, or other person to whom commissions or fees were paid	
	y ,		
	,		
(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	
(-7		, ,	
(h) Amount of calca and have		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 m	ay be treated as a u	nit for purposes of
		this report.			
		ent value of plan's interest under this contract in the general account at year e			
5	Curre	ent value of plan's interest under this contract in separate accounts at year er	nd	. 5	
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	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 conretention of the contract or policy, enter amount.	•	. 6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan, check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а		te participation guarantee		
		(3) guaranteed investment (4) other			
		(i) guarantous invocations (ii) auto-			
	b	Relance at the and of the provious year		. 7b	
	C	Balance at the end of the previous year	7c(1)	. 75	
	Ū	(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)		
		•	13(0)		
		,			
				70(0)	
	الم	(6)Total additions		. 7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))		. 7d	0
		Deductions:	7e(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)	76(4)		
		•			
		(5) Total deductions		. 7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		. 7f	0

P	art				(-)	(h		:(:(-)
		If more than one contract covers the same g the information may be combined for reporting employees, the entire group of such individu	ng purposes if such con	tracts are expe	erience-rated as a unit	. Where conf	tracts cover i	
8	Ben	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	Vision	C	Life insu	rance
	е	Temporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unemp	oloyment h	Prescrip	tion drug
	ιÏ	Stop loss (large deductible)	j HMO contract		PPO contract		I ☐ Indemnit	ty contract
	m	Other (specify)	, 🗆	🗀]			,
	[United (Specify)						
9	Evn	perience-rated contracts:						
•	•	Premiums: (1) Amount received		9a(1)				
	_	(2) Increase (decrease) in amount due but unpaid.		9a(2)				
		(3) Increase (decrease) in unearned premium rese		· · ·				
		(4) Earned ((1) + (2) - (3))				9a(4)		0
	b	Benefit charges (1) Claims paid						
		(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) 9c(1)(G)				
		(G) Other retention charges				9c(1)(H)		0
		(H) Total retention(2) Dividends or retroactive rate refunds. (These	_					
	4		_			9c(2)		
	d	Status of policyholder reserves at end of year: (1)	•			9d(1)		
		(2) Claim reserves(3) Other reserves				9d(2) 9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no				9a(3)		-
10		onexperience-rated contracts:	t morade amount entere	a iii iiile 30(2) .	.,	JC		
. •	a	Total premiums or subscription charges paid to ca	rrier			10a		3484737
	b	If the carrier, service, or other organization incurre				104		0.10.11.01
		retention of the contract or policy, other than repo				10b		
	Spe	ecify nature of costs.	·	•				
Pa	art	IV Provision of Information						
		id the insurance company fail to provide any informa	ation necessary to comp	lete Schedule	А?	Yes	No	
		the answer to line 11 is "Yes," specify the information			· L		4	
		and and the mile in its independent the information	st protidod.					

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023									
A Name of plan						B Three-digit			
LOCKHEED	MARTIN GE	ROUP BENEFI	EFITS PLAN			number (PN)	•	594	
						(
C Plan spon	sor's name a	s shown on line	2a of Form 5500		D Emplo	yer Identification Nur	mber i	FIN)	
•		ORPORATION	24 0. 1 0 0000			-1893632		(=····)	
Part I			ning Insurance Contract Individual contracts grouped						
1 Coverage	Information:								
(a) Name of AMERICAN H		rrier IFE INSURANC	CE COMPANY						
4.	-11.	(c) NAIC	(d) Contract or	(e) Approximate n		Polic	y or co	ontract year	
(b) E	=IN	code	identification number	persons covered a policy or contract		(f) From		(g) To	
59-0781901		60534	64761	1160)	01/01/2023		12/31/2023	
		mission informa amount paid.	tion. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers,	and o	ther persons in	
	(a) Total a	mount of comn	nissions paid		(b) To	otal amount of fees pa	aid		
			627911					111006	
3 Persons re	eceiving com	missions and fe	es. (Complete as many entrie	s as needed to report all	persons).				
			nd address of the agent, broke			ions or fees were pai	id		
BUCK GLOB	AL LLC			3OX 207640 LAS, TX 75320-7640					
(h) Amou	nt of sales an	nd hase	Fe	ees and other commissio	ns paid				
	nmissions pai		(c) Amount		(d) Purpose			(e) Organization code	
		627911	74131	SUPPLEMENTAL COM	PENSATIO	N		3	
DI ION OL CO	AL 11.0	(a) Name ar	nd address of the agent, broke		m commiss	ions or tees were pai	Id		
BUCK GLOB	BUCK GLOBAL LLC PO BOX 207640 DALLAS, TX 75320-7640								
(b) Amount of sales and base Fees and other commissions paid									
commissions paid			(c) Amount	(d) Purpose				(e) Organization code	
0 36875				SUPPLEMENTAL COM	PENSATIO	N		3	
For Paperwo	For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Schedule A (Form 5500) 2023 v. 230707								

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Face 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	
	T		T
(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	r, or other person to whom commissions or fees were paid	
	ı		.
(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	r, or other person to whom commissions or fees were paid	
	y ,		
	,		
(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) Amount of calca and have		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 m	ay be treated as a u	nit for purposes of
		this report.			
		ent value of plan's interest under this contract in the general account at year e			
5	Curre	ent value of plan's interest under this contract in separate accounts at year er	nd	. 5	
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier			
	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 conretention of the contract or policy, enter amount.	•	. 6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	I annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan, check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accounts)		
	а		te participation guarantee		
		(3) guaranteed investment (4) other			
		(i) galantood invocation.			
	b	Relance at the and of the provious year		. 7b	
	C	Balance at the end of the previous year	7c(1)	. 75	
	Ū	(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)		
		•	13(0)		
		,			
				70(0)	
	الم	(6)Total additions		. 7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))		. 7d	0
		Deductions:	7e(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)	76(4)		
		•			
		(5) Total deductions		. 7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		. 7f	0

P	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individuals.	group of employees of thing purposes if such con	tracts are expe	erience-rated as a uni	t. Where cor	ntracts cover inc	
8	Ben	efit a	nd contract type (check all applicable boxes)						
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d X Life insura	ince
	е	Te	emporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unem	ployment	h Prescription	on drug
	i į	_	op loss (large deductible)	j HMO contract		PPO contract	. ,	I Indemnity	-
	m	Ot	ther (specify)	- 🗖	_	•			
	_	-							
9	Ехрє	eriend	ce-rated contracts:						
	a I	Prem	iums: (1) Amount received		9a(1)				
		(2) Ir	ncrease (decrease) in amount due but unpaid	l	9a(2)			_	
			ncrease (decrease) in unearned premium res						
		(4) E	Earned ((1) + (2) - (3))				. 9a(4)		0
	b	Ben	efit charges (1) Claims paid		_ ` '				
		(2) Ir	ncrease (decrease) in claim reserves		9b(2)				
		(3) Ir	ncurred claims (add (1) and (2))				9b(3)		0
		` '	Claims charged				9b(4)		
	С	Ren	nainder 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				0-(4)(11)		0
			(H) Total retention	_	_		9c(1)(H)		
			Dividends or retroactive rate refunds. (These	<u>—</u>			9c(2)		
	d		us of policyholder reserves at end of year: (1	·			9d(1)		
		` '	Claim reserves				9d(2)		
		` '	Other reserves				9d(3)		
40	е		dends or retroactive rate refunds due. (Do no	ot include amount entere	d in line 9c(2) .	.)	9e		
10	_		erience-rated contracts:						
	а	I ota	al premiums or subscription charges paid to c	arrier	•••••		10a		713879
	b		e carrier, service, or other organization incurr ntion of the contract or policy, other than repo				10b		
	Spe		nature of costs.		,			1	
P	art l	V	Provision of Information						
				ation no occasion to access	oloto Cobodula	ла П	Yes	X No	
			insurance company fail to provide any inform		nete Schedule	A?	162	^ NU	
12	If th	ne ar	nswer to line 11 is "Yes," specify the informati	on not provided. 🕨					