### 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

2024

This Form is Open to Public Inspection

Part I	Annual Report Id	dentification Information				
For calenda						
A This ret	urn/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking this be employer information in accordance with the fo			ting
		X a single-employer plan	a DFE (specify)			
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return/report (less than 12 mo	onths)	)	
C If the pla	an is a collectively-barga	ained plan, check here		X		
<b>D</b> Check b	ox if filing under:	X Form 5558	automatic extension	the	e DFVC program	
		special extension (enter description	n)			
<b>E</b> If this is	a retroactively adopted	plan permitted by SECURE Act section	201, check here			
Part II	Basic Plan Inform	mation—enter all requested informatio	n			
1a Name	of plan ED MARTIN GROUP B	ENEFITS PLAN		1b	Three-digit plan number (PN) ▶	594
EGONIEES MARTIN GROOF BENEFITOT EAR				1c	Effective date of pla	an
2a Plan sponsor's name (employer, if for a single-employer plan)  Mailing address (include room, apt., suite no. and street, or P.O. Box)  City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					2b Employer Identification Number (EIN) 52-1893632	
LOCKHEED MARTIN CORPORATION				2c Plan Sponsor's telephone number 863-647-0370		phone
6801 ROCKLEDGE DRIVE, CCT-224 BETHESDA, MD 20817			2d Business code (see instructions) 339900		)	

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

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

	,	1	
SIGN	Filed with authorized/valid electronic signature.	10/09/2025	ROBERT MUENINGHOFF
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
ПЕКЕ	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HEKE	Signature of DFE	Date	Enter name of individual signing as DFE

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

	Form 5500 (2024)	Pa	age <b>2</b>		
3a	Plan administrator's name and address X Same as Plan Sponsor			<b>3b</b> Administra	ator's EIN
					ator's telephone
				number	
4	If the name and/or EIN of the plan sponsor or the plan name has changed sin	nce the last re	eturn/report filed for this plan,	4b EIN	
а	enter the plan sponsor's name, EIN, the plan name and the plan number from Sponsor's name	n the last retu	urn/report:	4d PN	
C	Plan Name			144 114	
5	Total number of participants at the beginning of the plan year			5	112559
6	Number of participants as of the end of the plan year unless otherwise stated	(welfare pla	ns complete only lines 6a(1),	J	
_ /	6a(2), 6b, 6c, and 6d).				
	1) Total number of active participants at the beginning of the plan year			6a(1)	112559
a(	• •			6a(2)	105920
b	Retired or separated participants receiving benefits			6b	0
c d	Other retired or separated participants entitled to future benefits			6c	105920
e	Deceased participants whose beneficiaries are receiving or are entitled to			6d 6e	103920
f	Total. Add lines <b>6d</b> and <b>6e</b>			6f	
g(	Number of participants with account balances as of the beginning of the pl			6g(1)	
	Number of participants with account halances as of the end of the plan ves			3(1)	
g(	complete this item)			6g(2)	
h	Number of participants who terminated employment during the plan year w less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only n		. , ,	7	
8a	If the plan provides pension benefits, enter the applicable pension feature coo	des from the	List of Plan Characteristics Code	es in the instruc	tions:
b	If the plan provides welfare benefits, enter the applicable welfare feature code	es from the L	ist of Plan Characteristics Codes	s in the instruction	ons:
	4A 4B 4D 4E 4F 4H 4L 4Q				
9a	Plan funding arrangement (check all that apply)		penefit arrangement (check all the	at apply)	
	(1) X Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2)	Insurance Code section 412(e)(3)	insurance contr	acts
	(3) Trust	(3)	Trust	mourance conti	4013
	(4) General assets of the sponsor	(4)	X General assets of the sp	ponsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are at	tached, and,	where indicated, enter the numb	oer attached. (S	See instructions)
а	Pension Schedules	<b>b</b> Gene	ral Schedules		
	(1) R (Retirement Plan Information)	(1)	H (Financial Information	1)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	I (Financial Information	<ul><li>Small Plan)</li></ul>	
	Purchase Plan Actuarial Information) - signed by the plan	(3)	X A (Insurance Informatio	n) – Number Att	ached 42
	actuary —	(4)	C (Service Provider Info	ormation)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5)	<b>D</b> (DFE/Participating Pla	an Information)	
	(4) DCG (Individual Plan Information) – Number Attached	(6)	<b>G</b> (Financial Transaction	n Schedules)	
	(5) MEP (Multiple-Employer Retirement Plan Information)		_		

Form 5500 (2024) Page **3** 

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)						
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)						
If "Yes" is checked, complete lines 11b and 11c.						
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)						
11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)						
Receipt Confirmation Code						

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

2024

		pursuant to	ERISA section 103(a)(2)	<u> -</u>			Inspection
For calendar plan year 20	24 or fiscal pla	n year beginning 01/01/2024		and en	ding 12/3	31/2024	
A Name of plan				<b>B</b> Three	e-digit		
LOCKHEED MARTIN G	ROUP BENEFI	EFITS PLAN		plan	number (PN	<b>N</b> )	594
C Plan sponsor's name	as shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (	EIN)
LOCKHEED MARTIN C	ORPORATION			52-	1893632		
		rning Insurance Contrac Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca	arrier						
	(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	<b>(g)</b> To
59-2411584	95088	0701220HNO	16		01/01/202	4	12/31/2024
2 Insurance fee and comdescending order of the	mission informate amount paid.	ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	brokers, and ot	her persons in
(a) Total	amount of com	missions paid		<b>(b)</b> To	tal amount	of fees paid	
3 Persons receiving com	nmissions and f	ees. (Complete as many entries	s as needed to report all	persons).			
	(a) Name a	and address of the agent, broker	, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales a	nd base		es and other commission				
commissions pa	nid	(c) Amount		(d) Purpose	9		(e) Organization code
	(a) Name -				: <b>f</b>		
	(a) Name a	and address of the agent, broker	, or other person to who	m commiss	ions or lees	were paid	
(b) Amount of sales a	(b) Amount of sales and base Fees and other commissions paid						
commissions pa		(c) Amount		(d) Purpose	= <u></u>		(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =		th	
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		(e)	
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	Part III Welfare Benefit Contract Information If more than one contract covers the same group of employ			
	the information may be combined for reporting purposes if employees, the entire group of such individual contracts wi			er individual
8	Benefit and contract type (check all applicable boxes)		.е. рагросос с. але горога	
_	a Health (other than dental or vision) b Dental	<b>c</b>	<b>d</b> ☐ Life	insurance
		<u>=</u>	<b>=</b>	scription drug
		m disability $g \sqcup$ Supplemental u		_
	i Stop loss (large deductible) j X HMO col	ntract <b>k</b> PPO contract	<b>I</b>	mnity contract
	m ☐ Other (specify) ▶			
_				
9	Experience-rated contracts:	00(4)		
	Premiums: (1) Amount received	- · · · ·		
	(2) Increase (decrease) in amount due but unpaid			
	(3) Increase (decrease) in unearned premium reserve		92(4)	0
	(4) Earned ((1) + (2) - (3))		9a(4)	
	b Benefit charges (1) Claims paid	<del>- ```</del>		
	(3) Incurred claims (add (1) and (2))	<u> </u>	9b(3)	0
	(4) Claims charged		9b(4)	
	C Remainder of premium: (1) Retention charges (on an accrual ba		JD(4)	
	(A) Commissions	2 (4)(2)		
	(B) Administrative service or other fees	a (1)(m)		
	(C) Other specific acquisition costs	0 (4)(0)		
	(D) Other expenses	0 - (4)(D)		
	(E) Taxes	0. (4)(5)		
	(F) Charges for risks or other contingencies	. (1)(=)		
	(G) Other retention charges			
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were	paid in cash, or credited.)	9c(2)	
	<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to			
	(2) Claim reserves	•		
	(3) Other reserves			
	e Dividends or retroactive rate refunds due. (Do not include amou	ınt entered in line 9c(2).)		
10	Nonexperience-rated contracts:			
	a Total premiums or subscription charges paid to carrier		10a	531814
	<b>b</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, li	ne 2 above, report amount	10b	
	Specify nature of costs.			
_	Dravisian of Information			
	Part IV Provision of Information			
	Did the insurance company fail to provide any information necessary		Yes X No	
12	If the answer to line 11 is "Yes," specify the information not provided	I. ▶		

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

2024

This Form is Open to Public Inspection

For calendar plan year 202	24 or fiscal pla	n year beginning 01/01/2024		and en	ding 12/31/2024			
A Name of plan				<b>B</b> Three-digit				
LOCKHEED MARTIN GR	ROUP BENEF	ITS PLAN		plan	number (PN)	594		
C Plan sponsor's name a	s shown on lir	ne 2a of Form 5500		<b>D</b> Emplo	yer Identification Numb	er (EIN)		
LOCKHEED MARTIN CO	ORPORATION			52-	-1893632			
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:								
(a) Name of insurance ca	rrior							
• •		OF WASHINGTON OPTIONS,	INC.					
	(c) NAIC	(d) Contract or	(e) Approximate no		Policy o	r contract year		
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f) From	<b>(g)</b> To		
91-1467158	47055	6778600	36		01/01/2024	12/31/2024		
2 Insurance fee and coming descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, an	d other persons in		
-	amount of com	missions paid		<b>(b)</b> To	otal amount of fees paid			
3 Persons receiving com	missions and	ees. (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>(b)</b> Amount of sales ar	nd base	F	ees and other commissio	ns paid				
commissions pai	id	(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			
	. ,	,	, ,					
(b) Amount of sales and base Fees and other commissions paid								
commissions pai		(c) Amount		(d) Purpose	е	(e) Organization code		

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		(e)	
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to whom commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of employees o the information may be combined for reporting purposes if such of				
		employees, the entire group of such individual contracts with eac				
8	Ben	efit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision) <b>b</b> Dental	c	Vision		<b>d</b> Life insurance
	е	Temporary disability (accident and sickness) <b>f</b> Long-term disa	ability <b>g</b>	Supplemental unem	ployment	h Prescription drug
	ιĖ	Stop loss (large deductible) j 🗓 HMO contract	k [	PPO contract		I  Indemnity contract
	m	Other (specify)	_	1		<u> </u>
	L					
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 reserve	9a(3)		<u> </u>	
	_	(4) Earned ((1) + (2) - (3))			9a(4)	0
	b	Benefit charges (1) Claims paid				_
		(2) Increase (decrease) in claim reserves			01 (0)	0
		(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				
		(D) Other expenses	0 (4)(5)			
		(E) Taxes	0 (4)(5)			
		(F) Charges for risks or other contingencies	- (1)( <del>-</del> )			
		(G) Other retention charges				
		(H) Total retention			9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These amounts were $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	id in cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to prov			9d(1)	
		(2) Claim reserves			9d(2)	
		(3) Other reserves			9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount ent	ered in line 9c(2)	.)	9e	
10	No	onexperience-rated contracts:				
	а	Total premiums or subscription charges paid to carrier			10a	1088107
	b	If the carrier, service, or other organization incurred any specific costs			406	
	Sne	retention of the contract or policy, other than reported in Part I, line 2 a ecify nature of costs.	ibove, report amo	ount	10b	
D.	art	IV Provision of Information				
		d the insurance company fail to provide any information necessary to co	mnloto Sahadula		Yes	X No
			mpiete ocheaule	: ^!	103	<u> </u>
12	ır t	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

2024

				ERISA section 103(a)(2)	· <u> </u>			Inspection
For calendar pla	an year 202	24 or fiscal plar	year beginning 01/01/2024		and en	ding 12/	31/2024	
A Name of pla					<b>B</b> Three	e-digit		
LOCKHEED N	MARTIN GR	ROUP BENEFI	TS PLAN		plan	number (Pl	N) <b>•</b>	594
C Plan sponso	or's name a	s shown on line	e 2a of Form 5500		<b>D</b> Emplo	yer Identific	cation Numbe	r (EIN)
LOCKHEED M					-	1893632		,
			ning Insurance Contract  Individual contracts grouped					
1 Coverage Inf	formation:							
(a) Name of ins								
		(c) NAIC	(d) Contract or	(e) Approximate no			Policy or	contract year
( <b>b)</b> EIN	N	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
95-3760980		62825	173039-1,4,5	26		01/01/202	24	12/31/2024
2 Insurance fed descending of			ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	brokers, and	other persons in
	(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons rece	eiving comr	missions and fe	ees. (Complete as many entrie	s as needed to report all	persons).			
		(a) Name a	nd address of the agent, broke	r, or other person to who	m commiss	ions or fees	s were paid	
(b) Amount				ees and other commission	•			
comm	nissions pai	d	(c) Amount		(d) Purpose	9		(e) Organization code
		(a) Namo a	nd address of the agent, broke	or other person to who	m commissi	ions or foos	wore paid	
		(a) Name a	nd address of the agent, broke	, or other person to who	III COITIIIII33	IONS OF ICCS	were paid	
(h) A	of oalss si	d bass	Fe	ees and other commission	ns paid			
(b) Amount comm	of sales an issions pai		(c) Amount		(d) Purpose	9		(e) Organization code
	<u>     </u>		` ,		., , , , , ,			(-) - 5

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to whom commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art II	I 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	racts are	expe	erience-rated as a uni	t. Where co	ontracts cover individua	
8	Rene	fit and contract type (check all applicable boxes)	iai contracto with cach of	arrior may	50 (	areated as a armit for p	urposes or t	. no report.	
Ü			<b>b</b> Dental		ς Π	Vicion		d 🗆 Life incurance	
	a _	Health (other than dental or vision)			c ∐			d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disabili	ty (	g	Supplemental unem	ployment	h Prescription drug	j
	i L	Stop loss (large deductible)	j X HMO contract		k	PPO contract		I Indemnity contra	ct
	m	Other (specify)							
	_	•							
9	Exper	rience-rated contracts:							
	<b>a</b> P	remiums: (1) Amount received		9a(1)					
	(	2) Increase (decrease) in amount due but unpaid		9a(2)					
	(	3) Increase (decrease) in unearned premium reso	erve	9a(3)					
	(	4) Earned ( <b>(1) + (2) - (3)</b> )			<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 (or	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			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) Claim reserves					9d(2)		
		(3) Other reserves					9d(3)		
4.0		Dividends or retroactive rate refunds due. (Do no	t include amount entered	d in line 9	c(2).	)	9e		
10		experience-rated contracts:							000570
	_	Total premiums or subscription charges paid to ca					10a		992572
		If the carrier, service, or other organization incurre					10h		
		retention of the contract or policy, other than repo ify nature of costs.	rted in Part I, line 2 abov	e, report	amo	unt	10b		
-	ant I	/ Provision of Information							
	art I							<u> </u>	
11		the insurance company fail to provide any informa		lete Sched	dule	A?	Yes	X No	
12	If th	e answer to line 11 is "Yes," specify the information	on not provided.						

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Insurance Information**

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

#### File as an attachment to Form 5500.

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

OMB No. 1210-0110

2024

For calendar plan year 202	24 or fiscal pla	an year beginning 01/01/2024		and en	ding 12/31/2024	
A Name of plan				<b>B</b> Three	e-digit	
LOCKHEED MARTIN GF	ROUP BENEF	FITS PLAN		plan	number (PN)	594
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		<b>D</b> Emplo	yer Identification Num	per (EIN)
LOCKHEED MARTIN CO	PORATION	l .		52-	1893632	
David Landon words	ion Conco	main a Incomence Contro	at Cassarana Fasa	and Can	- missisms B : I	
		rning Insurance Contra  A. Individual contracts grouped				
1 Coverage Information:		3 1		•		
-						
(a) Name of insurance ca		DADE DI ANI OF OFODOIA ING	2 (00000)			
BLUE CROSS BLUE SHIE	LD HEALTH	CARE PLAN OF GEORGIA, INC	J. (G0386)			
(L) FIN	(c) NAIC	(d) Contract or	(e) Approximate no		Policy	or contract year
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f) From	<b>(g)</b> To
58-1638390	96962	174524	980		01/01/2024	12/31/2024
		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, brokers, a	nd other persons in
descending order of the amount paid.  (a) Total amount of commissions paid  (b) Total amount of fees paid						
(a) Total t	arriodrit or con	imissions paid		(10)	rai amount of 1000 pai	ч
3 Persons receiving com	missions and	fees. (Complete as many entric	es as needed to report all	persons).		
<u> </u>		and address of the agent, broke			ions or fees were paid	
(b) Amount of sales ar	nd hase	F	ees and other commissio	ns paid		
commissions pai		(c) Amount		(d) Purpos	е	(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			ees and other commissio			
commissions pai	d	(c) Amount		(d) Purpose	9	(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Р	Part III Welfare Benefit Contract Information If more than one contract covers the same group of employ		
	the information may be combined for reporting purposes if s employees, the entire group of such individual contracts wit		
8	Benefit and contract type (check all applicable boxes)	Todon barner may be treated as a unit for par	poses of this report.
•	a Health (other than dental or vision) b Dental	<b>c</b>	<b>d</b> Life insurance
		<u>=</u>	블
		n disability <b>g</b> ∐ Supplemental unempl	<b>=</b>
	i Stop loss (large deductible) j 🗵 HMO cor	tract <b>k</b> PPO contract	I Indemnity contract
	m ☐ Other (specify) ▶		
_			
9	Experience-rated contracts:	0-(4)	
	a Premiums: (1) Amount received		
	(2) Increase (decrease) in amount due but unpaid		
	(3) Increase (decrease) in unearned premium reserve		9a(4) 0
	(4) Earned ((1) + (2) - (3))		9a(4) 0
	<b>b</b> Benefit charges (1) Claims paid	· · · · · ·	
	(2) Increase (decrease) in claim reserves		9h(3) 0
	(3) Incurred claims (add (1) and (2))		00(0)
	(4) Claims charged  C Remainder of premium: (1) Retention charges (on an accrual base	<u>-</u>	9b(4)
	(A) Commissions		
	(B) Administrative service or other fees	- (1)( <del>-</del> )	
	(C) Other specific acquisition costs	0 (1)(0)	
	(D) Other expenses	0 - (4) (D)	
	(E) Taxes	0. (4)(E)	
	(F) Charges for risks or other contingencies	0 (4)(=)	
	(G) Other retention charges		
	(H) Total retention		9c(1)(H) 0
	(2) Dividends or retroactive rate refunds. (These amounts were	<u> </u>	9c(2)
	<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to		9d(1)
	(2) Claim reserves	· ·	9d(2)
	(3) Other reserves		9d(3)
	e Dividends or retroactive rate refunds due. (Do not include amour	nt entered in line <b>9c(2)</b> .)	9e
10	Nonexperience-rated contracts:		
	a Total premiums or subscription charges paid to carrier		<b>10a</b> 38406713
	<b>b</b> If the carrier, service, or other organization incurred any specific of	costs in connection with the acquisition or	
	retention of the contract or policy, other than reported in Part I, lir	le 2 above, report amount	10b
	Specify nature of costs.		
_	Duration of Information		
	Part IV Provision of Information		
	Did the insurance company fail to provide any information necessary		Yes X No
12	If the answer to line 11 is "Yes," specify the information not provided.	<b>•</b>	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Insurance Information**

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

#### File as an attachment to Form 5500.

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

OMB No. 1210-0110

2024

For calendar plan year 202	24 or fiscal pla	an year beginning 01/01/2024		and en	ding 12/31/2024	
A Name of plan				<b>B</b> Three	e-digit	
LOCKHEED MARTIN GF	ROUP BENEF	FITS PLAN		plan	number (PN)	594
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		<b>D</b> Emplo	yer Identification Numb	per (EIN)
LOCKHEED MARTIN CO	RPORATION	1		52-	-1893632	
Dest I Informat	ion Conce	rning Insurance Contra	ot Coverage Fees	and Can	amiccione Descrida i	
		A. Individual contracts grouped				
1 Coverage Information:						
-	i					
(a) Name of insurance ca BLUE CROSS AND BLUE		CEODOIA INC (CO305)				
BLUE CROSS AND BLUE	SHIELD OF	GEORGIA, INC. (G0365)				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no		Policy of	or contract year
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f) From	<b>(g)</b> To
58-0469845	54801	174524	45		01/01/2024	12/31/2024
		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, brokers, an	nd other persons in
descending order of the amount paid.  (a) Total amount of commissions paid  (b) Total amount of fees paid					1	
(a) Total c	arriodini or con	minosiono para		(2)	star amount of 1000 pare	•
3 Persons receiving com	missions and	fees. (Complete as many entric	es as needed to report all	persons).		
		and address of the agent, broke			ions or fees were paid	
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid		
commissions pai		(c) Amount		(d) Purpose	е	(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>(b)</b> Amount of sales ar			ees and other commission	-	•	(a) Omnovie - How 1
commissions pai	a	(c) Amount		(d) Purpose	₩	(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art	If more than one contract covers the same group of employees of th				
		the information may be combined for reporting purposes if such contemployees, the entire group of such individual contracts with each c				
8	Ben	efit and contract type (check all applicable boxes)	,	·		<u> </u>
	а	Health (other than dental or vision) <b>b</b> Dental	С	Vision		d Life insurance
	еĪ	Temporary disability (accident and sickness) <b>f</b> Long-term disabili		Supplemental unem	plovment	h Prescription drug
	i [	Stop loss (large deductible)  j HMO contract		PPO contract	.p.oyo	I Indemnity contract
	m	Other (specify)		]		
	L					
9	Ехре	erience-rated contracts:				
	а	Premiums: (1) Amount received	9a(1)			_
		(2) Increase (decrease) in amount due but unpaid	9a(2)			_
		(3) Increase (decrease) in unearned premium reserve	9a(3)			
		(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))			9b(3)	0
		(4) Claims charged			9b(4)	
	С	Remainder of premium: (1) Retention charges (on an accrual basis)	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 amounts were paid in			9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	_		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 9c(2)	.)	9e	
10	No	nexperience-rated contracts:		•		
	а	Total premiums or subscription charges paid to carrier			10a	1749667
	b	If the carrier, service, or other organization incurred any specific costs in o	connection wit	h the acquisition or		
	O	retention of the contract or policy, other than reported in Part I, line 2 above	ve, report amo	ount	10b	
	Spe	ecify nature of costs.				
P	art	IV Provision of Information				
		d the insurance company fail to provide any information necessary to comp	alata Schadula	Δ2	Yes	X No
		the answer to line 11 is "Yes," specify the information not provided.	iete ochedule	Α:	103	<u>/</u> 110
12	ΠŢ	The answer to line it is ites, 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

2024

This Form is Open to Public Inspection

		·	ERISA section 103(a)(2)	<u> -</u>		<u></u>	Inspection
For calendar plan year 2	2024 or fiscal plai	n year beginning 01/01/2024		and en	ding 12/3	31/2024	
A Name of plan				<b>B</b> Three	e-digit		
LOCKHEED MARTIN	GROUP BENEFI	TS PLAN		plan	number (Pl	N) •	594
<u> </u>				<b>D</b> -			
C Plan sponsor's name		e 2a of Form 5500		-	-	ation Number	(EIN)
LOCKHEED MARTIN	CORPORATION			52-	-1893632		
Dort I Inform	ation Concor	ning Insurance Contrac	t Coverage Foos	and Con	mission	C Drovido info	ermation for each contract
		Individual contracts grouped a					
Coverage Information							
1 Coverage information	11.						
(a) Name of insurance	carrier						
EYEMED VISION CARE	<b>=</b>						
	T		(-) Annual desertion			Dallarran	
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a				contract year
()	code	identification number	policy or contrac		(f)	From	<b>(g)</b> To
43-0949844	71870	9657016	75		01/01/202	24	12/31/2024
2 Inquirance for and co	mmission inform	ation. Enter the total fees and to	tal aammiaaiana naid I	ist in line 2	the exente	brokers and	other persons in
descending order of t		alion. Enter the total lees and to	iai commissions paid. L	ist iii iiile 3	ine agents,	brokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
(α) του	(b) Total amount of commissions paid						
<b>0</b>							
3 Persons receiving co		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	
		Fa	es and other commission	ne naid			
(b) Amount of sales commissions (		(c) Amount		(d) Purpose	۵		(e) Organization code
CONTINUESIONS	paid	(c) Amount		(a) i diposi	<u> </u>		(c) Organization code
	(a) Name a	and address of the agent, broker	, or other person to who	m commiss	ions or fees	were paid	
			es and other commission	ne naid			<u> </u>
(b) Amount of sales				(d) Purpose	^		(a) Organization and
commissions	paiu	(c) Amount		(u) Fulpose	<u> </u>		(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			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 individua	oup of employees of the s g purposes if such contra	cts are expe	erience-rated as a unit	. Where co	ontracts cover individual
8	Benefit and contract type (check all applicable boxes)	a contracto with cach can	ici iliay bo	trouted do a drift for pe	<u> </u>	поторога
		• [] Dt	• 🔽	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		al □ 1 (cr. t
		Dental	_	Vision		d Life insurance
	e Temporary disability (accident and sickness)	Long-term disability	g	Supplemental unem	oloyment	<b>h</b> Prescription drug
	i Stop loss (large deductible)	HMO contract	k	PPO contract		I Indemnity contract
	m ☐ Other (specify) ▶					
<b>9</b> E	Experience-rated contracts:					
	a Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid.		9a(2)			
	(3) Increase (decrease) in unearned premium reser	ve	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	<b>b</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)	
	<b>c</b> 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)(1)	0
	(H) Total retention				9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These a	_	_		9c(2)	
	<b>d</b> Status of policyholder reserves at end of year: (1) A	·			9d(1)	
	(2) Claim reserves				9d(2)	
	(3) Other reserves				9d(3)	
10	e Dividends or retroactive rate refunds due. (Do not	include amount entered i	n line 9c(2).	.)	9e	
10	Nonexperience-rated contracts:	rior			10a	16468
	Total premiums or subscription charges paid to car				IUa	10400
	<b>b</b> If the carrier, service, or other organization incurred retention of the contract or policy, other than report				10b	
	Specify nature of costs.	cu iii i ait i, iiile z above,	report arrio	, di it	100	
	•					
Pa	art IV Provision of Information					
11	Did the insurance company fail to provide any informat	ion necessary to complet	te Schedule	А?	Yes	X No
	If the answer to line 11 is "Yes," specify the information					<u> </u>
		p. o a o 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

2024

This Form is Open to Public Inspection

		puisuant to	ETTIOA SECTION 103(a)(2)	·			Inspection
For calendar plan year 20	24 or fiscal pla	n year beginning 01/01/2024		and en	ding 12/31/2024		
A Name of plan				<b>B</b> Three	e-digit		
LOCKHEED MARTIN GI	ROUP BENEFI	TS PLAN		plan	number (PN)	•	594
C Plan sponsor's name a	as shown on lin	e 2a of Form 5500		D Emplo	yer Identification Nu	ımber (	FIN)
LOCKHEED MARTIN CO		e 2a 0i i 0iiii 3300		•	-1893632	ilibei (	LIIV)
LOCKILLD WARTIN CO	JKI OKATION			52-	-1093032		
		rning Insurance Contract. Individual contracts grouped					
1 Coverage Information:							
(a) Name of incomes as							
(a) Name of insurance ca		70.1					
HAWAII MEDICAL SERVI	CE ASSOCIA I	ION					
	(c) NAIC	(d) Contract or	(e) Approximate nu		Polic	cy or co	ntract year
<b>(b)</b> EIN	code	identification number	persons covered a		(f) From		<b>(g)</b> To
00 0040445	400.46	0050	policy or contrac	ı year	04/04/0554		
99-0040115	49948	C952	201		01/01/2024		12/31/2024
		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers,	, and ot	her persons in
descending order of the							
(a) Total	(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all	persons).			
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were pa	aid	
			ees and other commission	ne naid			
(b) Amount of sales an commissions pa		(c) Amount		(d) Purpos	e.		(e) Organization code
обітіні і забілі ра	ıu	(c) Amount		(a) i diposi	<u> </u>		(C) Organization code
	/a\ N!					.:.	
	(a) Name a	and address of the agent, broke	r, or other person to who	n commiss	ions or tees were pa	aid	
(h) Amount of sales as	nd hase	Fe	ees and other commission	ns paid			
(b) Amount of sales and base commissions paid (c) Amount			(d) Purpose				(e) Organization code
,				•			

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Pa	ırt I	II	Welfare Benefit Contract Informal 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						
8	3ene	efit ar	nd contract type (check all applicable boxes)						
	a 🛚	He	alth (other than dental or vision)	<b>b</b> Dental	С	Vision		<b>d</b> Life insurance	е
	е	Te	mporary disability (accident and sickness)	f Long-term disabili	ty <b>g</b>	Supplemental u	nemployment	<b>h</b> Prescription of	drug
	i 🖺	_	op loss (large deductible)	j X HMO contract		PPO contract		I  Indemnity co	_
	m	Otl	ner (specify)	- Ц	_	<u>-</u>		ь .	
9 E	хре	rienc	e-rated contracts:						
	a F	Premi	ums: (1) Amount received		9a(1)				
		(2) In	crease (decrease) in amount due but unpaid	l	9a(2)				
		(3) In	crease (decrease) in unearned premium res	erve	9a(3)				
		(4) E	arned ((1) + (2) - (3))				9a(4)		0
	b	Bene	efit charges (1) Claims paid		9b(1)				
		(2) In	crease (decrease) in claim reserves		9b(2)				
			curred claims (add (1) and (2))				9b(3)		0
			laims charged				21.40		
	С	Rem	ainder 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)			1	
		,	F) Charges for risks or other contingencies .		9c(1)(F)			1	
			G) Other retention charges					1	
			H) Total retention				9c(1)(H)		0
		(2) C	) Dividends or retroactive rate refunds. (These	amounts were ☐ paid in	cash. or	credited.)			
			us of policyholder reserves at end of year: (1						
	<u> </u>		Claim reserves	•					
		. ,	Other reserves						
		` '	dends or retroactive rate refunds due. (Do no						
10			erience-rated contracts:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
-		•	I premiums or subscription charges paid to c	arrier			10a		2727236
	_		carrier, service, or other organization incurr						
			tion of the contract or policy, other than repo						
			ature of costs.		о, горог сап.				
	оро	y	atulo di cocci.						
Pa	rt l'	V	Provision of Information						
			nsurance company fail to provide any inform	ation necessary to compl	ata Schodula	Δ2	Yes	X No	
					ete ochedule	σ Λ !		<u> </u>	-
12	If th	ne an	swer 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

OMB No. 1210-0110

2024

			c ERISA section 103(a)(2)				m is Open to Public Inspection
For calendar plan year 202	24 or fiscal pla	an year beginning 01/01/2024		and en	ding 12/31		
A Name of plan LOCKHEED MARTIN GR	A Name of plan  LOCKHEED MARTIN GROUP BENEFITS PLAN				e-digit number (PN)	<u> </u>	594
C Plan sponsor's name as shown on line 2a of Form 5500  LOCKHEED MARTIN CORPORATION  D Employer Identification Number 52-1893632					ion Number (	EIN)	
		erning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca		IINC					
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co	
(b) LIN	code	identification number	policy or contrac		(f) F	rom	<b>(g)</b> To
94-1340523	00000	5-0002 & 605635	1404		01/01/2024		12/31/2024
2 Insurance fee and coming descending order of the		nation. Enter the total fees and t	otal commissions paid. L	st in line 3	the agents, bi	rokers, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
		40569					0
3 Persons receiving com	missions and	fees. (Complete as many entric	es as needed to report all	persons).			
		and address of the agent, broke			ions or fees w	ere paid	
CONDUENT SECURITIES	, LLC		LEXINGTON AVE, 4TH F V YORK, NY 10170-3912	LOOR			
(b) Amount of sales ar	nd hase	F	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code
	40569						3
	(a) Name	and address of the agent, broke	er or other person to who	m commissi	ions or fees w	ere paid	
	(4)		.,			ore para	
(b) Amount of sales ar	nd hase	F	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual enterties with extended as a unit for purposes of this region of the contract type (check all applicable boxes)  8 Benefit and contract type (check all applicable boxes)  a   Health (other than dental or vision)   b   Dental   c   Vision   d   Uile 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    i   Stop loss (large deductible)   j   HMO contract   k   PPO contract   l   Indemnity contract    Permitures (1) Amount received.  a   Permitures (1) Amount received.  3   Permitures (1) Amount received.  3   Permitures (1) Amount received.  4   Samed (1) + (2) + (3).  5   Sensifit charges (1) Claims paid.  (2) Increase (decrease) in automation the purpose of the received.  (3) Increase (decrease) in automation the purpose of the received.  (4) Samed (1) + (2) + (3).  (5) Increase (decrease) in automation the purpose of the received.  (6) Other specific admits (4) of (1) and (2).  (7) Increase (decrease) in automation than accrual basis   Permiture (1) Amount held to provide benefits after retirement.  (8) Amounted or retroactive rate refunds (1) Amount held to provide benefits after retirement.  (9) C) Other respective charges.  9   Permiture (1) Amount held to provide benefits after retirement.  9   Permiture (2) Dividends or retroactive rate refunds (1) Amount held to provide benefits after retirement.  9   Permiture (2) Dividends or retroactive rate refunds (2) Dividends or retroactive rate refunds (3) Dividends or retroactive rate refunds (4) (1) Amount held to provide benefits after retirement.  9   Permiture (2) Dividends or retroactive rate refunds (4) (1) Amount held to provide benefits after retirement.  9   Permiture (2) Dividends or retroactive rate refunds (4) (2) Dividends	Р	Part III Welfare Benefit Contract Information  If more than one contract covers the same groups  Part III	oup of employees of the				
8 Benefit and contract type (check all applicable boxes) a							
a	8						
e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h Prescription drug i Stop loss (large deductible) J MMO contract K PPO contract  9 Experience-rated contracts: a Premiums: (1) Amount received			) ☐ Dental	сГ	Vision	d	Life insurance
i			<u>—</u>	_	=		
## Dither (specify)  ## Experience-rated contracts:  ## Premiums: (1) Amount received.  ## (2) Increase (decrease) in uneamed premium reserve.  ## (3) Increase (decrease) in uneamed premium reserve.  ## (3) Increase (decrease) in uneamed premium reserve.  ## (4) Earned ((1) + (2) - (3)).  ## (5) Benefit charges (1) Claims paid.  ## (2) Increase (decrease) in claim reserves.  ## (3) Increase (decrease) in claim reserves.  ## (4) Claims charged.  ## (4) Claims charged.  ## (4) Claims charged.  ## (5) Commissions.  ## (8) Administrative service or other fees.  ## (9) (1) Claim specific acquisition costs.  ## (9) (1) Clother expenses.  ## (9) (1) Clother reserves.  ## (9) (2) Dividends or retroactive rate refunds. (These amounts were □ paid in cash, or □ credited.).  ## (2) Claim reserves.  ## (3) Clother reserves at end of year: (1) Amount held to provide benefits after retirement.  ## (2) Claim reserves.  ## (3) Other reserves.  ## (4) Claims controactive rate refunds due. (Do not include amount entered in line 9c(2)).  ## (4) Other search and controactive rate refunds due.  ## (4) Claims controactive rate refunds due.  ## (5) Claim controactive rate refunds due.  ## (6) Controactive r			<u> </u>				
9 Experience-rated contracts: a Premiums: (1) Amount received (2) Increase (decrease) in amount due but unpaid			X HMO contract	ΚL	PPO contract	ı	Indemnity contract
a Premiums: (1) Amount received  (2) Increase (decrease) in amount due but unpaid  (3) Increase (decrease) in unearmed premium reserve  (4) Earned ((1) + (2) - (3))  (5) Benefit charges (1) Claims paid.  (6) Limin scharged.  (7) Increase (decrease) in claim reserves.  (8) Increase (decrease) in claim reserves.  (9) Increase (decrease) in claim reserves.  (1) Increase (decrease) in claim reserves.  (2) Increase (decrease) in claim reserves.  (3) Increase (decrease) in claim reserves.  (4) Carmisolons.  (5) Increase (decrease) in claim reserves.  (6) Onther service or other fees.  (7) Increase (decrease) in claim reserves.  (8) Administrative service or other fees.  (9) Increase (decrease) in claim reserves.  (10) Increase (decrease) in claim reserves.  (11) Increase (decrease) in claim reserves.  (12) Increase (decrease) in claim reserve		m ☐ Other (specify) ▶					
a Premiums: (1) Amount received  (2) Increase (decrease) in amount due but unpaid  (3) Increase (decrease) in unearmed premium reserve  (4) Earned ((1) + (2) - (3))  (5) Benefit charges (1) Claims paid.  (6) Limin scharged.  (7) Increase (decrease) in claim reserves.  (8) Increase (decrease) in claim reserves.  (9) Increase (decrease) in claim reserves.  (1) Increase (decrease) in claim reserves.  (2) Increase (decrease) in claim reserves.  (3) Increase (decrease) in claim reserves.  (4) Carmisolons.  (5) Increase (decrease) in claim reserves.  (6) Onther service or other fees.  (7) Increase (decrease) in claim reserves.  (8) Administrative service or other fees.  (9) Increase (decrease) in claim reserves.  (10) Increase (decrease) in claim reserves.  (11) Increase (decrease) in claim reserves.  (12) Increase (decrease) in claim reserve	_						
(2) Increase (decrease) in amount due but unpaid.  (3) Increase (decrease) in unearmed premium reserve.  (4) Earmed ((1) * (2) - (3)).  (5) Benefit charges (1) Claims paid.  (6) Part (1) Claims paid.  (7) Increase (decrease) in Inclaim reserves.  (8) Increase (decrease) in Inclaim reserves.  (9) Increase (decrease) in Inclaim reserves.  (1) Increase (decrease) in Inclaim reserves.  (2) Increase (decrease) in Inclaim reserves.  (3) Increase (decrease) in Inclaim reserves.  (4) Claims charged.  (5) Object (1) Increase	9			- (1)			
(3) Increase (decrease) in unearned premium reserve		. ,					
(4) Earned ((1) + (2) - (3))							
Benefit charges (1) Claims paid.  (2) Increase (decrease) in claim reserves.  (3) Increase (decrease) in claim reserves.  (4) Claims charged.  (A) Commissions.  (B) Administrative service or other fees.  (C) Other specific acquisition costs.  (D) Other expenses.  (F) Charges for risks or other contingencies.  (F) Charges for risks or other contingencies.  (F) Charges for risks or other contingencies.  (B) Set(1)(B)  (C) Other specific acquisition costs.  (E) Taxes.  (F) Charges for risks or other contingencies.  (F) Charges for risks or other contingencies.  (F) Charges for risks or other contingencies.  (B) Set(1)(F)  (C) Other specific acquisition costs.  (E) Taxes.  (F) Charges for risks or other contingencies.  (B) Set(1)(F)  (C) Other specific acquisition of the contingencies.  (E) Total retention.  (B) Set(1)(F)  (C) Other specific acquisition of the contingencies.  (B) Set(1)(F)  (C) Other specific acquisition of the contractive rate refunds due. (Do not include amount entered in line Set(2)).  (B) Other reserves.  (C) Other reserves.  (D) Other expenses.  (D) Other specific acquisition or retention of the contract or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.  (D) Dividends or retroactive acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.  (D) Dividends or retroactive acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.  (D) Dividends or retroactive acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.  (D) Dividends or retroactive acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.  (D) Vess (A) No						00(4)	0
(2) Increase (decrease) in claim reserves.  (3) Incurred claims (add (1) and (2)).  (4) Claims charged.  (A) Commissions.  (B) Administrative service or other fees.  (B) Administrative service or other fees.  (C) Other specific acquisition costs.  (D) Other expenses.  (F) Charges for risks or other contingencies.  (F) Charges for risks or other contingencies.  (B) Other retention charges.  (C) Other specific acquisition costs.  (B) Other retention charges.  (C) Other specific acquisition costs.  (D) Other retention charges.  (E) Taxes.  (F) Charges for risks or other contingencies.  (B) Other retention.  (C) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited).  (C) Dividends or retroactive rate refunds were paid in cash, or credited.  (D) Other reserves.  (D) Oth						9a(4)	0
(3) Incurred claims (add (1) and (2))		• , , ,					
(4) Claims charged						9b/3)	0
C Remainder of premium: (1) Retention charges (on an accrual basis) —  (A) Commissions.  (B) Administrative service or other fees.  (C) Other specific acquisition costs.  (D) Other expenses.  (E) Taxes.  (F) Charges for risks or other contingencies  (G) Other retention charges.  (H) Total retention.  (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.).  (2) Claim reserves.  (3) Other reserves 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)).  (B) Total premiums or subscription charges paid to carrier.  (D) Nonexperience-rated contracts:  (A) Total premiums or subscription charges paid to carrier.  (B) Advances retroactive rate refunds due. (Do not include amount entered in line 9c(2)).  (B) Total premiums or subscription charges paid to carrier.  (D) Nonexperience-rated contracts:  (D) If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.  (D) If the carrier, service, or other organization incurred in Part I, line 2 above, report amount.  (D) If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.  (D) If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.  (D) 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.							
(A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs (D) Other expenses (E) Taxes (F) Charges for risks or other contingencies (F) Charges for risks or other contingencies (F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention. (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or defined by the status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves (3) Other reserves (3) Other reserves (4) Extractive rate refunds due. (Do not include amount entered in line 9c(2).) (B) Nonexperience-rated contracts:  a Total premiums or subscription charges paid to carrier  bif the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.  Specify nature of costs.  Part IV Provision of Information  10 Did the insurance company fail to provide any information necessary to complete Schedule A?		( )				35(4)	
(B) Administrative service or other fees (C) Other specific acquisition costs. (D) Other expenses (E) Taxes. (E) Taxes. (G) Other expenses (Schi(B)) (F) Charges for risks or other contingencies (Schi(B)) (H) Total retention charges (C) Other retention charges (S) Other reserves at end of year: (1) Amount held to provide benefits after retirement. (2) Dividends or retroactive rate refunds (N) Other reserves (S) Other retroactive rate refunds due. (Do not include amount entered in line 9c(2))  10 Nonexperience-rated contracts:  a Total premiums or subscription charges paid to carrier.  b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.  Specify nature of costs.  Part IV Provision of Information  11 Did the insurance company fail to provide any information necessary to complete Schedule A?			•	9c(1)(A)			
(C) Other specific acquisition costs		` '					
(D) Other expenses							
(E) Taxes							
(G) Other retention charges							
(H) Total retention		(F) Charges for risks or other contingencies		9c(1)(F)			
(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		(H) Total retention				9c(1)(H)	0
(2) Claim reserves		(2) Dividends or retroactive rate refunds. (These a	mounts were 🗌 paid ir	n cash, or	credited.)	9c(2)	
Solution		<b>d</b> Status of policyholder reserves at end of year: (1) A	amount held to provide	benefits afte	r retirement	9d(1)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		(2) Claim reserves				9d(2)	
10 Nonexperience-rated contracts:  a Total premiums or subscription charges paid to carrier		( )				9d(3)	
a Total premiums or subscription charges paid to carrier		<b>e</b> Dividends or retroactive rate refunds due. (Do not	include amount entere	d in line 9c(2	<b>)</b> .)	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.  Specify nature of costs.  Part IV Provision of Information  10b  Part IV Provision of Information  Yes X No	10	•					
retention of the contract or policy, other than reported in Part I, line 2 above, report amount		a Total premiums or subscription charges paid to car	rier			10a	17111762
Part IV Provision of Information  11 Did the insurance company fail to provide any information necessary to complete Schedule A?		<b>b</b> If the carrier, service, or other organization incurred	l any specific costs in c	connection wi	th the acquisition or	405	
Part IV Provision of Information  11 Did the insurance company fail to provide any information necessary to complete Schedule A?		retention of the contract or policy, other than report	ed in Part I, line 2 abov	e, report am	ount	100	
11 Did the insurance company fail to provide any information necessary to complete Schedule A?		openly flature or costs.					
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?							
11 Did the insurance company fail to provide any information necessary to complete Schedule A?	Р	Part IV Provision of Information					
			ion necessary to comp	lete Schedul	е А?	Yes X	No
						<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

2024

pursuant to ERISA section 103(a)(2).							Inspection
For calendar plan ye	ar 2024 or fiscal p	olan year beginning 01/01/2024		and en	ding 12/3	31/2024	
A Name of plan					Three-digit		
LOCKHEED MARTIN GROUP BENEFITS PLAN				plan number (PN)			594
C Plan sponsor's name as shown on line 2a of Form 5500				D Employer Identification Number (EIN)			
LOCKHEED MARTIN CORPORATION				52-1893632			
	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 insurant		N INC					
	(c) NAIC	(d) Contract or	(e) Approximate no		Policy or contract ye		ontract year
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
94-1340523	00000	101200	184		01/01/202	4	12/31/2024
2 Insurance fee and descending order	commission infor of the amount pai	rmation. Enter the total fees and to d.	otal commissions paid. L	ist in line 3	the agents,	brokers, and of	ther persons in
(a) ⊺	otal amount of co	ommissions paid	(b) Total amount of fees pai			of fees paid	
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							
		,					
(b) Amount of sal	les and base	Fe	Fees and other commissions paid				
commission		(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							
	(a) Name	e and address of the agent, broke	r, or other person to who	m commissi	ions or lees	were paid	
(b) Amount of sales and base Fees and other commission							
<b>(b)</b> Amount of sales and base commissions paid		(c) Amount		(d) Purpose			(e) Organization code
		,,,		1			

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =		th	
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Pa	art III Welfare Benefit Contract Informati	on				
	If more than one contract covers the same grundle the information may be combined for reporting employees, the entire group of such individual	oup of employees of the s g purposes if such contra	cts are expe	erience-rated as a unit	. Where co	ontracts cover individual
8	Benefit and contract type (check all applicable boxes)	Toomado Will Gadif Gail	ioi may bo	troutou do a driit for pe	poodo 0, t	THO TOPOTE.
		N □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	٦	1 \( \( \tau \)		d 🗆 1 ifa inaumanaa
		Dental	<u></u>	Vision		d Life insurance
	e Temporary disability (accident and sickness)	Long-term disability	g	Supplemental unemp	oloyment	<b>h</b> Prescription drug
	i Stop loss (large deductible)	X HMO contract	k	PPO contract		I Indemnity contract
	m ☐ Other (specify) ▶					
<b>9</b> E	Experience-rated contracts:					
	a Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid		9a(2)			
	(3) Increase (decrease) in unearned premium reser	ve	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	<b>b</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)	
	<b>c</b> Remainder of premium: (1) Retention charges (on a	an accrual basis)				
	(A) Commissions		9c(1)(A)			
	(B) Administrative service or other fees		9c(1)(B)			
	(C) Other specific acquisition costs	l l	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)		T	
	(H) Total retention				9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These a	mounts were paid in c	ash, or 📗 o	credited.)	9c(2)	
	<b>d</b> Status of policyholder reserves at end of year: (1) A	amount held to provide be	enefits after	retirement	9d(1)	
	(2) Claim reserves				9d(2)	
	(3) Other reserves				9d(3)	
	e Dividends or retroactive rate refunds due. (Do not	include amount entered i	n line <b>9c(2)</b> .	.)	9e	
10	Nonexperience-rated contracts:					
	<b>a</b> Total premiums or subscription charges paid to car	rier			10a	3186436
	<b>b</b> If the carrier, service, or other organization incurred				406	
	retention of the contract or policy, other than report Specify nature of costs.	ed in Part I, line 2 above,	report amo	ount	10b	
	Specify flature or costs.					
Ps	art IV Provision of Information					
			a Cala - ded	мо П	Voc	X No
	Did the insurance company fail to provide any informat		e Schedule	A?	Yes	<u> </u>
12	If 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

2024

This Form is Open to Public Inspection

			=: : === (=)(=)			mspection
For calendar plan year 202	24 or fiscal pla	n year beginning 01/01/2024		and en	iding 12/31/2024	
A Name of plan  LOCKHEED MARTIN GROUP BENEFITS PLAN					e-digit	594
LOOK ILLE WATER OF	COOL DEME	11012/11		pian	number (PN)	001
C Plan sponsor's name a	s shown on lir	ne 2a of Form 5500		<b>D</b> Emplo	yer Identification Num	ber (EIN)
LOCKHEED MARTIN CO	RPORATION			52-	-1893632	
		rning Insurance Contract  A. Individual contracts grouped				
1 Coverage Information:		<u> </u>				
- Corolago III cilia acini						
(a) Name of insurance ca	rrier					
KAISER FOUNDATION H	EALTH PLAN	OF COLORADO				
			(e) Approximate nu	ımher of	Policy	or contract year
<b>(b)</b> EIN	(c) NAIC	(d) Contract or identification number	persons covered a		(f) From	
	code	identification number	policy or contrac	t year	(1) FIOIII	<b>(g)</b> To
84-0591617	95669	35881	1810		01/01/2024	12/31/2024
2 Insurance fee and com	mission inform	ation. Enter the total fees and to	ntal commissions naid. Li	ist in line 3	the agents brokers as	nd other nersons in
descending order of the		ation. Enter the total lees and to	otal commissions paid. L	131 111 11110 0	the agents, brokers, an	nd other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all	nersons)		
• 1 crooms receiving com		and address of the agent, broke	•		ions or fees were naid	
	(u) Numo	and address of the agent, broke	r, or other percent to who	11 00111111100	iono or rees were para	
	1					
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid		
commissions pai	d	(c) Amount		(d) Purpos	е	(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	
			oos and other sammii	no noid		
(b) Amount of sales ar			ees and other commission			(a) Omnovie - tie
commissions pai	a	(c) Amount		(d) Purpos	е	(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art I						41	
		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 e	expe	erience-rated as a uni	t. Where co	ontracts cover individual
8	Bene	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	<b>b</b> Dental	•	0	Vision		<b>d</b> Life insurance
	еĒ	Temporary disability (accident and sickness)	f  Long-term disabili	ty C	g 🗀	Supplemental unem	ployment	h Prescription drug
	i F		i X HMO contract		k	1	, ,	I  Indemnity contract
	m	Other (specify)			_			·
	L							
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 rese	rve	9a(3)				
		(4) Earned ((1) + (2) - (3))					9a(4)	0
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add (1) and (2))					9b(3)	0
		(4) Claims charged					9b(4)	
	С	Remainder of premium: (1) Retention charges (on	an accrual basis)					
		(A) Commissions		9c(1)(A	()			
		(B) Administrative service or other fees		9c(1)(B				
		(C) Other specific acquisition costs		9c(1)(C	-			
		(D) Other expenses		9c(1)(D	_			
		(E) Taxes		9c(1)(E	_			_
		(F) Charges for risks or other contingencies		9c(1)(F				_
		(G) Other retention charges		9c(1)(G	;)		T =	
		(H) Total retention	_		_		9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These a	mounts were 📗 paid ir	cash, or	(	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits a	fter	retirement	9d(1)	
		(2) Claim reserves					9d(2)	
		(3) Other reserves					9d(3)	
		Dividends or retroactive rate refunds due. (Do not	include amount entered	d in line 9c	(2)	.)	9e	
10		nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to car	rrier				10a	20910888
		If the carrier, service, or other organization incurre					10b	
		retention of the contract or policy, other than report cify nature of costs.	ted in Part I, line 2 abov	e, report a	arno	ount	100	
	Opo.	ony matana an addia.						
P	art l	IV Provision of Information						
11		d the insurance company fail to provide any informa	tion necessary to compl	ete Sched	lule	А?П	Yes	X No
		he answer to line 11 is "Yes," specify the information			0			<u> </u>
			- p					

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

2024

This Form is Open to Public

pursuant to ERISA section 103(a)(2).							Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024			and en	ding 12/3	31/2024		
A Name of plan				<b>B</b> Three-digit			
LOCKHEED MARTIN GE	ROUP BENEF	ITS PLAN		plan	number (Pl	N) <b>•</b>	594
				-			
C Plan sponsor's name a	ıs shown on lir	ne 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (	EIN)
LOCKHEED MARTIN CO				-	1893632	,	,
		rning Insurance Contract  A. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
LIFE INSURANCE COMP.	ANY OF NOR	TH AMERICA					
	( ) NAIG	(1) 0 1 1	(e) Approximate no	umber of		Policy or co	ontract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	t end of	(f)	From	<b>(g)</b> To
23-1503749	65498	LK 0008348	45855	t year	01/01/202	4	12/31/2024
•							
Insurance fee and com- descending order of the		nation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	brokers, and ot	her persons in
(a) Total a	amount of com	nmissions paid		<b>(b)</b> To	tal amount	of fees paid	
	47765 5727						
3 Persons receiving com	missions and	fees. (Complete as many entries	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	
MERCER HEALTH & BEN	EFITS, LLC		PAYSPHERE CIRCLE				
		CHIC	AGO, IL 60674				
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	е		(e) Organization code
	47765	5727	SUPPLEMENTAL COMM	MISSIONS,	OVERRIDE	S	3
	(a) Name	and address of the agent, broker	r, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose			(e) Organization code
	I						

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art	Welfare Benefit Contract Information If more than one contract covers the same group of the information may be combined for reporting purp employees, the entire group of such individual contr	oses if such contra	icts are e	expe	erience-rated as a unit	. Where co	ontracts cover individual	
8	Ben	nefit and contract type (check all applicable boxes)							
	а	Health (other than dental or vision)	Dental	(	С	Vision		<b>d</b> Life insurance	
	е	X Temporary disability (accident and sickness) <b>f</b> X L	ong-term disability		g 🗍	Supplemental unemp	olovment	h Prescription drug	
	; [			-	k∏			- 📙	
	' [		IMO contract	'	<b>^</b> Ц	PPO contract		Indemnity contract	
	m	Other (specify)							
9	Expe	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)			T		
		(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 acc	crual basis)						
		(A) Commissions		9c(1)(A	١)				
		(B) Administrative service or other fees		9c(1)(B	3)				
		(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	3)				
		(H) Total retention					9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These amount	s were paid in o	cash, or	C	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amour	nt held to provide b	enefits a	fter	retirement	9d(1)		_
		(2) Claim reserves	•				9d(2)		
		(3) Other reserves					9d(3)		
	е						9e		
10		onexperience-rated contracts:			• •	,			
	а	Total premiums or subscription charges paid to carrier					10a	143180	<u>—</u> )40
	b								
	D	retention of the contract or policy, other than reported in					10b		
	Spe	ecify nature of costs.	,	,					
_									
P	art	IV Provision of Information							
11	Dic	id the insurance company fail to provide any information ne	cessary to comple	te Sched	dule	A?	Yes	X No	
12	lf t	the answer to line 11 is "Yes," specify the information not p	rovided.						

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

#### File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

pursuant to ERISA section 103(a)(2).  This Form is Open to Pu					•				
For calendar plan year 202	24 or fiscal pla	an year beginning 01/01/2024		and en	iding 12/31/2				
A Name of plan LOCKHEED MARTIN GR	ROUP BENEF	FITS PLAN			e-digit number (PN)	<u> </u>	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 ca		RTH AMERICA							
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co			
(5) 2	code	identification number	policy or contract		<b>(f)</b> Fr	om	<b>(g)</b> To		
23-1503749	65498	LK 0018358	779	779 01/01/2024			12/31/2024		
	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.								
		nmissions paid		<b>(b)</b> To	otal amount of f	ees paid			
1242 68					68				
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 whor	n commissi	ions or fees we	ere paid			
MERCER HEALTH & BEN	EFITS, LLC		5 PAYSPHERE CIRCLE CAGO, IL 60674						
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpose	e		(e) Organization code		
	1242	68	SUPPLEMENTAL COMM	MISSIONS,	OVERRIDES		3		
	(a) Name	and address of the agent, broke	er or other person to whor	m commissi	ions or fees we	ere paid			
(b) Amount of sales ar	nd hase	F	ees and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code		

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid							
		Tops and other commissions noid	(0)						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
commissions paid	· · · · · · · · · · · · · · · · · · ·		code						
(=) N =									
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid							
		Fees and other commissions paid	(e)						
(b) Amount of sales and base			Organization						
commissions paid	(c) Amount	(d) Purpose	code						
•									
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid							
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid							
			1						
		Fees and other commissions paid	(e)						
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization						
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code						
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid							
		Tops and other commissions noid	(0)						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000						
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid							
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid							
		Fees and other commissions paid	(e)						
(b) Amount of sales and base			Organization						
commissions paid	(c) Amount	(d) Purpose	code						
•									

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Pa	art I	III Welfare Benefit Contract Informati If more than one contract covers the same group the information may be combined for reporting employees, the entire group of such individua	oup of employees of the purposes if such cont	racts are ex	xperi	ience-rated as a unit.	Where co	ntracts cove	
8	Bene	nefit and contract type (check all applicable boxes)		<u> </u>		·		· · · · · · · · · · · · · · · · · · ·	
	аГ		Dental	С	П	Vision		<b>d</b> ☐ Life in	surance
	e D		X Long-term disabilit		_	Supplemental unemp	lovment		ription drug
	. L		<u> </u>				Юуппепі		
	'	Stop loss (large deductible)	HMO contract	K	Щ'	PPO contract		I Indem	nity contract
	m	Other (specify)							
	•	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 reservations		9a(3)		1	2 (1)		
	-	(4) Earned ((1) + (2) - (3))			<del></del>		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))				í	9b(3)		
		(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on a	•	00/1\/A\					
		(A) Commissions		9c(1)(A) 9c(1)(B)				_	
		(B) Administrative service or other fees		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							
		(H) Total retention					9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These ar	_	_	_	ľ	9c(2)		-
		Status of policyholder reserves at end of year: (1) A	_		_	ŀ	9d(1)		
	u	(2) Claim reserves	·				9d(2)		
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not i					9e		
10		onexperience-rated contracts:			. , ,				
	а	Total premiums or subscription charges paid to care	rier				10a		169006
	_	If the carrier, service, or other organization incurred							
		retention of the contract or policy, other than reporte	ed in Part I, line 2 abov	e, report an	moui	nt	10b		
	Spe	ecify nature of costs.							
D	we I	IV Provision of Information							
	art I		,				V	V Nr	
		d the insurance company fail to provide any informati		ete Schedu	ule A	Λ?	Yes	X No	
12	If th	the answer to line 11 is "Yes," specify the information	not provided.						

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

#### File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

					nspection			
For calendar plan year 202	24 or fiscal pla	n year beginning 01/01/2024		and en	ding 12/	31/2024	•	
A Name of plan LOCKHEED MARTIN GR	ROUP BENEF	ITS PLAN		<b>B</b> Three plan	e-digit number (Pl	N) <b>•</b>	594	
C Plan sponsor's name a	s shown on lir	ne 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (I	EIN)	
LOCKHEED MARTIN CO	RPORATION			52-	1893632			
		rning Insurance Contra A. Individual contracts grouped						
1 Coverage Information:	1 Coverage Information:							
(a) Name of insurance call LIFE INSURANCE COMPA		TH AMERICA						
	(a) NIAIC	(d) Contract or	(e) Approximate no	umber of		Policy or co	ntract year	
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To	
23-1503749	65498	LK 0008358	11	11 01/01/2024		24	12/31/2024	
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								
50000 0								
3 Persons receiving com	missions and t	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		
MERCER HEALTH & BEN	EFITS, LLC		PAYSPHERE CIRCLE CAGO, IL 60674					
(h) Amount of color on	d boos	F	ees and other commissio	ns paid				
(b) Amount of sales an commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code	
	50000		SUPPLEMENTAL COMM	MISSIONS			3	
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid		
(b) Amount of sales an	d base	F	ees and other commissio	ns paid				
commissions paid		(c) Amount		(d) Purpose			(e) Organization code	

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid							
		Tops and other commissions noid	(0)						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
commissions paid	· · · · · · · · · · · · · · · · · · ·		code						
(=) N =									
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid							
		Fees and other commissions paid	(e)						
(b) Amount of sales and base			Organization						
commissions paid	(c) Amount	(d) Purpose	code						
•									
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid							
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid							
			1						
		Fees and other commissions paid	(e)						
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization						
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code						
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid							
		Tops and other commissions noid	(0)						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000						
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid							
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid							
		Fees and other commissions paid	(e)						
(b) Amount of sales and base			Organization						
commissions paid	(c) Amount	(d) Purpose	code						
•									

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Р	art	If i	<b>/elfare Benefit Contract Informa</b> more than one contract covers the same of the information may be combined for report inployees, the entire group of such individual.	group of employ ing purposes if	such contra	acts are	exp	erience-rated as a uni	. Where co	ontracts cover individual	s),
0	Dan		1 7 7 0 1	uai contracts wii	ui <del>c</del> acii cai	illei illa	y De	treated as a unit for pr	iiposes oi i	uns report.	
0	г	_	contract type (check all applicable boxes)	ь П в				7		-1 T	
	a [		n (other than dental or vision)	<b>b</b> Dental			c [	Vision		<b>d</b> Life insurance	
	е	X Temp	orary disability (accident and sickness)	f Long-ter	m disability	/	g	Supplemental unem	oloyment	<b>h</b> Prescription drug	
	i	Stop I	oss (large deductible)	j HMO cor	ntract		k	PPO contract		I Indemnity contrac	t
	m	Other	(specify)	<del></del>				_		_	
	L		· · · · · · · · · · · · · · · · · · ·								
9	Ехре	erience-r	ated contracts:								
	a i	Premium	s: (1) Amount received			9a(1	)				
		(2) Incre	ease (decrease) in amount due but unpaid	l		9a(2	)				
		(3) Incre	ease (decrease) in unearned premium res	erve		9a(3	(				
		(4) Earn	ned ( <b>(1) + (2) - (3)</b> )		<u>-</u>				9a(4)		0
	b	Benefit	charges (1) Claims paid			9b(1	)				
		(2) Incre	ease (decrease) in claim reserves			9b(2	)				
		(3) Incui	rred claims (add <b>(1)</b> and <b>(2)</b> )						9b(3)		0
		` '	ns charged						9b(4)		
	С	Remain	nder of premium: (1) Retention charges (o	n an accrual ba	sis)			1			
		(A)	Commissions			9c(1)(	_			_	
		` '	Administrative service or other fees		_	9c(1)(				_	
			Other specific acquisition costs			9c(1)(	-			_	
		` '	Other expenses		T T	9c(1)(					
		` '	Taxes		T T	9c(1)(				_	
		٠,	Charges for risks or other contingencies			9c(1)(	_			_	
		` '	Other retention charges		<u> </u>	9c(1)(			00/41/11	Λ .	0
		` '	Total retention		_		_		9c(1)(H)	)	0
			dends or retroactive rate refunds. (These				_		9c(2)		
	a		of policyholder reserves at end of year: (1						9d(1)		
		` '	m reserves						9d(2)		
	_	` '	er reserves						9d(3)		
10	<u>e</u>		ds or retroactive rate refunds due. (Do no	ot include amou	nt entered	in line 9	(2)	<b>)</b> .)	9e		
10	_	•	ence-rated contracts:	orrior					100	70	58863
	a	•	remiums or subscription charges paid to c						10a	70	30003
	b		arrier, service, or other organization incurr						10b		
	Spe		n of the contract or policy, other than reported of costs.	nteu iii Fait i, iii	ne z above	, report	anno	Juiit	100		
		,									
P	art	VF	Provision of Information								
				otion reserve	/ to =====1	to OI-	انام		Vec	X No	
11			urance company fail to provide any inform			te Sche	edule	e A /	Yes	_ NO	
12	If t	he answ	er to line 11 is "Yes," specify the informati	on not provided	l. 🕨						

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

2024

This Form is Open to Public

	pursuant to ERISA section 103(a)(2).					Inspection			
For calendar plan year 20	24 or fiscal pla	an year beginning 01/01/2024		and en	ding 12/3	31/2024			
A Name of plan				<b>B</b> Three	e-digit				
LOCKHEED MARTIN GI	ROUP BENEF	TITS PLAN		plan number (PN)			594		
				-					
C Plan sponsor's name a	ıs shown on liı	ne 2a of Form 5500		<b>D</b> Emplo	ver Identific	ation Number (	EIN)		
LOCKHEED MARTIN CO				52-1893632					
				02	.000002				
		rning Insurance Contract  A. Individual contracts grouped a							
1 Coverage Information:	1 Coverage Information:								
(a) Name of insurance ca		OF AMERICA							
(e) Approximate n				ımber of		Policy or co	ntract vear		
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	t end of	(f)	From	<b>(g)</b> To		
			policy or contrac	t year			(9)		
22-1211670	68241	23747-1	91829		01/01/202	4	12/31/2024		
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 con	nmissions paid		<b>(b)</b> To	tal amount	of fees paid			
100978 0						0			
3 Persons receiving com	missions and	fees. (Complete as many entries	s as needed to report all	persons).					
	(a) Name	and address of the agent, broker	r, or other person to who	m commiss	ions or fees	were paid			
MERCER HEALTH & BEN	IEFITS LLC		PAYSPHERE CIRCLE AGO, IL 60674						
			and other commission	no noid					
(b) Amount of sales ar commissions pa		(c) Amount	es and other commission	(d) Purpose			(e) Organization code		
commissions pa	100978		SUPPLEMENTAL COMM	``	<u> </u>		3		
	100070		SOTT ELMENTAL SOM				3		
	(a) Name	and address of the agent, broker	or other person to who	m commiss	ions or fees	were naid			
	(a) Hamo	and address of the agent, broken	, or other percent to who		10110 01 1000	Word paid			
(b) Amount of sales ar	nd base	Fe	Fees and other commissions paid			s paid			
commissions pa	id	(c) Amount		(d) Purpose	Э		(e) Organization code		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid									
	I		T						
(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							
(a) Hai	no and dadross of the agont, protect	, or other percent to wheth commissions of rece 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									
Fees and other commissions paid (e)									
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization						
commissions paid	(6) / 11110 2111	(4) 1 3.1555	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							
			T						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Б	art	II Welfare Benefit Contract Informa	tion						
	ait	If more than one contract covers the same go the information may be combined for reportion employees, the entire group of such individu	roup of employees of the	acts are e	xperience	e-rated as a unit	. Where co	ontracts	cover individual
8	Ben	efit and contract type (check all applicable boxes)		····-,			.,		
•	a 「	Health (other than dental or vision)	<b>b</b> Dental	c	Visio	n		d X ⊤	ife insurance
		」	=						
	e	Temporary disability (accident and sickness)	f Long-term disabilit	y <b>9</b>		lemental unemp	oloyment		Prescription drug
	i	Stop loss (large deductible)	j HMO contract	k	PPO	contract		I 📙 1	ndemnity contract
	m	Other (specify)							
9	Ехре	erience-rated contracts:	r						
	a I	Premiums: (1) Amount received		9a(1)			30592475		
		(2) Increase (decrease) in amount due but unpaid		9a(2)			1357923		
		(3) Increase (decrease) in unearned premium rese	erve	9a(3)					
	-	(4) Earned ((1) + (2) - (3))					9a(4)		31950398
		Benefit charges (1) Claims paid	•	9b(1)			25307918		
		(2) Increase (decrease) in claim reserves	-	9b(2)			-1378874		00000044
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )					9b(3)		23929044 23929044
	_	(4) Claims charged					9b(4)		23929044
	С	Remainder of premium: (1) Retention charges (or	-	00/4)///	<u>.                                      </u>			_	
		(A) Commissions		9c(1)(A) 9c(1)(B)				-	
		(B) Administrative service or other fees		9c(1)(C				-	
		(D) Other expenses		9c(1)(D)			1975517	-	
		(E) Taxes		9c(1)(E)			753988	_	
		(F) Charges for risks or other contingencies		9c(1)(F)			174905	_	
		(G) Other retention charges		9c(1)(G					
		(H) Total retention	•		•		9c(1)(H)	)	2904410
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	X credited	d.)	9c(2)		4061638
	d	Status of policyholder reserves at end of year: (1)	_	<u></u>			9d(1)		
		(2) Claim reserves	•				9d(2)		4131092
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	t include amount entered	in line 9c	<b>(2)</b> .)		9e		
10	No	nexperience-rated contracts:							
	а	Total premiums or subscription charges paid to ca	rrier				10a		
	b	If the carrier, service, or other organization incurre	ed any specific costs in co	onnection	with the a	cquisition or			
	_	retention of the contract or policy, other than repo	rted in Part I, line 2 above	e, report a	mount		10b		
	Spe	cify nature of costs.							
D	art l	V Provision of Information							
						П	Vac	V Na	
		I the insurance company fail to provide any informa		ete Sched	ule A?		Yes	X No	
12	! If t	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

OMB No. 1210-0110

					Inspection		
For calendar plan year 202	24 or fiscal pla	an year beginning 01/01/2024		and en	ding 12/	31/2024	•
A Name of plan LOCKHEED MARTIN GR	ROUP BENEF	TITS PLAN		B Three	e-digit number (Pl	N) •	594
C Plan sponsor's name as	s shown on lir	ne 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (I	EIN)
LOCKHEED MARTIN CO	RPORATION	I		52-	1893632		
		rning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance car PRUDENTIAL INSURANC		OF AMERICA					
	(a) NIAIC	(d) Contract or	(e) Approximate no	umber of		Policy or co	ntract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
22-1211670	68241	23748-1	42968	8 01/01/2024		24	12/31/2024
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							
36145 0						0	
3 Persons receiving comm	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	
MERCER HEALTH & BEN	EFITS LLC		PAYSPHERE CIRCLE CAGO, IL 60674				
(h) Amount of color on	d boos	F	ees and other commissio	ns paid			
(b) Amount of sales an commissions paid		(c) Amount		(d) Purpose	9		(e) Organization code
	36145		SUPPLEMENTAL COMM	MISSIONS			3
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales an	d base	F	ees and other commissio	ns paid			
commissions paid		(c) Amount		(d) Purpose	Э	(e) Organization code	

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Tops and other commissions noid	(0)					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					
commissions paid	· · · · · · · · · · · · · · · · · · ·		code					
(=) N =								
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base			Organization					
commissions paid	(c) Amount	(d) Purpose	code					
•								
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid						
			1					
		Fees and other commissions paid	(e)					
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code					
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Tops and other commissions noid	(0)					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000					
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid						
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base			Organization					
commissions paid	(c) Amount	(d) Purpose	code					
•								

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art l	III	Welfare Benefit Contract Informal If more than one contract covers the same of the information may be combined for report employees, the entire group of such individu	group ( ing pu	poses if such cont	racts are	exp	erience-rated as a un	it. Where c	ontracts	cover individual
8	Pon	ofit on	id contract type (check all applicable boxes)	uai coi	iliacis Willi Each Ca	iiiiei iiia	y De	r treated as a utilit for p	uiposes oi	uns rep	OIL.
0	_	_	, ,	<b>ь</b> П	5			٦,,,,		-1 V	
	a [	_ Hea	alth (other than dental or vision)		Dental		c [	Vision		a X	Life insurance
	е	Ter	mporary disability (accident and sickness)	f	Long-term disabili	y	g	Supplemental unem	ployment	h 📙 🛚	Prescription drug
	i	Sto	p loss (large deductible)	jΠ	HMO contract		k	PPO contract		1 🗆 1	ndemnity contract
	m	Oth	ner (specify)					_			
	L		( )								
9	Expe	erienc	e-rated contracts:								
			ums: (1) Amount received			9a(1	)		14176154		
			crease (decrease) in amount due but unpaid			9a(2					
		٠,,	crease (decrease) in unearned premium res			9a(3	)				
			arned ((1) + (2) - (3))						9a(4)		14176154
	-		efit charges (1) Claims paid			9b(1			11715282	2	
		(2) In	crease (decrease) in claim reserves			9b(2	)		221471		
		(3) In	curred claims (add (1) and (2))						9b(3)		11936753
		(4) C	laims charged						9b(4)		11936753
	С	Rem	ainder of premium: (1) Retention charges (o	n an a	ccrual basis)						
		(4	A) Commissions			9c(1)(	A)				
		(	B) Administrative service or other fees			9c(1)(	B)				
		(	C) Other specific acquisition costs			9c(1)(	_				
		(	D) Other expenses			9c(1)(			348928	<u> </u>	
		(	E) Taxes			9c(1)(			374109	)	
		(	F) Charges for risks or other contingencies			9c(1)(			162174	<u> </u>	
		(	G) Other retention charges			9c(1)(	G)				
		(	H) Total retention		<u></u>		·- <u></u> -		9c(1)(H	)	885211
		(2) D	ividends or retroactive rate refunds. (These	amou	nts were 📗 paid ir	cash, o	r 📗	credited.)	9c(2)		
	d	Statu	us of policyholder reserves at end of year: (1	) Amoı	unt held to provide	benefits	afte	r retirement	9d(1)		
		(2) C	laim reserves						9d(2)		1636050
		(3) C	other reserves						9d(3)		5097469
	е	Divid	lends or retroactive rate refunds due. (Do no	ot inclu	de amount entered	l in line <b>9</b>	)c(2)	<b>)</b> .)	9e		
10	No	nexpe	erience-rated contracts:						_		
	а	Tota	l premiums or subscription charges paid to c	arrier.					10a		
	b	If the	carrier, service, or other organization incurr	ed any	specific costs in c	onnectio	n wi	th the acquisition or			
	_		ntion of the contract or policy, other than repo	orted ir	Part I, line 2 abov	e, report	amo	ount	10b		
	Spe	cify na	ature of costs.								
P	art I	V	Provision of Information								
				=4! c ··		-4- C-1	اناما	- 40	Voc	X No	
11			nsurance company fail to provide any inform			ete Sche	aule	e A?	Yes	^ INO	
12	If t	ne an	swer 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

OMB No. 1210-0110

mumant to FDICA continue 400(a)(0)						m is Open to Public Inspection			
For calendar plan year 202	24 or fiscal pla	an year beginning 01/01/2024		and en	iding 12/3	1/2024			
A Name of plan LOCKHEED MARTIN GR	A Name of plan  LOCKHEED MARTIN GROUP BENEFITS 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 PRUDENTIAL INSURANCE		OF AMERICA							
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co			
(5) 2	code	identification number	policy or contrac		(f)	From	<b>(g)</b> To		
22-1211670	68241	23749-1	7506	7506 01/01/2024			12/31/2024		
2 Insurance fee and commodescending order of the		nation. Enter the total fees and t	otal commissions paid. Li	st in line 3	the agents, b	orokers, and ot	ther persons in		
(a) Total amount of commissions paid (b) Total amount of fees paid									
6766 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 commissi	ions or fees v	were paid			
MERCER HEALTH & BEN	EFITS LLC		5 PAYSPHERE CIRCLE CAGO, IL 60674						
(b) Amount of sales an	nd hase	F	ees and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code		
	6766	0	SUPPLEMENTAL COMM	MISSIONS			3		
	(a) Name	and address of the agent, broke	er or other person to who	m commissi	ions or fees v	were paid			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid									
(b) Amount of sales an	nd base	Ę	ees and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code		

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Tops and other commissions noid	(0)					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					
commissions paid	· · · · · · · · · · · · · · · · · · ·		code					
(=) N =								
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base			Organization					
commissions paid	(c) Amount	(d) Purpose	code					
•								
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid						
			1					
		Fees and other commissions paid	(e)					
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code					
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Tops and other commissions noid	(0)					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000					
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid						
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base			Organization					
commissions paid	(c) Amount	(d) Purpose	code					
•								

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Р	art I	Welfare Benefit Contract Information If more than one contract covers the same group the information may be combined for reporting pi employees, the entire group of such individual co	of employees of the urposes if such contra	acts are ex	xpei	rience-rated as a ui	nit. Where co	ontracts cover indi	
8	Bene	nefit and contract type (check all applicable boxes)							
	а	Health (other than dental or vision)	Dental	С	; <b></b>	Vision		<b>d</b> X Life insuran	ice
	еĪ		Long-term disability	, a	ıΠ	Supplemental uner	mnlovment	h Prescription	
	i [	Stop loss (large deductible)	HMO contract			PPO contract	прюутют	I Indemnity c	_
	m [	Other (specify)	Thire contract		, П	TT O CONTIGOR			ontraot
	L	_ Outer (speedily) /							
9	Exne	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 reserve.	Г	9a(3)					
		(4) Earned ((1) + (2) - (3))	_				9a(4)		0
	-		_	9b(1)	<u> </u>		• • • • • • • • • • • • • • • • •		
		(2) Increase (decrease) in claim reserves	-	9b(2)					
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )	_				9b(3)		0
		(4) Claims charged					21 (1)		
		Remainder of premium: (1) Retention charges (on an							
	_	(A) Commissions	·	9c(1)(A)	)			_	
		(B) Administrative service or other fees	F	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	<u> </u>	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	_	_	_				
	d		_						
	_	(2) Claim reserves	·						
		(3) Other reserves							
	е	Dividends or retroactive rate refunds due. (Do not incl							
10		pnexperience-rated contracts:	ado amount omorou		<u>(-,·,</u>		.   00		
. •		Total premiums or subscription charges paid to carrier					. 10a		2745596
	_	If the carrier, service, or other organization incurred ar							
	b	retention of the contract or policy, other than reported					. 10b		
	Spe	ecify nature of costs.		,, . op o a.				l .	
D	art I	IV Provision of Information							
			noonoonito	to Cobert	ula i		Yes	X No	
11		d the insurance company fail to provide any information		ele Schedl	uie /	٦٢	169	'Y INO	
12	it th	the answer to line 11 is "Yes," specify the information no	t proviaea. 🕨						

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

	pursuant to ERISA section 103(a)(2).						Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024							•
A Name of plan LOCKHEED MARTIN GR	ROUP BENEF	TITS PLAN		B Three	e-digit number (Pl	N) •	594
C Plan sponsor's name as	s shown on lir	ne 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (I	EIN)
LOCKHEED MARTIN CC	RPORATION	l		52-	1893632		
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:							
(a) Name of insurance car PRUDENTIAL INSURANC		OF AMERICA					
	(a) NIAIC	(d) Contract or	(e) Approximate no	umber of		Policy or co	ntract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
22-1211670	68241	43406-2	104970	104970 01/01/2024		24	12/31/2024
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							
27450 0							
3 Persons receiving comm	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
MERCER HEALTH & BEN	EFITS LLC		PAYSPHERE CIRCLE CAGO, IL 60674				
(h) Amount of color on	d boos	F	ees and other commissio	ns paid			
(b) Amount of sales an commissions paid		(c) Amount		(d) Purpose	9		(e) Organization code
	27450		SUPPLEMENTAL COMM	PPLEMENTAL COMMISSIONS		3	
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales an	d base	F	ees and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose			(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Tops and other commissions noid	(0)					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					
commissions paid	· · · · · · · · · · · · · · · · · · ·		code					
(=) N =								
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base			Organization					
commissions paid	(c) Amount	(d) Purpose	code					
•								
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid						
			1					
		Fees and other commissions paid	(e)					
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization					
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code					
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Tops and other commissions noid	(0)					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization					
commissions paid	(c) Amount	(d) Purpose	code					
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000					
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid						
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid						
		Fees and other commissions paid	(e)					
(b) Amount of sales and base			Organization					
commissions paid	(c) Amount	(d) Purpose	code					
•								

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art I	Welfare Benefit Contract Information If more than one contract covers the same ground the information may be combined for reporting employees, the entire group of such individual of	ip of employees of the purposes if such contr	acts are e	xper	ience-rated as a ι	unit. Where co	ontracts cover individu	
8	Bene	efit and contract type (check all applicable boxes)							
	а	Health (other than dental or vision) <b>b</b>	Dental	С	: $\square$	Vision		<b>d</b> X Life insurance	
	еĪ		Long-term disabilit	v a	ıቨ:	Supplemental une	employment	h Prescription dr	ua
	i [	Stop loss (large deductible)	HMO contract		' <b>=</b>	PPO contract	mpioymone	I Indemnity cont	_
	m	Other (specify)			-Ш			. 🗆as	
	∟								
9	Expe	erience-rated contracts:							
-		Premiums: (1) Amount received		9a(1)					
		(2) Increase (decrease) in amount due but unpaid		9a(2)				1	
		(3) Increase (decrease) in unearned premium reserve		9a(3)					
		(4) Earned ((1) + (2) - (3))	-				9a(4)		0
	-	Benefit charges (1) Claims paid	T .	9b(1)			<u> </u>		
		(2) Increase (decrease) in claim reserves		9b(2)					
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )	<del>-</del>				9b(3)		0
		(4) Claims charged					21 (1)		
		Remainder of premium: (1) Retention charges (on ar							
		(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 am	ounts were paid in	cash, or	cr	edited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Ar	nount held to provide I	penefits af	ter re	etirement			
		(2) Claim reserves							
		(3) Other reserves							
	е	Dividends or retroactive rate refunds due. (Do not in	clude amount entered	in line 9c	<b>(2)</b> .).				
10	No	onexperience-rated contracts:							
	а	Total premiums or subscription charges paid to carrie	er				10a		8489995
	b	If the carrier, service, or other organization incurred a	anv specific costs in co	onnection	with	the acquisition or			
		retention of the contract or policy, other than reported							
	Spe	ecify nature of costs.							
D	art I	IV Provision of Information							
			n noonaanit	oto Cob - d	ula ^		Yes	X No	
11		d the insurance company fail to provide any information		ele Schedi	uie A	۸:	169	NO INO	
12	. IT Th	he answer to line 11 is "Yes," specify the information i	ioi 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

2024

This Form is Open to Public Inspection

		pursuant to	LINIOA SECTION 103(a)(2)	1-		Inspection				
For calendar plan year 202	24 or fiscal plai	n year beginning 01/01/2024		and en	ding 12/31/2024					
A Name of plan				<b>B</b> Three	e-digit					
LOCKHEED MARTIN GR	ROUP BENEFI	TS PLAN		plan	number (PN)	594				
C Plan sponsor's name a	ıs shown on lin	e 2a of Form 5500		D Emplo	yer Identification Num	her (FIN)				
LOCKHEED MARTIN CO		6 2a 0i i 0iiii 3300		-	-1893632	ibei (Liiv)				
LOOKILLD MAKTIN OC	on on one			32-	-1093032					
		ning Insurance Contract Individual contracts grouped								
1 Coverage Information:										
(a) Name of insurance ca										
	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy	or contract year				
<b>(b)</b> EIN	code	identification number	persons covered a policy or contrac		(f) From	<b>(g)</b> To				
63-1036817	95716	65083	80		01/01/2024	12/31/2024				
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						id				
3 Persons receiving com	missions and fo	ees. (Complete as many entrie	s as needed to report all	persons).						
		ind address of the agent, brokei			ions or fees were paid					
(b) Amount of sales ar			ees and other commission							
commissions pai	id	(c) Amount		(d) Purpose	<u>e</u>	(e) Organization code				
	(-) N	and address of the state of the				•				
	(a) Name a	and address of the agent, broker	r, or other person to who	m commiss	ions or fees were paid	<u> </u>				
(b) Amount of color and	Fees and other commissions paid									
(b) Amount of sales ar commissions pai		(c) Amount		(d) Purpose	e	(e) Organization code				
•				•						

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Pa	rt I	II	Welfare Benefit Contract Informal If more than one contract covers the same the information may be combined for report	group of employees of the ing purposes if such cont	racts are exp	erience-rated	d as a unit.	. Where co	ntracts co	over individual
			employees, the entire group of such individ	ual contracts with each ca	rrier may be	treated as a	unit for pu	rposes of t	his report.	
8	3ene	_	nd contract type (check all applicable boxes)	_	_	_			_	
	a 📗	He	ealth (other than dental or vision)	<b>b</b> Dental	С	Vision			<b>d</b> Life	e insurance
	е	Те	mporary disability (accident and sickness)	f Long-term disability	y <b>g</b>	Supplemen	ntal unemp	loyment	<b>h</b> Pre	escription drug
	i Ē	Sto	op loss (large deductible)	j X HMO contract	k	PPO contra	act		I Ind	emnity contract
	m 🗍	Ot	her (specify)	_	_	_			_	
9 E	хре	riend	ce-rated contracts:							
	a F	Prem	iums: (1) Amount received		9a(1)					
		(2) Ir	ncrease (decrease) in amount due but unpaid		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)	1	0
		(2) [	Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)		9c(2)		
	d	Stat	us of policyholder reserves at end of year: (1	Amount held to provide	benefits after	r retirement		9d(1)		
		(2) (	Claim reserves					9d(2)		
		(3) (	Other reserves					9d(3)		
	е	Divi	dends or retroactive rate refunds due. (Do no	ot include amount entered	l in line <b>9c(2</b> )	<b>)</b> .)		9e		
10	Nor	nexp	erience-rated contracts:							
	а	Tota	al premiums or subscription charges paid to c	arrier				10a		1776513
	b	If the	e carrier, service, or other organization incurr	ed any specific costs in c	onnection wi	th the acquisi	ition or			
			ntion of the contract or policy, other than repo	orted in Part I, line 2 abov	e, report am	ount		10b		
,	σμεί	Siry I	eature of costs.							
Pa	rt l'	V	Provision of Information							
			insurance company fail to provide any inform	ation necessary to compl	ete Schedule	- Δ?	П	Yes	X No	
					oto concunt	· /1:			∟ .•°	
ıZ	II tr	ıe 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

2024

This Form is Open to Public

			pursuant to	ERISA section 103(a)(2)	-			Inspection	
For calendar pla	an year 202	4 or fiscal pla	n year beginning 01/01/2024		and en	ding 12/	31/2024		
A Name of plan	n				<b>B</b> Three	e-digit			
LOCKHEED M	MARTIN GR	OUP BENEF	ITS PLAN			number (PI	N) •	594	
					·		,		
C Plan sponsor	C Plan sponsor's name as shown on line 2a of Form 5500				<b>D</b> Emplo	yer Identific	cation Number (	EIN)	
LOCKHEED M	IARTIN CO	RPORATION	l		52-	1893632			
			rning Insurance Contra						
		ite Schedule /	A. Individual contracts grouped	as a unit in Parts II and II	r can be rep	ported on a	single Schedul	е А.	
1 Coverage Info	formation:								
(a) Name of ins	surance car	rier							
UPMC HEALTH									
UPING HEALTH	ICOVERA	<b>3</b> E							
		(c) NAIC	(d) Contract or	(e) Approximate no			Policy or co	ontract year	
<b>(b)</b> EIN	١	code	identification number	persons covered a		(f)	From	<b>(g)</b> To	
				policy or contrac	t year			(3)	
46-2824537		15451	008451100	184		01/01/202	24	12/31/2024	
0									
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.									
descending o			uminaiana naid		/b\ To	tal amount	of food poid		
	(a) TOTAL A	mount of con	nmissions paid		( <b>b)</b> 10	itai amount	of fees paid		
3 Persons rece	eiving comr	nissions and	fees. (Complete as many entrie	es as needed to report all	persons).				
		(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid		
								Τ	
(b) Amount	of sales an	d base	F	ees and other commission	ns paid				
commi	issions pai	b	(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	_	
		X-7	<b>,</b>	, ,			•		
(b) Amount	of colon on	d base	F	ees and other commission	ns paid				
	issions pai		(c) Amount		(d) Purpose	9		(e) Organization code	
30		-	(-)		,,			(5) 5.93241011 0040	

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art I	III Welfare Benefit Contract Informat 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 the g purposes if such conti	acts are ex	xpe	rience-rated as a ur	nit. Where co	ontracts	cover individual
8	Ben	nefit and contract type (check all applicable boxes)							
	а	Health (other than dental or vision)	<b>b</b> Dental	С	: П	Vision		d l	_ife insurance
	е	Temporary disability (accident and sickness)	f	v <b>a</b>	Ē	Supplemental uner	mplovment	h∏ı	Prescription drug
	i [	Stop loss (large deductible)	j X HMO contract	, s k	=	PPO contract		- 🗏	ndemnity contract
	m [	Other (specify)	, A rime seriador		`Ш	r r o dominadi		- □ .	naoninity ooninaot
	L	_ Guidi (speeliy) /							
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 reser		9a(3)					
		(4) Earned ((1) + (2) - (3))					9a(4)		0
	b	Benefit charges (1) Claims paid		9b(1)	T		,		
		(2) Increase (decrease) in claim reserves		9b(2)					
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )					9b(3)		0
		(4) Claims charged(2)					21 (1)		
	С	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		9c(1)(G)					
		(H) Total retention					9c(1)(H)	)	0
		(2) Dividends or retroactive rate refunds. (These a							-
	d	Status of policyholder reserves at end of year: (1)	_	_	_				
	u	(2) Claim reserves	•				•		
		(3) Other reserves							
	е	Dividends or retroactive rate refunds due. (Do not							
10		onexperience-rated contracts:	morado amount ontoroa		<u>(-/·</u> /	,	.   00		
-		Total premiums or subscription charges paid to car	rier				. 10a		4593537
	b	If the carrier, service, or other organization incurred					100		
	D	retention of the contract or policy, other than report					10b		
	Spe	ecify nature of costs.	,	-,					
D	ort I	IV Provision of Information							
	art I					F		<u> </u>	
		d the insurance company fail to provide any informa		ete Schedu	ule /	A?	Yes	X No	
12	lf tl	the answer to line 11 is "Yes," specify the information	n not provided.						

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

#### File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2024

n							n is Open to Public Inspection			
For calendar plan year 202	24 or fiscal pla	an year beginning 01/01/2024		and en	iding 12/31					
A Name of plan LOCKHEED MARTIN GR	ROUP BENEF	FITS PLAN			e-digit number (PN)	<u> </u>	594			
•	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:	1 Coverage Information:									
(a) Name of insurance carrier LIFE INSURANCE COMPANY OF NORTH AMERICA										
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co				
(5) 2	code	identification number	policy or contract		(f) F	rom	<b>(g)</b> To			
23-1503749	65498	SDJ0007632	2298	2298 01/01/2024			12/31/2024			
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										
4471					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 whor	n commissi	ions or fees w	ere paid				
MERCER HEALTH & BEN	EFITS, LLC		5 PAYSPHERE CIRCLE CAGO, IL 60674							
(b) Amount of sales ar	nd hase	F	ees and other commission	ns paid						
commissions pai		(c) Amount		(d) Purpose	e		(e) Organization code			
	4471	0	SUPPLEMENTAL COMM	MISSIONS			3			
	(a) Name	and address of the agent, broke	er or other person to whor	n commissi	ions or fees w	ere 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 base	F	ees and other commission	ns paid						
commissions pai		(c) Amount	ı	(d) Purpose			(e) Organization code			

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Р	art I	If more than one contract covers the same gr	oup of employees of the					
		the information may be combined for reportin employees, the entire group of such individua						
8	Bene	efit and contract type (check all applicable boxes)				·	•	
	аГ	_	<b>b</b> Dental	С	: □	Vision		<b>d</b> Life insurance
	e X		F ☐ Long-term disabilit		జ		olovment	h Prescription drug
	i [	Stop loss (large deductible)	i  HMO contract		י כוי	PPO contract	лоуппепі	I Indemnity contract
	m	Other (specify)		.,	`⊔	11 O contidor		I I Indominity contract
	m	_ Other (specify) •						
9	Exne	prience-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)	C
	_	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )					9b(3)	C
		(4) Claims charged					9b(4)	
	С	Remainder of premium: (1) Retention charges (on	an accrual basis)					
		(A) Commissions		9c(1)(A	.)			
		(B) Administrative service or other fees		9c(1)(B)	)			
		(C) Other specific acquisition costs		9c(1)(C)	_			
		(D) Other expenses		9c(1)(D)	_			
		(E) Taxes		9c(1)(E)	_			
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges		9c(1)(G	)			
		(H) Total retention	_	_	_		9c(1)(H)	C
		(2) Dividends or retroactive rate refunds. (These a	mounts were paid in	cash, or	С	redited.)	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)	
		Dividends or retroactive rate refunds due. (Do not	include amount entered	in line 9c	(2).	)	9e	
10		nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to car	rier				10a	597803
		If the carrier, service, or other organization incurred					10b	
		retention of the contract or policy, other than repor- cify nature of costs.	led in Part I, line 2 abov	e, report a	IIIIOI	unt	100	
	Орос	sily flatare of cools.						
Р	art l'	V Provision of Information						
11		the insurance company fail to provide any informa	tion necessary to compl	ete Schedi	ule	A? Π	Yes	X No
		ne answer to line 11 is "Yes," specify the information						<u> </u>
		io io, opoony the information	p					

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

2024

This Form is Open to Public

						Inspection			
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024									
A Name of plan				<b>B</b> Three	e-digit				
LOCKHEED MARTIN GR	ROUP BENEF	ITS PLAN		plan	number (Pl	<b>√</b> ) <b>▶</b>	594		
<b>C</b> DI .		0 (5 5500		D = .	11 (6		=1A.1\		
C Plan sponsor's name a				-	yer Identific -1893632	ation Number (I	±IN)		
LOCKHEED MARTIN CORPORATION									
Dout I Informat	ion Conso	rning Incurence Centres	t Cavaraga Fasa	and Can	missian	• Donald Linford			
		rning Insurance 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:									
Coverage information.									
(a) Name of insurance ca	rrier								
NEW YORK LIFE GROUP	INSURANCE	COMPANY OF NEW YORK							
	1		1		T				
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a			Policy or co	ntract year		
(b) LIN	code	identification number	policy or contract		(f)	From	<b>(g)</b> To		
13-2556568	64548	NYD0074268	4495	4495 01/01/202		4	12/31/2024		
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.									
		nmissions paid		<b>(b)</b> To	otal amount	of fees paid			
17199 0						0			
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all	nersons)					
• 1 crooms receiving com		and address of the agent, broke			ions or fees	were naid			
MERCER HEALTH & BEN			PAYSPHERE CIRCLE	111 00111111100	10110 01 1000	were paid			
WERGER HEALTH & BEN	ILITIO, LLO		AGO, IL 60674						
(b) Amount of sales ar	nd hase	Fe	ees and other commissio	ns paid					
commissions pai		(c) Amount		(d) Purpose			(e) Organization code		
	17199	0	SUPPLEMENTAL COM	MISSIONS			3		
	(a) Name	and address of the agent, broke	r or other nerson to who	m commiss	ions or fees	were naid			
	(u) Hamo	and address of the agent, broke	i, or other percent to who	111 00111111100	10110 01 1000	were paid			
(b) Amount of sales ar	nd hase	Fe	ees and other commissio	ns paid					
commissions pai		(c) Amount		(d) Purpose	e		(e) Organization code		
<b>'</b>		• •					· / · · ·		

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Tops and other commissions noid	(0)			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
commissions paid	· · · · · · · · · · · · · · · · · · ·		code			
(=) N =						
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base			Organization			
commissions paid	(c) Amount	(d) Purpose	code			
•						
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid				
			1			
		Fees and other commissions paid	(e)			
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization			
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Tops and other commissions noid	(0)			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
commissions paid	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000			
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid				
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(h) Amount of sales and base						
commissions paid	(c) Amount	(d) Purpose	Organization code			
•						

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Pa	art I	Welfare Benefit Contract Information   If more than one contract covers the same group of	f employees of the s	ame emnlo	over(s) or members of	the same e	mnlovee organizations(s)
		the information may be combined for reporting purplemployees, the entire group of such individual confidence.	poses if such contrac	cts are expe	érience-rated as a unit	. Where co	ontracts cover individual
8	Bene	nefit and contract type (check all applicable boxes)					
	a	Health (other than dental or vision)	Dental	С	Vision		<b>d</b> Life insurance
	e 🔀	X Temporary disability (accident and sickness) <b>f</b>	Long-term disability	g	Supplemental unem	oloyment	<b>h</b> Prescription drug
	i 🗖	Stop loss (large deductible) j	HMO contract	k	PPO contract		I Indemnity contract
	m	☐ Other (specify) ▶ PAID FAMILY LEAVE					_
<b>9</b> E	Ехре	perience-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 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 ac					
		(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	<u> </u>	9c(1)(G)			
		(H) Total retention	_	_		9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These amour	its were paid in c	ash, or 📗 o	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amou	nt held to provide be	enefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
		Dividends or retroactive rate refunds due. (Do not include	de amount entered ir	n line <b>9c(2)</b> .	.)	9e	
10	Nor	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to carrier				10a	1989859
		, , ,				10h	
		retention of the contract or policy, other than reported in ecify nature of costs.	Part I, line 2 above,	report amo	ount	10b	
	Opec	ecity nature of costs.					
_		Drawinian of Information					
	rt l'						
11	Did	id the insurance company fail to provide any information n	ecessary to complete	e Schedule	A?	Yes	X No
12	If th	the answer to line 11 is "Yes," specify the information not	provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

#### File as an attachment to Form 5500.

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

	<u> </u>	<u>'</u>	ERISA section 103(a)(2)	<u> -</u>			Inspection
For calendar plan year	2024 or fiscal pla	n year beginning 01/01/2024		and en	ding 12/3	31/2024	
A Name of plan				<b>B</b> Three	e-digit		
LOCKHEED MARTIN	GROUP BENEFI	TS PLAN		plan	number (PI	N) •	594
C Plan sponsor's nam	e as shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number	(EIN)
LOCKHEED MARTIN	CORPORATION			52-	-1893632		
		rning Insurance Contrac  Lindividual contracts grouped a					
1 Coverage Informatio	n:						
(a) Name of insurance METROPOLITAN LIFE		MPANY					
	(c) NAIC	(d) Contract or	(e) Approximate no			Policy or c	ontract year
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
13-5581829	65978	1840000	5		01/01/202	4	12/31/2024
	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 co	ommissions and f	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	and address of the agent, broker	, or other person to who	m commiss	ions or fees	were paid	
							1
(b) Amount of sales			es and other commission				
commissions	paid	(c) Amount		(d) Purpose	е		(e) Organization code
	(a) Name a	and address of the agent, broker	or other person to who	m commiss	ions or fees	were naid	
	(a) Name a	and address of the agent, broker	, or other person to who	III COIIIIII33	10113 01 1003	were paid	
(h) Amazzat af a al-	and has	Fe	es and other commission	ns paid			
(b) Amount of sales and base						(e) Organization code	
	`	` '		., ,			(,, - )

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Tops and other commissions noid	(0)			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
commissions paid	· · · · · · · · · · · · · · · · · · ·		code			
(=) N =						
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base			Organization			
commissions paid	(c) Amount	(d) Purpose	code			
•						
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid				
			1			
		Fees and other commissions paid	(e)			
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization			
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Tops and other commissions noid	(0)			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000			
(a) Nov	me and address of the agent broken	ar other nersen to whom commissions or feed were noid				
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(h) Amount of sales and base						
commissions paid	(c) Amount	(d) Purpose	Organization code			
•						

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art	If more than one contract covers the same group of employees of the				
		the information may be combined for reporting purposes if such con employees, the entire group of such individual contracts with each				
8	Ben	efit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision) <b>b</b> Dental	С	Vision		<b>d</b> X Life insurance
	еĪ	Temporary disability (accident and sickness) <b>f</b> Long-term disab	ility a	Supplemental unem	plovment	h Prescription drug
	i [	Stop loss (large deductible)  j HMO contract		PPO contract		I  Indemnity contract
	m	Other (specify)	<u>L</u>	1		<b>□</b> ,
	L					
9	Ехре	erience-rated contracts:				
	а	Premiums: (1) Amount received	9a(1)			
		(2) Increase (decrease) in amount due but unpaid	9a(2)			
		(3) Increase (decrease) in unearned premium reserve	9a(3)			
		(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				
		(B) Administrative service or other fees				_
		(C) Other specific acquisition costs	0 (4)(D)			4
		(D) Other expenses				_
		(E) Taxes	. (1)(=)			_
		(F) Charges for risks or other contingencies				
		(H) Total retention			9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These amounts were paid				
	a		_		9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide			9d(1) 9d(2)	
		(2) Claim reserves			9d(2)	
	е	Dividends or retroactive rate refunds due. (Do not include amount entere			9a(3)	
10		enexperience-rated contracts:	54 III III 6 55(2)	.)	J 30	
	а	Total premiums or subscription charges paid to carrier			10a	365
	b	If the carrier, service, or other organization incurred any specific costs in				
		retention of the contract or policy, other than reported in Part I, line 2 abo			10b	
	Spe	ecify nature of costs.	,			-
_						
	art			<u></u>		
11	Dio	d the insurance company fail to provide any information necessary to com	plete Schedule	A?	Yes	X No
12	If t	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

OMB No. 1210-0110

2024

pursuant to ERISA section 103(a)(2).  This Form is Open to Public Inspection							
For calendar plan year 20	24 or fiscal pla	an year beginning 01/01/2024		and en	ding 12/3	1/2024	
A Name of plan LOCKHEED MARTIN GI	A Name of plan  LOCKHEED MARTIN GROUP BENEFITS PLAN				e-digit number (PN	) <b>•</b>	594
•	C Plan sponsor's name as shown on line 2a of Form 5500  LOCKHEED MARTIN CORPORATION  D Employer Identification Number (EIN 52-1893632					EIN)	
		rning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca		TH AMERICA					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co	ontract year
(b) EIN	code	identification number	policy or contrac		(f)	From	<b>(g)</b> To
23-1503749	65498	LK 0100000	106		01/01/2024	1	12/31/2024
2 Insurance fee and com descending order of the		nation. Enter the total fees and t	otal commissions paid. L	st in line 3	the agents, b	orokers, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
		53					0
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
MERCER HEALTH & BEN	EFITS, LLC		5 PAYSPHERE CIRCLE CAGO, IL 60674				
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	e		(e) Organization code
	53	0	SUPPLEMENTAL COMM	MISSIONS			3
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
						·	
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	е		(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
	I		T		
(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			
(a) Hai	no and dadross of the agont, protect	, or other percent to wheth commissions of rece 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			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(6) / 11110 1111	(4) 1 3.1555	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			
			T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Р	art I	III Welfare Benefit Contract Information If more than one contract covers the same group of e the information may be combined for reporting purpos employees, the entire group of such individual contract	ses if such contracts	are exp	perience-rated as a u	ınit. Where co	ontracts cover individual	
8	Bene	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision) <b>b</b> De	ntal	С	Vision		<b>d</b> Life insurance	
	e >		ng-term disability	g	∃ │ Supplemental une	mnlovment	h Prescription drug	
	i [		O contract	ອ L k ົ		трюутют	I Indemnity contract	
	m [	Other (specify)	o contract	[			I I Indemnity contract	
		Until (specify)						
9	Eyne	erience-rated contracts:						_
9		Premiums: (1) Amount received	Q	a(1)				
		(2) Increase (decrease) in amount due but unpaid		1(2)				
		(3) Increase (decrease) in unearned premium reserve		1(2) 1(3)				
		(4) Earned ((1) + (2) - (3))				9a(4)		0
	-			(1)		Ja(+)		Ť
		(2) Increase (decrease) in claim reserves		)(2)				
		(3) Incurred claims (add (1) and (2))		• •		9b(3)		0
						(1)		Ť
		(4) Claims charged				35(4)		
	C		· · · · · · · · · · · · · · · · · · ·	1)(A)				
		(A) Commissions						
		(B) Administrative service or other fees		1)(B) 1)(C)				
		(C) Other specific acquisition costs		1)(D)				
		(D) Other expenses		1)(E)				
		(E) Taxes		<u>',(∟)</u> 1)(F)				
		(F) Charges for risks or other contingencies		1)(G)				
		(G) Other retention charges				00/41/11		0
		(H) Total retention		_			1	_
		(2) Dividends or retroactive rate refunds. (These amounts	_					
	d	Status of policyholder reserves at end of year: (1) Amount	neld to provide benef	its afte	r retirement			
		(2) Claim reserves						
		(3) Other reserves				9d(3)		
		Dividends or retroactive rate refunds due. (Do not include	amount entered in lir	e <b>9c(2</b>	<b>)</b> .)	<b>9e</b>		
10	No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to carrier				10a	711	18
	b	If the carrier, service, or other organization incurred any sp	ecific costs in connec	tion wi	th the acquisition or			
		retention of the contract or policy, other than reported in Pa	rt I, line 2 above, rep	ort am	ount	10b		_
	Орек	ecify nature of costs.						
Р	art I	IV Provision of Information						_
11		d the insurance company fail to provide any information nece	essary to complete S	chedul	e A?	Yes	X No	
		the answer to line 11 is "Yes," specify the information not pro		<b>J</b> uli			<u> </u>	_
		, _p,						

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

2024

pursuant to ERISA section 103(a)(2).						nspection	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/3					31/2024	•	
A Name of plan LOCKHEED MARTIN GR	ROUP BENEF	TITS PLAN		B Three	e-digit number (P	N) <b>•</b>	594
C Plan sponsor's name a	s shown on lir	ne 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (I	EIN)
LOCKHEED MARTIN CO	RPORATION	I		52-	1893632		
		rning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance cal		TH AMERICA					
	(a) NIAIC	(d) Controlt on	(e) Approximate n	umber of		Policy or co	ntract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	at end of	(f)	From	<b>(g)</b> To
23-1503749	65498	TDI0001120	217		01/01/202	24	12/31/2024
	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							
	144 0					0	
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
MERCER HEALTH & BEN	EFITS, LLC		5 PAYSPHERE CIRCLE CAGO, IL 60674				
(h) Amount of color on	d boos	F	ees and other commission	ns paid			
(b) Amount of sales an commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code
	144	0	SUPPLEMENTAL COM	MISSIONS			3
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales an	d base	F	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art	lf th	Velfare Benefit Contract Information more than one contract covers the same one information may be combined for report mployees, the entire group of such individual	group ng pu	of employees of the rposes if such cont	racts are	exp	perience-rated as a uni	it. Where co	ontracts cover individual	),
•	Don		1 7 7	iai co	Titlacis with each ca	airi <del>c</del> i iiia	iy be	tileated as a utilit for p	uiposes oi	uns report.	
0	Г	_	contract type (check all applicable boxes)		5		_ F	٦,,,,		a 🗆	
	a [	_	h (other than dental or vision)	ם 🗆	Dental		C	Vision		<b>d</b> Life insurance	
	е	X Temp	porary disability (accident and sickness)	f	Long-term disabili	ty	g	Supplemental unem	ployment	<b>h</b> Prescription drug	
	i	Stop	loss (large deductible)	jΠ	HMO contract		k	PPO contract		I Indemnity contract	t
	m	Othe	r (specify)					_		<del>_</del>	
	L										
9	Expe	erience-	rated contracts:								
	a	Premiun	ns: (1) Amount received			9a(1	l)				
		(2) Incr	ease (decrease) in amount due but unpaid			9a(2	2)				
		(3) Incr	ease (decrease) in unearned premium res	erve		9a(3	3)				
		(4) Earı	ned ( <b>(1)</b> + <b>(2)</b> - <b>(3)</b> )						9a(4)		0
	b	Benefit	charges (1) Claims paid			9b(1	)				
		(2) Incr	ease (decrease) in claim reserves			9b(2	2)				
		(3) Incu	ırred claims (add <b>(1)</b> and <b>(2)</b> )						9b(3)		0
		` '	ms charged						9b(4)		
	С	Remail	nder of premium: (1) Retention charges (o	n an a	ccrual basis)						
		(A)	Commissions			9c(1)(					
		٠,	Administrative service or other fees			9c(1)(					
			Other specific acquisition costs			9c(1)(					
		` '	Other expenses			9c(1)(					
		` '	Taxes			9c(1)(				_	
		٠,	Charges for risks or other contingencies			9c(1)(				_	
		` '	Other retention charges			9c(1)(			00/41/11	\	0
		` '	Total retention		_		_		9c(1)(H	)	0
			idends or retroactive rate refunds. (These		<u></u>				9c(2)		
	a		of policyholder reserves at end of year: (1						9d(1)		
		. ,	im reserves						9d(2)		
	_	(-)-	er reserves						9d(3)		
10	e Na		nds or retroactive rate refunds due. (Do no	t incii	ide amount entere	ın iine s	9C(2	<u>)</u> .)	9e		
10	_		ence-rated contracts:	arriar					100		19432
	a		remiums or subscription charges paid to c						10a		19432
	b		arrier, service, or other organization incurr						10b		
	Spe		on of the contract or policy, other than repo ure of costs.	n teu i	TT art i, line 2 abov	e, report	Laiii	ount	100		
		<b>,</b>									
P	art	V	Provision of Information								
				oti - ··		lota O - I	ار داد		Vec	X No	
11			surance company fail to provide any inform			iete Sche	edule	e A ?	Yes	NO INO	
12	2 If 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

2024

This Form is Open to Public Inspection

			pursuant to	ERISA section 103(a)(2)	l			Inspection	
For calendar plan ye	ar 2024 or fis	cal pla	n year beginning 01/01/2024		and en	ding 12/3	31/2024		
A Name of plan					<b>B</b> Three	e-digit			
LOCKHEED MART	IN GROUP E	ENEF	ITS PLAN		plan	number (Pl	N) •	594	
C Plan sponsor's na	ame as show	n on lir	ne 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (	EIN)	
LOCKHEED MART	IN CORPOR	AOITA	I		52-	1893632			
			rning Insurance Contract  A. Individual contracts grouped a						
1 Coverage Informa	ition:								
(a) Name of insuran		URAN	CE COMPANY						
	(c)	NAIC	(d) Contract or	(e) Approximate no			Policy or co	ontract year	
(D) FIN   ` '		de	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To	
59-0781901	60534		G0846	1 01/01/2024		4	12/31/2024		
2 Insurance fee and descending order	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) <sup>7</sup>	(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving			fees. (Complete as many entrie						
	(a)	lame	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	were paid		
(b) Amount of sa	les and base		Fe	ees and other commissio	ns paid				
commission			(c) Amount		(d) Purpose			(e) Organization code	
	(a)	lama	and address of the agent broke	r or other person to who		iono or food	ware noid		
	(a)	vame	and address of the agent, broker	r, or other person to who	II COMMISS	ions or rees	were paid		
(b) Amount of sales and base Fees and other commissions paid									
commission		Ī	(c) Amount		(d) Purpose			(e) Organization code	
			, ,						

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Pa	art I	Welfare Benefit Contract Information If more than one contract covers the same group of em the information may be combined for reporting purpose employees, the entire group of such individual contract	s if such contracts	are expe	erience-rated as a	unit. Where cor	ntracts cover indi	
8	Bene	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision) <b>b</b> Dent	tal	С	Vision	•	<b>d</b> X Life insuran	ce
	еĒ	Temporary disability (accident and sickness) <b>f</b> Long	g-term disability	g	Supplemental ui	nemployment I	h Prescription	ı drug
	ιĖ		) contract		PPO contract	. ,	I Indemnity c	-
	~ ∟		Contract		T T O CONTIGOR			ontraot
	m [	Other (specify)						
9 1	Evno	pariance rated contracts:						
_	•	erience-rated contracts:  Premiums: (1) Amount received		a(1)			-	
		(2) Increase (decrease) in amount due but unpaid		a(1)				
		(3) Increase (decrease) in amount due but dispaid		a(2)				
		(4) Earned ((1) + (2) - (3))				9a(4)		0
	-			b(1)		9a(4)		
		(2) Increase (decrease) in claim reserves						
						9b(3)		0
		(3) Incurred claims (add (1) and (2))				9b(4)		
		(4) Claims charged				JD( <del>1</del> )		
	C	(A) Commissions		(1)(A)				
		(B) Administrative service or other fees		(1)(B)			_	
		(C) Other specific acquisition costs		(1)(C)				
		(D) Other expenses		(1)(D)				
		(E) Taxes		(1)(E)				
		(F) Charges for risks or other contingencies		(1)(F)				
		(G) Other retention charges						
		(H) Total retention		•		9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These amounts w	_					
	d	Status of policyholder reserves at end of year: (1) Amount he						
	u	(2) Claim reserves	•			· · · · ·		
		(3) Other reserves						
	е	Dividends or retroactive rate refunds due. (Do not include ar						
10		onexperience-rated contracts:	mount entered in i	ine 30(2).	.)	36		
		Total premiums or subscription charges paid to carrier				10a		432
	_							102
	b	If the carrier, service, or other organization incurred any spec retention of the contract or policy, other than reported in Part	t I line 2 above re	nort amo	n trie acquisition c	10b		
	Spe	ecify nature of costs.	1, 1110 2 450 0, 10	portarrio			<u>I</u>	
D-	nrt I	IV Provision of Information						
	art I						V N-	
		id the insurance company fail to provide any information neces		Schedule	A?	Yes	X No	
12	If th	the answer to line 11 is "Yes," specify the information not provi	ided. 🕨					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Insurance Information**

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

#### File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2024

This Form is Open to Public

				ERISA section 103(a)(2)	<u> -</u>			Inspection		
For calendar plan	n year 202	24 or fiscal pla	an year beginning 01/01/2024		and en	ding 12/3	31/2024			
A Name of plan					<b>B</b> Three	e-digit				
LOCKHEED MA	ARTIN GR	OUP BENEF	FITS PLAN		plan	number (PN	<b>√</b> ) <b>▶</b>	594		
C Plan sponsor's	's name as	s shown on li	ne 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (	EIN)		
LOCKHEED MA	ARTIN CO	RPORATION	I		52-	1893632				
			rning Insurance Contract  A. Individual contracts grouped							
1 Coverage Information:										
(a) Name of insu			OF THE NORTHWEST							
		(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	<b>(g)</b> To		
93-0798039		95540	21201	16 01/01/2		01/01/202	4	12/31/2024		
2 Insurance fee descending ord	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 receiv	iving comr		fees. (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	of sales an	d base	Fe	es and other commissio	ns paid					
` '	ssions paid		(c) Amount		(d) Purpose			(e) Organization code		
		(a) Name	and address of the exect builting	e or other names to take	m 00m===!c=	iono or face	wore noid			
		(a) Name	and address of the agent, broke	r, or other person to who	m commiss	ions or iees	were paid			
(b) Amount of sales and base Fees and other commissions paid										
	or sales an ssions paid		(c) Amount		(d) Purpose			(e) Organization code		
	,		, ,							

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

F	Part I	If more the	e Benefit Contract Information one contract covers the same mation may be combined for reportes, the entire group of such individ	group	p of employees of ourposes if such co	ontracts are	exp	erience-rated as a u	nit. Where co	ontracts cover in	
8	Bene	fit and contrac	t type (check all applicable boxes)								
	а		r than dental or vision)		Dental		сΓ	Vision		d Life insur	ance
	느					hilitu	_	<u>-</u>	malaymant	=	
	e _	. ,	lisability (accident and sickness)	1 [		Dility	g		прюутен	h Prescript	-
	1	Stop loss (la	rge deductible)	J	HMO contract		k _	PPO contract		I Indemnit	/ contract
	m	Other (specif	fy) 🕨								
		-									
9	Expe	ience-rated co	ontracts:								
	<b>a</b> P	remiums: (1) A	Amount received			9a(1	)				
	(	2) Increase (d	ecrease) in amount due but unpaid	d		9a(2	)				
	(	3) Increase (d	ecrease) in unearned premium res	erve		9a(3	)				
	(	4) Earned ( <b>(1)</b>	+ <b>(2)</b> - <b>(3)</b> )			<u></u>			9a(4)		0
	b	Benefit charge	es (1) Claims paid			9b(1	)				
	(	2) Increase (d	ecrease) in claim reserves			9b(2	)				
	(	3) Incurred cla	aims (add <b>(1)</b> and <b>(2)</b> )						. 9b(3)		0
	(	4) Claims cha	rged						. 9b(4)		
	С	Remainder of	premium: (1) Retention charges (o	n an	accrual basis)						
		(A) Commi	issions			9c(1)(	A)				
		(B) Admini	strative service or other fees			9c(1)(	B)				
			specific acquisition costs			0 (4)/	C)				
		(D) Other	expenses			9c(1)(	D)				
		(E) Taxes.				. 9c(1)(	E)				
		(F) Charge	es for risks or other contingencies.			9c(1)(	F)				
		. ,	retention charges			- (1)	G)				
		(H) Total re	etention						. 9c(1)(H)	)	0
		` '	or retroactive rate refunds. (These		_						
			yholder reserves at end of year: (1					· ·	(- /		
			rves	•	•				• • •		
		` '	rves								
		` '	etroactive rate refunds due. (Do n								
10	_	experience-ra	,	ot inc	duce amount ente	ieu iii iiile s	/C(Z)	J.)	.   36		
		•	is or subscription charges paid to c	arrie	r				. 10a		226560
	_								. 10a		220000
	b		ervice, or other organization incur e contract or policy, other than rep						10b		
	Spec	ify nature of co		Jiteu	iii aiti, iiie 2 ac	ove, report	anno	Juiit	. 105		
	-	<b>,</b>									
P	art I	/ Provis	sion of Information								
11	<b>1</b> Did	the insurance	company fail to provide any inform	<u>ati</u> or	n necessary to cor	nplete Sche	<u>du</u> le	e A?	Yes	X No	
12	2 If th	e answer to lin	ne 11 is "Yes," specify the informati	on n	ot 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

2024

This Form is Open to Public Inspection

		P 41. 0 44. 11. 13					inspection
For calendar plan year 20	24 or fiscal pla	an year beginning 01/01/2024		and en	ding 12/31/2024	1	
A Name of plan LOCKHEED MARTIN GR	ROUP BENEF	TITS PLAN		<b>B</b> Three	e-digit number (PN)	<u> </u>	594
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		<b>D</b> Emplo	yer Identification N	umber (	EIN)
LOCKHEED MARTIN CO	ORPORATION	I		-	-1893632	·	ŕ
		rning Insurance Contract  A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca		OF GEORGIA, INC.					
	(c) NAIC	(d) Contract or	(e) Approximate n		Pol	icy or co	entract year
(b) EIN (c) NA code		identification number	persons covered a policy or contract		(f) From		<b>(g)</b> To
58-1592076 96237		10306	265		01/01/2024		12/31/2024
2 Insurance fee and com- descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, brokers	s, and ot	her persons in
(a) Total a	amount of con	nmissions paid		<b>(b)</b> To	otal 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 p	aid	
(b) Amount of sales ar	nd base	F	ees and other commissio				
commissions pa	id	(c) Amount		(d) Purpose	е		(e) Organization code
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were p	aid	
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid			
commissions pa		(c) Amount			(e) Organization code		

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =		th	
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to whom commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art I	Welfare Benefit Contract Informat If more than one contract covers the same gi		e same em	olar	over(s) or members of	the same e	mplovee organizations(s).
		the information may be combined for reportir employees, the entire group of such individual	ng purposes if such cont	racts are e	· expe	erience-rated as a unit	t. Where co	ontracts cover individual
8	Bene	efit and contract type (check all applicable boxes)				· · · · · ·	<u>'</u>	<u>'</u>
	аΓ		<b>b</b> Dental	c	: [	Vision		d Life insurance
	e [		<b>f</b> ☐ Long-term disabilit		느	1 1	nlovmont	h Prescription drug
	: [		_ 📙		) <u> </u>	1	pioyment	
	' L		j X HMO contract	r	<b>(</b>	PPO contract		I Indemnity contract
	m	Other (specify)						
0	Evno							
		erience-rated contracts: Premiums: (1) Amount received		9a(1)				
		• •		9a(1)				
		(2) Increase (decrease) in amount due but unpaid		9a(2)				
		(3) Increase (decrease) in unearned premium rese		· · · ·			02/4)	0
	-	(4) Earned ((1) + (2) - (3))		9b(1)	<del></del>		9a(4)	
		Benefit charges (1) Claims paid						
		(2) Increase (decrease) in claim reserves					0h/3)	0
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )					9b(3)	
		(4) Claims charged					9b(4)	
	С		•	00/1)/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)	· · · · · · · · · · · · · · · · · · ·
		(2) Dividends or retroactive rate refunds. (These a		<u> </u>	_		9c(2)	
	d	Status of policyholder reserves at end of year: (1)	•				9d(1)	
		(2) Claim reserves					9d(2)	
		(3) Other reserves					9d(3)	
40		Dividends or retroactive rate refunds due. (Do not	include amount entered	l in line <b>9c</b>	(2)	.)	9e	
10		nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to ca	rrier				10a	2601467
	b	If the carrier, service, or other organization incurre					401	
	Sno	retention of the contract or policy, other than repor-	ted in Part I, line 2 abov	e, report a	amo	ount	10b	
	Spe	cify nature of costs.						
P	art I	IV Provision of Information						
11		d the insurance company fail to provide any informa	ition necessary to compl	ete Sched	عاررا	А? П	Yes	X No
		he answer to line 11 is "Yes," specify the information		olo odneu	uic	/X:		<u> </u>
14	11 (1	he answer to line it is ites, specify the informatio	n not provided. 🔻					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

#### File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2024

pursuant to ERISA section 103(a)(2).  This Form is Open to Pursuant to ERISA section 103(a)(2).					•		
For calendar plan year 202	24 or fiscal pla	an year beginning 01/01/2024		and en	ding 12/3	1/2024	
A Name of plan LOCKHEED MARTIN GR	A Name of plan  LOCKHEED MARTIN GROUP BENEFITS 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 (E 52-1893632					EIN)	
		erning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca		OF THE MID-ATLANTIC STAT	·				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a		(0)		ontract year
	code	identification number	policy or contrac		(†)	From	<b>(g)</b> To
52-0954463	95639	24776	380		01/01/2024	l .	12/31/2024
2 Insurance fee and communication descending order of the		nation. Enter the total fees and t	otal commissions paid. Li	st in line 3	the agents, b	orokers, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
15180 0				0			
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 v	were paid	
CONDUENT SECURITIES	LLC	WEV	LEXINGTON AVE WORK 4TH FLOOR V YORK, NY 10017				
(b) Amount of sales ar	nd hase	F	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code
15180							3
	(a) Name	and address of the agent, broke	er or other person to who	m commissi	ions or fees v	were paid	
	(a) Hamo	and address of the agont, proceeding	n, c. card, percent to mic.	<u> </u>	10110 01 1000	riere para	
(b) Amount of sales ar	(b) Amount of sales and base Fees and other commissions paid						
commissions pai		(c) Amount		(d) Purpose	e		(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Pa	art III	Welfare Benefit Contract Inform	ation					
		If more than one contract covers the same the information may be combined for repor employees, the entire group of such individ	ing purposes if such con	tracts are expe	erience-rated as a un	it. Where co	ontracts cover individu	
8	Benef	it and contract type (check all applicable boxes)						
	а□	Health (other than dental or vision)	<b>b</b> Dental	с	Vision		<b>d</b> Life insurance	
	е □	Temporary disability (accident and sickness)	f ☐ Long-term disabil	_	Supplemental unem	nlovment	h Prescription dr	ua
	` ¦					рюутст	<u> </u>	_
	'. ⊣	Stop loss (large deductible)	j X HMO contract	k	PPO contract		I Indemnity control	act
	m _	Other (specify)						
<u> </u>		and the description of the second of the sec						
		ence-rated contracts:		0-(4)			_	
		emiums: (1) Amount received		9a(1)			+	
		2) Increase (decrease) in amount due but unpaid		9a(2) 9a(3)				
		Increase (decrease) in unearned premium res				02(4)		0
		4) Earned ( <b>(1) + (2) - (3)</b> ) Benefit charges (1) Claims paid				9a(4)		
		2) Increase (decrease) in claim reserves					_	
	,	B) Incurred claims (add <b>(1)</b> and <b>(2)</b> )				9b(3)		0
		l) Claims charged				9b(4)		
	,	Remainder of premium: (1) Retention charges (c				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)			7	
		(E) Taxes		9c(1)(E)				
		(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	_			9d(1)		
		2) Claim reserves	•			9d(2)		
	•	3) Other reserves				9d(3)		
	,	Dividends or retroactive rate refunds due. (Do n				9e		
10		experience-rated contracts:			,	•		
	<b>a</b> T	otal premiums or subscription charges paid to o	arrier			10a		2871653
	<b>b</b> II	f the carrier, service, or other organization incur	red any specific costs in o	connection witl	h the acquisition or			
	r	etention of the contract or policy, other than rep				10b		
	Speci	fy nature of costs.						
	art IV				<del></del>	1		
11	Did t	he insurance company fail to provide any inforn	nation necessary to comp	lete Schedule	A?	Yes	X No	
12	If the	e answer to line 11 is "Yes," specify the informat	ion not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Insurance Information**

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

#### File as an attachment to Form 5500.

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

OMB No. 1210-0110

2024

		parodoni to	=:, : : : : : : : : : : : : : : : :			inspection		
For calendar plan year 202	24 or fiscal pla	n year beginning 01/01/2024		and en	ding 12/31/2024			
A Name of plan				<b>B</b> Three	e-digit			
LOCKHEED MARTIN GROUP BENEFITS PLAN				plan	number (PN)	594		
				,	, ,			
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identification Nur	mber (EIN)		
LOCKHEED MARTIN CO				-	- -1893632	,		
				02	1000002			
Part I Informat	ion Conce	rning Insurance Contra	ct Coverage Fees	and Con	missions Drovide	o information for each contract		
		Individual contracts grouped						
	ate ochedule F	t. Individual contracts grouped	as a unit in r arts ir and ir	r carr be re	ported on a single oc	TICCUIC A.		
1 Coverage Information:								
(a) Name of income								
(a) Name of insurance ca								
CIGNA HEALTH AND LIF	E INSURANCE	COMPANY						
	ı	T	(-) A		Delle			
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			y or contract year		
(b) EII1	code	identification number	policy or contrac		(f) From	<b>(g)</b> To		
				. ,	0.1/0.1/0.001			
59-1031071	67369	2500544/3341110	5052		01/01/2024	12/31/2024		
•								
		ation. Enter the total fees and to	otal commissions paid. L	st in line 3	the agents, brokers,	and other persons in		
descending order of the			1					
(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).								
3 Persons receiving com		<u> </u>	•					
	(a) Name a	and address of the agent, broke	r, or other person to who	n commiss	ions or fees were pai	<u>.d</u>		
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pai		(c) Amount						
commissions par	· ·	(c) / unount		(u) i uipoo	<u> </u>	(e) Organization code		
	(a) Name a	and address of the agent, broke	er or other person to who	n commiss	ions or fees were pai	id		
	(0.7		.,			<del> </del>		
(b) Amount of sales and base Fees and other commissions paid								
commissions pai		(c) Amount	(d) Purpose			(e) Organization code		

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Pa	art II	Welfare Benefit Contract Informa	tion					
		If more than one contract covers the same of						
		the information may be combined for reporti employees, the entire group of such individu						
8	Rene	fit and contract type (check all applicable boxes)						
	a 「	Health (other than dental or vision)	<b>b</b> X Dental	c٦	Vision		<b>d</b> Life insurance	
	_			<u>_</u>	<b>-</b>			
	e	Temporary disability (accident and sickness)	f Long-term disabilit		Supplemental unen	npioyment	h Prescription drug	
	ا ا _	Stop loss (large deductible)	j HMO contract	K	PPO contract		I Indemnity contract	
	m	Other (specify)						
							T	
9	Expe	rience-rated contracts:			1		_	
		remiums: (1) Amount received		9a(1)			_	
		2) Increase (decrease) in amount due but unpaid		9a(2)				
		3) Increase (decrease) in unearned premium res		9a(3)		1		
		(4) Earned ( <b>(1) + (2) - (3)</b> )				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	n an accrual basis)		1			
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges				2 (4)(1)		
		(H) Total retention				9c(1)(H)	1	0
		(2) Dividends or retroactive rate refunds. (These	amounts were  paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits afte	r retirement	_ ` _		
		(2) Claim reserves						
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	t include amount entered	l in line <b>9c(2</b>	<u>)</u> .)	9e		
10	Nor	experience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			10a	1944	1543
		If the carrier, service, or other organization incurr				401		
		retention of the contract or policy, other than repo	rted in Part I, line 2 abov	e, report am	ount	10b		
	Spec	ify nature of costs.						
Pa	art I	Provision of Information						
11	Did	the insurance company fail to provide any inform	ation necessary to compl	ete Schedule	e A?	Yes	X No	
12	If th	e answer to line 11 is "Yes " specify the information	on not provided					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

#### File as an attachment to Form 5500.

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

OMB No. 1210-0110

2024

		parodant to	=: :: : : : : : : : : : : : : : : : : :			mspection	
For calendar plan year:	2024 or fiscal pla	n year beginning 01/01/2024		and en	nding 12/31/2024		
A Name of plan LOCKHEED MARTIN	GROUP BENEF	ITS PLAN			e-digit number (PN)	594	
C Plan sponsor's name	e as shown on lir	e 2a of Form 5500		<b>D</b> Emplo	yer Identification Numb	er (EIN)	
LOCKHEED MARTIN	CORPORATION			52-	-1893632		
		rning Insurance Contract  A. Individual contracts grouped					
1 Coverage Informatio	n:						
(a) Name of insurance VISION SERVICE PLAN							
# N =	(c) NAIC	(d) Contract or	(e) Approximate no		Policy o	r contract year	
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f) From	<b>(g)</b> To	
23-7089668	53031	30077627	81187		01/01/2024	12/31/2024	
2 Insurance fee and codescending order of t		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	d other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons receiving co	mmissions and t	ees. (Complete as many entrie	s as needed to report all	persons).			
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid		
(b) Amount of sales	and base	Fe	ees and other commissio	ns paid			
commissions	paid	(c) Amount		(d) Purpos	e	(e) Organization code	
	(a) Nome	and address of the agent, broke	r or other person to what	m commics	ione or foos wore noid		
	(a) Name a	and address of the agent, broke	i, or other person to who	III COIIIIIISS	ions or rees were paid		
(b) Amount of sales	(b) Amount of sales and base Fees and other commissions paid						
commissions		(c) Amount		(d) Purpos	е	(e) Organization code	

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Pa	Part III Welfare Benefit Contract In	formation				
	If more than one contract covers the					
	the information may be combined fo employees, the entire group of such					
8			illei illay be	treated as a unit for po	iposes or ti	по терот.
			• 🔽	No. i		al 🗆 1 (c. )
	a ∐ Health (other than dental or vision)	<b>b</b> Dental		Vision		d Life insurance
	e Temporary disability (accident and sickr	ness) <b>f</b> Long-term disability		Supplemental unemp	loyment	h Prescription drug
	i Stop loss (large deductible)	j 📗 HMO contract	k	PPO contract		I Indemnity contract
	m ☐ Other (specify) ▶					
<b>9</b> E	Experience-rated contracts:	_				
	a Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due bu	t unpaid	9a(2)			
	(3) Increase (decrease) in unearned prem	ium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	0
	<b>b</b> Benefit charges (1) Claims paid		9b(1)			_
	(2) Increase (decrease) in claim reserves.	_	9b(2)		01 (0)	0
	(3) Incurred claims (add (1) and (2))				9b(3)	0
	(4) Claims charged(1) Betastional of				9b(4)	
	C Remainder of premium: (1) Retention cha	· ` ` ` [	00(4)(A)			
	(A) Commissions		9c(1)(A) 9c(1)(B)			
	<ul><li>(B) Administrative service or other fee</li><li>(C) Other specific acquisition costs</li></ul>	T	9c(1)(C)			
	(D) Other expenses		9c(1)(D)			
	(E) Taxes	<u> </u>	9c(1)(E)			
	(F) Charges for risks or other continge		9c(1)(F)			
	(G) Other retention charges		9c(1)(G)			
	(H) Total retention		1		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds.	(These amounts were ☐ paid in	cash, or	credited.)	9c(2)	
	<b>d</b> Status of policyholder reserves at end of		_		9d(1)	
	(2) Claim reserves	, , ,			9d(2)	
	(3) Other reserves				9d(3)	
	e Dividends or retroactive rate refunds due.	(Do not include amount entered	in line 9c(2).	.)	9e	
10	Nonexperience-rated contracts:					
	a Total premiums or subscription charges p	aid to carrier			10a	14378062
	<b>b</b> If the carrier, service, or other organization					
	retention of the contract or policy, other the	nan reported in Part I, line 2 above	e, report amo	ount	10b	
	Specify nature of costs.					
Pa	eart IV Provision of Information					
		uinformation nocessary to as	to Cobodul-	м2 П	Yes	X No
	Did the insurance company fail to provide an		ele Scheaule	A:	1 62	NO NO
12	If the answer to line 11 is "Yes," specify the ir	ntormation 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

2024

			pursuant to	ERISA section 103(a)(2)	1			Inspection
For calendar plan ye	ar 2024 or	fiscal plar	n year beginning 01/01/2024		and en	ding 12/3	31/2024	
A Name of plan					<b>B</b> Three	e-digit		
LOCKHEED MART	IN GROUP	BENEFI	TS PLAN		plan	number (PN	<b>N</b> )	594
C Plan sponsor's na	ame as sho	wn on line	e 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (	EIN)
LOCKHEED MART	IN CORPO	RATION			52-	1893632		
			ning Insurance Contract Individual contracts grouped a					
1 Coverage Informa	ation:							
(a) Name of insuran		)MPANY (	OF AMERICA					
	(c)	) NAIC	(d) Contract or	(e) Approximate no			Policy or co	ontract year
<b>(b)</b> EIN	` '	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
22-1211670	6824	41	43406-1	105920		01/01/202	4	12/31/2024
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	g commissio	ons and fe	ees. (Complete as many entries	s as needed to report all	persons).			
	(a	ı) Name a	and address of the agent, broker	r, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sa	les and bas	se _		es and other commission				
commissio	ns paid		(c) Amount		(d) Purpose	9		(e) Organization code
		\ \N=:						
	(a	i) Name a	nd address of the agent, broker	r, or other person to who	m commiss	ions or fees	were paid	
Fees and other commissions paid								
(b) Amount of sales and base commissions paid (c) Amount					(d) Purpose	<del></del>		(e) Organization code
confinissions paid								

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to whom commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art	III	Welfare Benefit Contract Information more than one contract covers the same the information may be combined for report	group of employees of th ing purposes if such cont	tracts are expe	erience-rated as a ur	nit. Where co	ntracts cover i	
_	_	<b>51</b>	employees, the entire group of such individ	ual contracts with each c	arrier may be	treated as a unit for p	ourposes of t	nis report.	
8	г	_	nd contract type (check all applicable boxes)			1		• 🗆	
	a [	He	alth (other than dental or vision)	<b>b</b> Dental	c _	Vision		d Life insu	ırance
	е	Те	mporary disability (accident and sickness)	f Long-term disabili	ty <b>g</b>	Supplemental uner	nployment	<b>h</b> Prescrip	tion drug
	i	Sto	pp loss (large deductible)	j HMO contract	k 🗌	PPO contract		I Indemni	ty contract
	m	X Ot	her (specify) TRAVEL AD&D						
		_							
9	Ехрє	erienc	e-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				1		
		(4) E	arned ((1) + (2) - (3))				9a(4)		0
	b	Ben	efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves						
			ncurred claims (add <b>(1)</b> and <b>(2)</b> )						0
		` '	laims 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) 9c(1)(C)			_	
			(C) Other specific acquisition costs		9c(1)(D)			-	
		,	D) Other expenses		9c(1)(E)			_	
			(E) Taxes F) Charges for risks or other contingencies .		9c(1)(F)			_	
			G) Other retention charges					_	
			(H) Total retention				9c(1)(H)		0
		,	Dividends or retroactive rate refunds. (These	_	_				
	d		us of policyholder reserves at end of year: (1	_					
	<u>~</u>		Claim reserves	•			• •		
		. ,	Other reserves						
	е	` '	dends or retroactive rate refunds due. (Do n						
10			erience-rated contracts:			,	•		
	а	Tota	I premiums or subscription charges paid to c	arrier			10a		885262
	b	If the	e carrier, service, or other organization incurr	ed any specific costs in o	connection witl	h the acquisition or			
	_		ntion of the contract or policy, other than repo	orted in Part I, line 2 abov	/e, report amo	unt	10b		
	Spe	cify n	ature of costs.						
P	art l	V	Provision of Information						
			insurance company fail to provide any inform	ation necessary to comp	lata Schadula	Δ2 Γ	Yes	X No	
					iele scriedule	Λ!	100	110	
12	If t	ne an	swer 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.

OMB No. 1210-0110

2024

pursuant to ERISA section 103(a)(2).						This For	m is Open to Public Inspection
For calendar plan year 202	24 or fiscal pla	n year beginning 01/01/2024		and en	ding 12/3	1/2024	•
A Name of plan LOCKHEED MARTIN GR	-			B Three plan	e-digit number (PN	1) •	594
•	C Plan sponsor's name as shown on line 2a of Form 5500  LOCKHEED MARTIN CORPORATION  D Employer Identification Number (Electron Section Number (Electron Number (Electron Section Number (Electron Number (Electron Section Number (Electron Number (Electron Section Number (Electron Section Number (Electron Section Number (Electron Section Number (Electron Number (Elec					(EIN)	
	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 car PRUDENTIAL INSURANCE		OF AMERICA	(2) Annovinstant			Deligy or o	potroet voer
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered at policy or contract	end of	(f)	From	ontract year (g) To
22-1211670	68241	24444 - GUL	60184			4	12/31/2024
2 Insurance fee and commodescending order of the		ation. Enter the total fees and to	otal commissions paid. Lis	st in line 3	the agents, l	orokers, and o	ther persons in
(a) Total a	mount of com	missions paid		<b>(b)</b> To	tal amount o	of fees paid	
	218032 1272261						272261
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all p	persons).			
	(a) Name a	and address of the agent, broke	r, or other person to whon	n commissi	ions or fees	were paid	
MARSH USA, INC			AVENUE OF THE AMER YORK, NY 10036	ICAS			
(b) Amount of sales an	nd hase	Fe	ees and other commission	s paid			
commissions pai		(c) Amount		d) Purpose	9		(e) Organization code
	0	1272261	THIRD PARTY ADMINIS	TRATION I	FEES		5
	(a) Name a	and address of the agent, broke	r or other person to whon	n commissi	ions or fees	were naid	
MERCER HEALTH & BEN		4565	PAYSPHERE CIRCLE CAGO, IL 60674	<u> </u>	NATIO 61 1000	wore paid	
(b) Amount of sales an	nd base	Fe	ees and other commission	s paid			
commissions paid (c) Amount				d) Purpose	Э		(e) Organization code
	218032						3

(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	I		T
(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	
(a) Hai	no and dadross of the agont, protect	, or other percent to wheth commissions of rece 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	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount (d) Purpose		Organization
commissions paid	(6) / 11110 1111	(4) 1 3.1555	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	
			T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art I	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	racts are	expe	erience-rated as a un	it. Where co	ontracts	cover individual
8	Bene	efit and contract type (check all applicable boxes)							
	а	Health (other than dental or vision)	<b>b</b> Dental		С	Vision		d X	ife insurance
	е	Temporary disability (accident and sickness)	f Long-term disabili	ty	g	Supplemental unem	ployment	h 🗍 F	Prescription drug
	iΓ	Stop loss (large deductible)	j  HMO contract		k 🗌	1 1		ıΠı	ndemnity contract
	m	Other (specify)	, 🗆		<u>L</u>	]		- Ш	<b>,</b>
	∟	Other (specify)							
9	Expe	rience-rated contracts:							
•	•	Premiums: (1) Amount received		9a(1)	)		78480121	1	
		(2) Increase (decrease) in amount due but unpaid		9a(2)					
		(3) Increase (decrease) in unearned premium reso		9a(3)					
		(4) Earned ( <b>(1)</b> + <b>(2)</b> - <b>(3)</b> )					9a(4)		78480121
	b	Benefit charges (1) Claims paid		9b(1)	)		80493163		
		(2) Increase (decrease) in claim reserves		9b(2)	)		-4058880		
		(3) Incurred claims (add (1) and (2))					9b(3)		76434283
		(4) Claims charged					9b(4)		76434283
	С	Remainder of premium: (1) Retention charges (or	,					_	
		(A) Commissions		9c(1)(/			4070004	_	
		(B) Administrative service or other fees		9c(1)(I			1272261	4	
		(C) Other specific acquisition costs		9c(1)(0			0.44.4070		
		(D) Other expenses		9c(1)([			3414679 2295832		
		(E) Charges for risks an other continuous		9c(1)(F			598542		
		(F) Charges for risks or other contingencies (G) Other retention charges		9c(1)(0			330342	-	
		(H) Total retention					9c(1)(H)	1	7581314
		(2) Dividends or retroactive rate refunds. (These	_		_			<u>'                                     </u>	
		Status of policyholder reserves at end of year: (1)			_		9c(2)		
		(2) Claim reserves	·				9d(1) 9d(2)		24110753
		(3) Other reserves					9d(3)		21110100
	е	Dividends or retroactive rate refunds due. (Do no					9e		
10		nexperience-rated contracts:	t morado ambant ombro	<u> </u>	<u> </u>	.,	, 00		
		Total premiums or subscription charges paid to ca	arrier				10a		
	_	If the carrier, service, or other organization incurre							-
	~	retention of the contract or policy, other than repo					10b		
	Spec	cify nature of costs.		•					
P	art l'	V Provision of Information							
			4:	l-4- C !	de d	40 F	Voc	V Na	
11		the insurance company fail to provide any information		ete Sche	dule	A?	Yes	X No	
12	If th	e 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

2024

For calendar plan year 202	24 or fiscal pla	n year beginning 01/01/2024		and er	nding 12/31/2024	•	
A Name of plan				<b>B</b> Thre	B Three-digit		
LOCKHEED MARTIN GR	ROUP BENEF	ITS PLAN		plan	number (PN)	594	
C Plan sponsor's name a	C Plan sponsor's name as shown on line 2a of Form 5500				yer Identification Number	er (EIN)	
LOCKHEED MARTIN CO	LOCKHEED MARTIN CORPORATION 52-1893632						
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:		Ų i					
	i						
(a) Name of insurance ca  JOHN HANCOCK LIFE IN		OMPANY LISA					
OF INTERNATION OF LITTER IN	001011102 00	7111 7111 0071					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate persons covered		Policy or	contract year	
(b) LIN	code	identification number	policy or contra		(f) From	<b>(g)</b> To	
01-0233346	65838	28260	490	6	01/01/2024	12/31/2024	
2 Insurance fee and coming descending order of the		ation. Enter the total fees and to	otal commissions paid.	List in line 3	the agents, brokers, and	I other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report a	l persons).			
	(a) Name a	and address of the agent, broke	r, or other person to wh	om commiss	ions or fees were paid		
(b) Amount of sales ar	nd base	F	ees and other commissi	ons paid			
commissions pai		(c) Amount		(d) Purpos	(e) Organization code		
	(a) Name a	and address of the agent, broke	r, or other person to wh	om commiss	ions or fees were paid		
	Fees and other commissions paid						
(b) Amount of sales ar commissions pai		(c) Amount	coo and onto commissi	(d) Purpos	e	(e) Organization code	
		(-)				(-) - g	

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art				( )			
		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	racts are expe	erience-rated as a un	it. Where co	ntracts cover indi	
8	Ben	efit and contract type (check all applicable boxes)		-				
	а	Health (other than dental or vision)	<b>b</b> Dental	С	Vision		d Life insurar	nce
	еĪ		f Long-term disabili	tv <b>a</b>	Supplemental unem	plovment	h Prescription	n drua
	i [	Stop loss (large deductible)	j  HMO contract	- <u>-</u>	PPO contract		I Indemnity of	-
	m				1170001111401			ontract
	-						1	
9	Expe	erience-rated contracts:					_	
	a I	Premiums: (1) Amount received		9a(1)			4	
		(2) Increase (decrease) in amount due but unpaid					4	
		(3) Increase (decrease) in unearned premium rese				0.74		
	<b>L</b>	(4) Earned ((1) + (2) - (3))				9a(4)		0
	b	Benefit charges (1) Claims paid					4	
		(2) Increase (decrease) in claim reserves				06/2)		0
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )				9b(3)		- 0
	_	(4) Claims charged				9b(4)		
	С	, , , , , , , , , , , , , , , , , , , ,	,	0c(1)(A)			-	
		(A) Commissions		9c(1)(A) 9c(1)(B)			4	
		(B) Administrative service or other fees		9c(1)(C)			4	
		(D) Other expenses		9c(1)(D)			7	
		(E) Taxes		9c(1)(E)			1	
		(F) Charges for risks or other contingencies		9c(1)(F)			1	
		(G) Other retention charges					1	
		(H) Total retention				9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	n cash, or 🗍 d	credited.)	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	nexperience-rated contracts:		, ,	,	•		
	а	Total premiums or subscription charges paid to ca	rrier			10a		8055262
	b	If the carrier, service, or other organization incurre	d any specific costs in o	connection with	h the acquisition or			
		retention of the contract or policy, other than repo				10b		
	Spe	cify nature of costs.						
	art				_			
		d the insurance company fail to provide any informa		lete Schedule	A?	Yes	X No	
12	If t	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 pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

		pursuant to	LINION Section 103(a)(2)				Inspection
For calendar plan year 20	24 or fiscal pla	n year beginning 01/01/2024		and en	iding 12/31/202	4	
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	ne 2a of Form 5500		<b>D</b> Emplo	yer Identification N	Number (	EIN)
LOCKHEED MARTIN CO	ORPORATION			52	-1893632		
		rning Insurance Contract  A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca METROPOLITAN LIFE IN		DMPANY					
	(c) NAIC	(d) Contract or	(e) Approximate no		Po	olicy or co	ontract year
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f) From		<b>(g)</b> To
13-5581829	65978	35512	936		01/01/2024		12/31/2024
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, broker	rs, and ot	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	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	
(b) Amount of sales a	nd base	Fe	ees and other commissio	ns paid			
commissions pa	id	(c) Amount		(d) Purpos	e		(e) Organization code
	(a) Namo	and address of the agent, broke	r or other person to who	m commiss	ions or fees were	naid	
	(a) Name	and address of the agent, broke	i, or other person to who	III COIIIIIISS	ions or lees were	paiu	
(b) Amount of sales a	(b) Amount of sales and base Fees and other commissions paid						
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to whom commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Pa	art I	Welfare Benefit Contract Info If more than one contract covers the sa the information may be combined for re employees, the entire group of such inc	me group of employees of the porting purposes if such conf	racts are expe	erience-rated as a ur	nit. Where con	ntracts cover	
8	Bene	nefit and contract type (check all applicable bo	(es)					
	а	Health (other than dental or vision)	<b>b</b> Dental	С	Vision		d Life ins	urance
	еĪ	Temporary disability (accident and sicknes	s) <b>f</b> Long-term disabili	ty g	Supplemental uner	nployment	h Prescri	iption drug
	ιĖ	Stop loss (large deductible)	j HMO contract	· - <u>-</u>	PPO contract			nity contract
	. ∟		, rime contract		11 0 contract			nty contract
	m	✓ Other (specify) ► LONG TERM CARE						
9	Evno	porioneo ratod contracto:						
_	•	perience-rated contracts: Premiums: (1) Amount received		9a(1)			4	
		(2) Increase (decrease) in amount due but ur					_	
		(3) Increase (decrease) in unearned premium					4	
		(4) Earned ((1) + (2) - (3))				9a(4)		0
	-					Ja(+)		
		(2) Increase (decrease) in claim reserves					4	
						9b(3)		0
		(3) Incurred claims (add (1) and (2))					+	
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charge		00/4\/A\			4	
		(A) Commissions		9c(1)(A)			4	
		(B) Administrative service or other fees		9c(1)(B)			4	
		(C) Other specific acquisition costs		9c(1)(C)			4	
		(D) Other expenses		9c(1)(D)			4	
		(E) Taxes		9c(1)(E)			4	
		(F) Charges for risks or other contingence					4	
		(G) Other retention charges				0.747711		0
		(H) Total retention	_	_		9c(1)(H)	<del>                                     </del>	0
		(2) Dividends or retroactive rate refunds. (The	nese amounts were 📗 paid ir	n cash, or 🔲 o	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year	r: (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. (Dividends or retroactive rate refunds due.	o 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		948482
	b	If the carrier, service, or other organization in	curred any specific costs in o	connection wit	h the acquisition or			
		retention of the contract or policy, other than	reported in Part I, line 2 above	e, report amo	ount	10b		
	Spe	ecify nature of costs.						
Pa	art I	IV Provision of Information						
11	Did	id the insurance company fail to provide any in	formation necessary to comp	lete Schedule	A?	Yes	X No	
		the answer to line 11 is "Yes," specify the infor		50,154410	_	<u> </u>		
		and another to mile into 100, opening the little	manon 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

2024

pursuant to ERISA section 103(a)(2).  This Form is Open to Pu					•		
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024							
A Name of plan LOCKHEED MARTIN GR	A Name of plan  LOCKHEED MARTIN GROUP BENEFITS 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					EIN)		
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:							
(a) Name of insurance ca		I OF WASHINGTON			I	Dellaren	
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a		<i>(</i> 0, =	Policy or co	
	code	identification number	policy or contrac		(f) Fi	rom	<b>(g)</b> To
91-0511770	95672	1924400	93		01/01/2024		12/31/2024
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, bro	okers, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
3667 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 we	ere paid	
CONDUENT SECURITIES	, LLC	WEV	LEXINGTON AVE VORK 4TH FLOOR V YORK, NY 10017				
(b) Amount of sales ar	nd hase	F	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	e		(e) Organization code
3667							3
	(a) Name	and address of the agent, broke	er or other person to who	m commissi	ions or fees we	ere naid	
	(a) Hame	and address of the agont, broke	or, or other percent to who		10110 01 1000 W	sie paid	
(b) Amount of sales ar	(b) Amount of sales and base Fees and other commissions paid						
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commissions paid	· · · · · · · · · · · · · · · · · · ·		code
(=) N =			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid	
			1
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000
(a) Nov	me and address of the agent broken	ar other nersen to whom commissions or feed were noid	
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art III Welfare Benefit Contract Informati	ion				
	If more than one contract covers the same grundle the information may be combined for reporting	oup of employees of the s g purposes if such contra	cts are expe	erience-rated as a unit	. Where co	ontracts cover individual
_	employees, the entire group of such individua	i contracts with each carr	ier may be	treated as a unit for pu	urposes or t	nis report.
	Benefit and contract type (check all applicable boxes)			1		. 🗆
	a Health (other than dental or vision)	Dental Dental	c _	Vision		<b>d</b> Life insurance
	e Temporary disability (accident and sickness)	Long-term disability	g	Supplemental unem	ployment	<b>h</b> Prescription drug
	i Stop loss (large deductible)	X HMO contract	k	PPO contract		I Indemnity contract
	m ☐ Other (specify) ▶	_				_
<b>9</b> E	Experience-rated contracts:					
	a Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid		9a(2)			
	(3) Increase (decrease) in unearned premium reser		9a(3)			
	(4) Earned ((1) + (2) - (3))	_			9a(4)	0
	<b>b</b> Benefit charges (1) Claims paid		9b(1)			
	(2) Increase (decrease) in claim reserves		9b(2)			
	(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )				9b(3)	0
	(4) Claims charged				9b(4)	
	c Remainder of premium: (1) Retention charges (on a	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)		1	
	(H) Total retention				9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These a	mounts were 📗 paid in c	ash, or	credited.)	9c(2)	
	<b>d</b> Status of policyholder reserves at end of year: (1) A	Amount held to provide be	enefits after	retirement	9d(1)	
	(2) Claim reserves				9d(2)	
	(3) Other reserves				9d(3)	
	<b>e</b> Dividends or retroactive rate refunds due. (Do not	include amount entered in	n line <b>9c(2)</b> .	.)	9e	
10	Nonexperience-rated contracts:					
	a Total premiums or subscription charges paid to car	rier			10a	984088
	<b>b</b> If the carrier, service, or other organization incurred				401	
	retention of the contract or policy, other than report Specify nature of costs.	ed in Part I, line 2 above,	report amo	ount	10b	
	Specify flature or costs.					
P	art IV Provision of Information					
		· · · · · · · · · · · · · · · · · · ·	a Cale III	Λ2 Π	Vos	X No
	Did the insurance company fail to provide any informat		e Schedule	A?	Yes	<u> </u>
12	If 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

2024

This Form is Open to Public

pursuant to ERISA section 103(a)(2).					Inspection		
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					31/2024		
A Name of plan  LOCKHEED MARTIN GR	ROUP BENEFI	TS PLAN		<b>B</b> Three plan	e-digit number (P	N) <b>•</b>	594
C Plan sponsor's name a	C Plan sponsor's name as shown on line 2a of Form 5500  D Employer Identification Number (EIN)					EIN)	
LOCKHEED MARTIN CO	RPORATION			52-	1893632		
		ning Insurance Contra . Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
	(c) NAIC	(d) Contract or	(e) Approximate no			Policy or co	ntract year
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
20-4632340	00000	18447-0001-1-2	38606		01/01/202	24	12/31/2024
	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							
	419054 0						
3 Persons receiving com		ees. (Complete as many entri					
	(a) Name a	nd address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
MERCER HEALTH & BEN	EFITS ADM, L		BOX 850502 NEAPOLIS, MN 55485				
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose			(e) Organization code
	180073						3
	(a) Name a	nd address of the agent, broke	er, or other person to who	m commissi	ions or fees	were paid	
CONDUENT SERVICES, LLC  450 LEXINGTON AVE  WEWORK 4TH FLOOR  NEW YORK, NY 10017							
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code
	179057						3
		· · · · · · · · · · · · · · · · · · ·					

Page <b>2 –</b>	1
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BUCK GLOBAL, LLC

PO BOX 207640 DALLAS, TX 75320

Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
59924			3	
	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
	-			
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) No.	me and address of the agent broker	r, or other person to whom commissions or fees were paid		
(a) Nai	ne and address of the agent, broker	, of other person to whom commissions of fees were paid		
(b) Amount of colon 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	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	
<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
		Fees and other commissions paid	(c)	
(b) Amount of sales and base	(c) Amount	(d) Purpose	(e) Organization	
commissions paid	(O) / Milouite	(w) i diposo	code	

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Pa	art II	III Welfare Benefit Contract Informati If more than one contract covers the same ground the information may be combined for reporting	oup of employees of the					,
		employees, the entire group of such individua						
8	Bene	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	Dental	С	Vision		<b>d</b> Life insurance	
	e 🗀		Long-term disabilit	_	Supplemental une	employment	h Prescription drug	
	i	Stop loss (large deductible)	HMO contract	·	PPO contract		I Indemnity contract	
	m ⊳	<u> </u>	T IIVIO CONTIACT	~ _	110 contract		I I indefinitely contract	
	··· <u>/</u>	Other (specify)						
9 1	yne	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 reserv		9a(3)				
		(4) Earned ((1) + (2) - (3))				9a(4)		0
	-	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves	ľ	9b(2)				
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )				9b(3)		0
		(4) Claims charged						
	,	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	ſ	9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes	ŀ	9c(1)(E)				
		(F) Charges for risks or other contingencies	ľ	9c(1)(F)				
		(G) Other retention charges		9c(1)(G)				
		(H) Total retention		•		9c(1)(H)	1	0
		(2) Dividends or retroactive rate refunds. (These ar	_	_				
		Status of policyholder reserves at end of year: (1) A						
		(2) Claim reserves	•			` ` `		
		(3) Other reserves						
		Dividends or retroactive rate refunds due. (Do not i						
10		•			.,	00		
-		·	rier			10a	397	9046
	_							
						10b		
			,	, ,				
	Nor <b>a</b> <b>b</b>	onexperience-rated contracts:  Total premiums or subscription charges paid to carr  If the carrier, service, or other organization incurred retention of the contract or policy, other than reporte	rier	specific costs in co	specific costs in connection wit	specific costs in connection with the acquisition or	specific costs in connection with the acquisition or	specific costs in connection with the acquisition or
Specify nature of costs.		,	arti, i					
Pa	rt l'	IV Provision of Information						•
				-4- O-1- 1 1		7 Voc	X No	
		d the insurance company fail to provide any informati		ete Schedule	A?	Yes	^ INO	
12	If th	the answer to line 11 is "Yes," specify the information	not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

#### File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2024

n.mant to EDICA anotion 400(a)(0)					m is Open to Public Inspection		
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024					iding 12/31/		
A Name of plan LOCKHEED MARTIN GR	ROUP BENEF	FITS PLAN			e-digit number (PN)	<b>)</b>	594
C Plan sponsor's name a LOCKHEED MARTIN CO				·	oyer Identification	on Number (	EIN)
		erning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca		I, INC.					
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co	
(8) 2	code	identification number	policy or contrac		<b>(f)</b> Fi	rom	<b>(g)</b> To
94-1340523	0000	233619	1753		01/01/2024		12/31/2024
2 Insurance fee and communication descending order of the		nation. Enter the total fees and t	otal commissions paid. Li	st in line 3	the agents, bro	okers, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
53165 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 commissi	ions or fees we	ere paid	
CONDUENT SECURITIES	, LLC		LEXINGTON AVE, 4TH F / YORK, NY 10170	LOOR			
(b) Amount of sales ar	nd hase	F	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code
53165							3
	(a) Name	and address of the agent, broke	er or other person to who	m commissi	ions or fees we	ere paid	
	(4)		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			pu	
( <b>b)</b> Amount of sales ar	nd hase	F	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Tops and other commissions noid	(0)			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
commissions paid	· · · · · · · · · · · · · · · · · · ·		code			
(=) N =						
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Fees and other commissions paid	(e)			
(b) Amount of sales and base			Organization			
commissions paid	(c) Amount	(d) Purpose	code			
•						
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
(u) Hai	The and address of the agent, broken	, or other person to whom commissions or rees were paid				
			1			
		Fees and other commissions paid	(e)			
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization			
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
		Tops and other commissions noid	(0)			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
commodicino para	· · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0000			
(a) Nov	me and address of the agent broken	ar other nersen to when commissions or feed were noid				
(a) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid				
Fees and other commissions paid						
(b) Amount of sales and base			(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
•						

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art	III	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 individ	group ing pu	rposes if such cont	racts are	exp	perience-rated as a un	t. Where c	ontracts cover individual	s),
8	Pon	ofit o	nd contract type (check all applicable boxes)	aai co	illacis with cach of	arrier ma	iy DC	treated as a drift for p	urposes or	ина тероп.	
0	г	_	, , , , , , , , , , , , , , , , , , , ,	ь П	5		_ [	7.00		a 🗆	
	a [	=	ealth (other than dental or vision)	- =	Dental		C	Vision		<b>d</b> Life insurance	
	е	Те	mporary disability (accident and sickness)	f 📙	Long-term disabili	ty	g	Supplemental unem	ployment	<b>h</b> Prescription drug	
	i [	Sto	op loss (large deductible)	jX	HMO contract		k	PPO contract		I Indemnity contract	t
	m	Ot	her (specify)								
	L		· · · · · · · · · · · · · · · · · · ·								
9	Ехре	erienc	ce-rated contracts:								
	a i	Prem	iums: (1) Amount received			9a(1	l)				
		(2) Ir	ncrease (decrease) in amount due but unpaid	l		9a(2	2)				
		٠,,	ncrease (decrease) in unearned premium res			9a(3	3)				
		(4) E	arned ((1) + (2) - (3))						9a(4)		0
	b	Ben	efit charges (1) Claims paid			9b(1	l)				
		(2) Ir	ncrease (decrease) in claim reserves			9b(2	2)				
		(3) Ir	ncurred claims (add (1) and (2))						9b(3)		0
		(4) C	claims charged						9b(4)		
	С	Rem	nainder of premium: (1) Retention charges (o	n an a	ccrual basis)						
		(	(A) Commissions			9c(1)(	(A)				
		(	(B) Administrative service or other fees			9c(1)(					
		(	(C) Other specific acquisition costs			9c(1)(					
		(	(D) Other expenses			9c(1)(					
		(	(E) Taxes			9c(1)(					
		(	(F) Charges for risks or other contingencies .			9c(1)(					
		(	(G) Other retention charges			9c(1)(	(G)				
			(H) Total retention		_		_		9c(1)(H	)	0
			Dividends or retroactive rate refunds. (These		L-1				9c(2)		
	d	Stat	us of policyholder reserves at end of year: (1	) Amo	unt held to provide	benefits	afte	er retirement	9d(1)		
		(2) (	Claim reserves						9d(2)		
		(3)	Other reserves						9d(3)		
	е	Divi	dends or retroactive rate refunds due. (Do no	t inclu	ide amount entered	d in line 9	9c(2	<b>2)</b> .)	9e		
10	No	nexp	erience-rated contracts:								
	а	Tota	al premiums or subscription charges paid to c	arrier.					10a	219	95327
	b	If the	e carrier, service, or other organization incurr	ed an	specific costs in c	onnectio	n wi	ith the acquisition or			
	_		ntion of the contract or policy, other than repo	rted i	n Part I, line 2 abov	e, report	t am	ount	10b		
	Spe	city n	ature of costs.								
Р	art l	IV	Provision of Information								
11	Dic	d the	insurance company fail to provide any inform	ation	necessary to comp	ete Sche	edul	e A?	Yes	X No	
			swer to line 11 is "Yes," specify the informati							ш	
			, . <sub>-</sub>								

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

2024

This Form is Open to Public

		pursuant to	ERISA section 103(a)(2)				Inspection
For calendar plan year 20	)24 or fiscal plai	n year beginning 01/01/2024		and en	ding 12/	/31/2024	•
A Name of plan		<b>B</b> Three-digit					
LOCKHEED MARTIN G	ROUP BENEFI	TS PLAN			number (P	N) •	594
						,	
C Plan sponsor's name	as shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identifi	cation Number (	EIN)
LOCKHEED MARTIN C	ORPORATION			52-	1893632		
		ning Insurance Contrac					
on a separ	ate Schedule A	. Individual contracts grouped	as a unit in Parts II and II	I can be rep	orted on a	single Schedule	e A.
1 Coverage Information:							
(-) Name of horses and							
(a) Name of insurance ca							
AMERICAN HERITAGE L	IFE INSURANC	CE COMPANY					
			(e) Approximate nu	ımher of		Policy or co	intract vear
<b>(b)</b> EIN	(c) NAIC	(d) Contract or identification number	persons covered a		(£)	-	-
	code	identification number	policy or contrac	t year	(1)	) From	<b>(g)</b> To
59-0781901	60534	99267	21748		01/01/20	24	12/31/2024
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents	, brokers, and ot	her persons in
	amount of com	missions paid		<b>(b)</b> To	tal amount	of fees paid	
		1405959		•		•	58403
3 Persons receiving com	nmissions and f	ees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name a	and address of the agent, broke	r, or other person to who	m commissi	ons or fees	s were paid	
MERCER HEALTH & BEN			3OX 850502			•	
	,		NEAPOLIS, MN 55485				
(b) Amount of sales a	nd base	<u> </u>	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose			
	940520						3
	(a) Nama a	and address of the agent broke	r or other person to who	m commissi	one or foo	a wore paid	
DUOK OLODAL ILO	(a) Name a	and address of the agent, broke		II COITIIIISS	UIS UI IEE	s were paid	
BUCK GLOBAL LLC			BOX 75320 _AS, TX 75320				
			210, 77110020				
		F	ees and other commission	ns naid			
(b) Amount of sales a		(c) Amount		•	`		(a) Organization and
commissions pa		, ,		(d) Purpose			(e) Organization code
	267166	58403	SUPPLEMENTAL COMP	-ENSATIOI	N		3

Page <b>2 -</b> 1	
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### CONDUENT SECURITIES LLC

450 LEXINGTON AVENUE, 4TH FLOOR NEW YORK, NY 10017

Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
198273			3	
	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
	-			
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
•				
(a) Nar	me and address of the agent broker	r, or other person to whom commissions or fees were paid		
(a) Nai	ne and address of the agent, broker	, of other person to whom commissions of fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	<b>(e)</b> Organization	
commissions paid	(c) Amount	(d) Purpose	code	
( <b>a)</b> Nar	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) Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization	
commissions paid	(5)	(-) . 3.5000	code	

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

Pa	art I	II	Welfare Benefit Contract Informatif 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						idual
8	Bene	efit an	nd contract type (check all applicable boxes)						
	а	Hea	alth (other than dental or vision)	<b>b</b> Dental	С	Vision		<b>d</b> Life insurance	ce
	e 🗍	_ Ter	mporary disability (accident and sickness)	f Long-term disabili	tv <b>a</b> [	Supplemental un	emplovment	h Prescription	drua
	i	_	p loss (large deductible)	j  HMO contract	·	PPO contract	, ,	I X Indemnity co	-
	m	_	ner (specify)	<b>-</b> Ц	<b>L</b>	_			
	<u> </u>	_							
<b>9</b> E	Ехре	rienc	e-rated contracts:						
	a F	Premi	ums: (1) Amount received		9a(1)				
		(2) In	crease (decrease) in amount due but unpaid	l	9a(2)				
		(3) In	crease (decrease) in unearned premium res	erve	9a(3)				
		(4) Ea	arned ( <b>(1) + (2) - (3)</b> )				9a(4)		0
	b	Bene	efit charges (1) Claims paid		9b(1)				
		(2) In	crease (decrease) in claim reserves		9b(2)				
		(3) In	curred claims (add (1) and (2))				9b(3)		0
		(4) CI	laims charged				9b(4)		
	С	Rem	ainder of premium: (1) Retention charges (o	n an accrual basis)					
		(/	A) Commissions		9c(1)(A)				
		(1	B) Administrative service or other fees		9c(1)(B)				
		(	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		9c(1)(G)		1		
		,	H) Total retention	_	_			!	0
		(2) D	ividends or retroactive rate refunds. (These	amounts were paid ir	cash, or	credited.)	··· 9c(2)		
	d	Statu	us of policyholder reserves at end of year: (1	Amount held to provide	benefits after	r retirement	9d(1)		
		(2) C	laim reserves				9d(2)		
		(3) O	other reserves				9d(3)		
	е	Divid	lends or retroactive rate refunds due. (Do no	ot include amount entered	d in line <b>9c(2</b> )	).)	9e		
10	No	nexpe	erience-rated contracts:						
	а	Total	l premiums or subscription charges paid to c	arrier			10a		7029799
			carrier, service, or other organization incurr						
			ntion of the contract or policy, other than repo	orted in Part I, line 2 abov	e, report amo	ount	10b		
	Spe	cify na	ature of costs.						
Pa	rt I	٧	Provision of Information						·
11	Did	the i	nsurance company fail to provide any inform	ation necessary to compl	ete Schedule	e A?	Yes	X No	
12	If th	ne ans	swer to line 11 is "Yes," specify the informati	on not provided.	<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

2024

This Form is Open to Public

			pursuant to	ERISA section 103(a)(2)	).			Inspection	
For calendar plan ye	ar 2024 or	fiscal plar	n year beginning 01/01/2024		and en	ding 12/3	31/2024		
A Name of plan					<b>B</b> Three	e-digit			
LOCKHEED MART	IN GROU	P BENEFI	TS PLAN		plan	number (Pl	N) •	594	
C Plan sponsor's na	ame as sho	own on line	e 2a of Form 5500		<b>D</b> Emplo	ver Identific	ation Number (	EIN)	
LOCKHEED MART						1893632	`	,	
			rning Insurance Contract. Individual contracts grouped						
1 Coverage Informa	ation:								
(a) Name of insuran		NSURANC	CE COMPANY						
				(e) Approximate n	umbor of		Policy or co	entract year	
(b) EIN	(c	) NAIC	(d) Contract or	persons covered a		(6)		-	
		code	identification number	policy or contrac	t year	(†)	From	<b>(g)</b> To	
59-0781901	605	534	64759	55114		01/01/202	24	12/31/2024	
2 Insurance fee and descending order			ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	brokers, and ot	her persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid									
2449334 101177									
3 Persons receiving	g commissi	ions and fe	ees. (Complete as many entrie	s as needed to report all	persons).				
	(a	a) Name a	and address of the agent, broke	r, or other person to who	m commissi	ions or fees	were paid		
CONDUENT SECUR	RITIES LLC			EXINGTON AVENUE, 4 YORK, NY 10170	TH FLOOR				
(In) Amount of an			Fe	ees and other commissio	ns paid				
<b>(b)</b> Amount of sa commission		ise	(c) Amount		(d) Purpose	9		(e) Organization code	
	1051	1361						3	
	(a	<b>a)</b> Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	were paid		
BUCK GLOBAL LLC				OX 207640					
			DALI	AS, TX 75320-7640					
(b) Amount of sa	les and ha	ise	Fe	ees and other commissio	ns paid				
commissio			(c) Amount		(d) Purpose	e		(e) Organization code	
	700	0505	101177	SUPPLEMENTAL COM	PENSATION	N		3	

Page Z -	Page	2 –	1
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MERCER H&B ADMIN LLC

PO BOX 850502 MINNEAPOLIS, MN 55485-0502

Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code	
697468			3	
(a) No.	no and address of the agent broker	ar other person to whom commissions or fees were paid		
( <b>a</b> ) Nai	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid		
(h) Assessed of soles and have	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
(4) 1101	no and address of the agent, protect	, or early person to whom commissions or tooc wore paid		
(h) Amount of color 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	r, or other person to whom commissions or fees were paid		
(5)		,		
(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	r, or other person to whom commissions or fees were paid		
••	-			
			T	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art	III Welfare Benefit Contract Information				
		If more than one contract covers the same group of employees of the the information may be combined for reporting purposes if such contracts with a selection of such individual contracts with each or the selection of such individual contracts with each or the selection of such individual contracts with each or the selection of such individual contracts with each or the selection of such individual contracts with each or the selection of the sel	racts are expe	erience-rated as a uni	t. Where co	ntracts cover individual
8	D	employees, the entire group of such individual contracts with each ca	amer may be	treated as a unit for p	urposes or tr	iis report.
0		efit and contract type (check all applicable boxes)		1		a 🗆
	a [	☐ Health (other than dental or vision)	<u> </u>	Vision		d Life insurance
	е	Temporary disability (accident and sickness) <b>f</b> Long-term disabili		Supplemental unem	ployment	h Prescription drug
	i	Stop loss (large deductible) j HMO contract	k	PPO contract		I Indemnity contract
	m	X Other (specify) ▶ CRITICAL ILLNESS & ACCIDENT				
	_					
9	Expe	erience-rated contracts:				_
	а	Premiums: (1) Amount received	9a(1)			
		(2) Increase (decrease) in amount due but unpaid				
		(3) Increase (decrease) in unearned premium reserve			1	
		(4) Earned ((1) + (2) - (3))			. 9a(4)	0
	b	Benefit charges (1) Claims paid				_
		(2) Increase (decrease) in claim reserves			01 (0)	0
		(3) Incurred claims (add (1) and (2))			9b(3)	0
	_	(4) Claims charged			9b(4)	
	С		9c(1)(A)			_
		(A) Commissions(B) Administrative service or other fees	9c(1)(B)			_
		(C) Other specific acquisition costs	9c(1)(C)			
		(D) Other expenses	9c(1)(D)			
		(E) Taxes	9c(1)(E)			
		(F) Charges for risks or other contingencies	9c(1)(F)			1
		(G) Other retention charges				
		(H) Total retention			9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These amounts were $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	n cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	_		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 <b>9c(2)</b> .	.)	9e	
10	No	onexperience-rated contracts:				
	а	Total premiums or subscription charges paid to carrier			10a	18237312
	b	If the carrier, service, or other organization incurred any specific costs in c			401-	
	Sne	retention of the contract or policy, other than reported in Part I, line 2 abovecify nature of costs.	e, report amo	ount	10b	
	Spe	cony nature or costs.				
P	art	IV Provision of Information				
		d the insurance company fail to provide any information necessary to comp	lete Schedule	А?П	Yes	X No
		the answer to line 11 is "Yes," specify the information not provided.			L	
		· · · · · · · · · · · · · · · · ·				

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

2024

This Form is Open to Public

		pursuant to	ERISA section 103(a)(2)	).			Inspection
For calendar plan year 202	24 or fiscal plar	n year beginning 01/01/2024		and en	ding 12/3	31/2024	
A Name of plan B Three-digit						504	
LOCKHEED MARTIN GR	ROUP BENEFI	IS PLAN		plan	number (Pl	<u>N)</u> ▶	594
C Plan sponsor's name a	s shown on line	e 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (	EIN)
LOCKHEED MARTIN CO	RPORATION			52-	-1893632		
		ning Insurance Contract. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca		CE COMPANY					
			(e) Approximate nu	ımber of		Policy or co	ontract vear
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contrac	t end of	(f)	From	<b>(g)</b> To
59-0781901	60534	64760	2515		01/01/202	24	12/31/2024
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							
2052365 526069							
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker	, or other person to who	m commiss	ions or fees	were paid	
BUCK GLOBAL LLC			OX 207640 AS, TX 75320-7640				
(b) Amount of sales ar	nd hase	Fe	es and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code
	625238	526069	SUPPLEMENTAL COMF	PENSATION	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		450 L	EXINGTON AVENUE, 4 YORK, NY 10170			·	
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code
	788777						3

Page <b>2 -</b>	1
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### MERCER H&B ADMIN LLC

PO BOX 850502 MINNEAPOLIS, MN 55485-0502

Fees and other commissions paid					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
638350			3		
(a) Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid			
42.4		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, broke	r, or other person to whom commissions or fees were paid			
(b) Amount of sales and base		Fees and other commissions paid	_ <b>(e)</b> Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
			0000		
(a) No.	no and address of the agent broke	r, or other person to whom commissions or fees were paid			
( <b>a</b> ) Nai	ne and address of the agent, broke	t, or other person to whom commissions or rees were paid			
(b) Amount of color and have		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
			·		

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	Part III Welfare Benefit Contract Information If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s),							
		the information may be combined for reporting purposes if such contemployees, the entire group of such individual contracts with each c						
8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision) <b>b</b> Dental	С	Vision		<b>d</b> X Life insurance		
	еĪ	Temporary disability (accident and sickness) <b>f</b> Long-term disabili	itv <b>a</b> 🗆	Supplemental unem	plovment	h Prescription drug		
	· [	Stop loss (large deductible)  j HMO contract		PPO contract	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I  Indemnity contract		
	m	Other (specify)		I		<b>—</b> ,		
	L	_						
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 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)					
		(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						
	اہ	(2) Dividends or retroactive rate refunds. (These amounts were paid in	_		9c(2)			
	d	Status of policyholder reserves at end of year: (1) Amount held to provide			9d(1)			
		(2) Other reserves			9d(2)			
	е	(3) Other reserves			9d(3) 9e			
10		onexperience-rated contracts:		.)	96			
	a	Total premiums or subscription charges paid to carrier			10a	4861662		
	b				100	1001002		
	D	If the carrier, service, or other organization incurred any specific costs in cretention of the contract or policy, other than reported in Part I, line 2 above			10b			
	Spe	ecify nature of costs.	•					
_		Description of Information						
	art							
		d the insurance company fail to provide any information necessary to comp	lete Schedule	A?	Yes	X No		
12	If t	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

OMB No. 1210-0110

2024

		pursuant to	ERISA section 103(a)(2)	).			nspection		
For calendar plan year 202	24 or fiscal pla	n year beginning 01/01/2024		and en	ding 12/	31/2024	•		
A Name of plan LOCKHEED MARTIN GR	ROUP BENEF	ITS PLAN		B Three plan	e-digit number (Pl	N) •	594		
C Plan sponsor's name a	s shown on lin	ne 2a of Form 5500		<b>D</b> Emplo	yer Identific	cation Number (I	EIN)		
LOCKHEED MARTIN CO	RPORATION			52-	1893632				
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.								
1 Coverage Information:									
(a) Name of insurance ca		CE COMPANY							
	( ) ) ) ) )	4000	(e) Approximate n	umber of		Policy or co	ntract vear		
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	it end of	(f)	From	<b>(g)</b> To		
59-0781901	60534	64761	1603		01/01/202	24	12/31/2024		
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									
425351 0									
3 Persons receiving com	missions and f	fees. (Complete as many entrie	s as needed to report all	persons).					
	(a) Name a	and address of the agent, broke	r, or other person to who	m commissi	ions or fees	were paid			
CONDUENT SECURITIES	LLC		EXINGTON AVE, 4TH F YORK, NY 10170	LOOR					
(II.) A	4.6	Fe	ees and other commissio	ns paid					
(b) Amount of sales ar commissions pai		(c) Amount	(d) Purpose				(e) Organization code		
176199							3		
	(a) Name a	and address of the agent, broke	r, or other person to who	m commissi	ions or fees	were paid			
MERCER H&B ADMIN LLC	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  MERCER H&B ADMIN LLC  PO BOX 850502  MINNEAPOLIS, MN 55485-0502								
(b) Amount of sales ar	nd base	Fe	ees and other commissio	ns paid					
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code		
135738							3		

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**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		
113414			3		
(a) Nar	me and address of the agent broke	r, or other person to whom commissions or fees were paid			
(a) Nai	ne and address of the agent, broke	t, or other person to whom commissions or rees were paid			
(le) Amount of color and boso		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, broke	r, or other person to whom commissions or fees were paid			
(5)	······································	,			
(b) Amount of sales and base		Fees and other commissions paid	<b>(e)</b> Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid			
	<u> </u>				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		

F	Part				
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each carrier r	nay be treated as a ui	nit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
		ent value of plan's interest under this contract in separate accounts at year e			
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
				Cla	
	b	Premiums paid to carrier			
	c d	Premiums due but unpaid at the end of the year			
	u	retention of the contract or policy, enter amount		6d	
		Specify nature of costs		•	
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
		<del>_</del>			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accounts)	<b>=</b>	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		,			
		(0)7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70(6)	0
	Ч	(6)Total additions		7c(6) 7d	0
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>&gt;</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0

P	art I	Welfare Benefit Contract Informa If more than one contract covers the same g the information may be combined for reporti employees, the entire group of such individu	roup of employees of the ng purposes if such cont	racts are	expe	erience-rated as a uni	it. Where co	ontracts cover individua	
8	Bene	efit and contract type (check all applicable boxes)							
	а	Health (other than dental or vision)	<b>b</b> Dental		С	Vision		<b>d</b> X Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disabili	ty	gΠ	Supplemental unem	ployment	h Prescription drug	1
	ιĖ	Stop loss (large deductible)	j HMO contract	-	k∏	1 1		I ☐ Indemnity contra	
	m [	Other (specify)	, 🗆		⊔	1			
	m	Other (specify)							
9	Evne	rience-rated contracts:							
•	•	Premiums: (1) Amount received		9a(1)				<del>-</del>	
		(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 <b>(1)</b> and <b>(2)</b> )					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)(I	B)				
		(C) Other specific acquisition costs		9c(1)(0	C)				
		(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)		1		
		(H) Total retention	_		_		9c(1)(H)	)	0
		$\begin{tabular}{ll} \end{tabular} \begin{tabular}{ll} \end{tabular} \beg$	amounts were paid ir	ı cash, or		credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)	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 no	include amount entered	d in line 9	c(2).	.)	9e		
10		nexperience-rated contracts:							
	а	Total premiums or subscription charges paid to ca	rrier				10a		999559
	b	If the carrier, service, or other organization incurred					401		
	Sno	retention of the contract or policy, other than repocify nature of costs.	ted in Part I, line 2 abov	e, report	amo	ount	10b		
D	art I	V Provision of Information							
			tion noncessarity	lata C-1-	- ابراء		Vec	X No	
11		the insurance company fail to provide any information and the info		ete Sche	dule	Α/	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

2024

This Form is Open to Public Inspection

pursuant to Entrol section 105(a)(2).								
For calendar plan year 20	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024							
A Name of plan					e-digit			
LOCKHEED MARTIN GROUP BENEFITS PLAN					number (PN)	594		
					, ,	•		
C Plan sponsor's name				<b>D</b> Emplo	yer Identification Num	iber (EIN)		
LOCKHEED MARTIN C	ORPORATION			52-	-1893632			
	0		10 =					
		rning Insurance Contract						
<u> </u>	ate Scriedule F	Individual contracts grouped a	as a unii in Paris ii and ii	i can be re	ported on a single Sch	ledule A.		
1 Coverage Information:								
(a) Name of insurance ca	arrier							
LIFE INSURANCE COMF		TH AMERICA						
LIFE INSURANCE COMP	ANT OF NOR	TTAWERICA						
	(c) NAIC	(d) Contract or	(e) Approximate no		Policy	or contract year		
<b>(b)</b> EIN	code	identification number	persons covered a		(f) From	<b>(g)</b> To		
			policy or contrac	ι year	.,			
23-1503749	65498	COP0800502	9129		01/01/2024	12/31/2024		
0								
		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, a	and other persons in		
descending order of the		unical automated		(b) Ta		:		
(a) Total amount of commissions paid				(b) Total amount of fees paid				
3 Persons receiving con	nmissions and f	ees. (Complete as many entrie	s as needed to report all	persons).				
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were paid	l		
(b) Amount of sales a	nd base	Fe	ees and other commission	ns paid				
commissions pa	nid	(c) Amount		(d) Purpos		(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			
	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(b) Amount of sales a	nd hase	Fe	ees and other commissio	ns paid				
commissions pa		(c) Amount		(d) Purpose	e	(e) Organization code		
		` ′				,, ,		

<b>(a)</b> Nar	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Topo 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
commissions paid	· · · · · · · · · · · · · · · · · · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	code
(=) N =		and the same and t	
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
•			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(u) Hai	The and address of the agent, broken	, or other person to whom commissions of fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	(a) r dipose	code
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Tops and other commissions noid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
commodicino para	· · ·	.,,,	0000
(a) Nov	me and address of the agent broken	or other person to whom commissions or feed were paid	
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
1			
		1	1

	D4	II Investment and Annuity Contract Information			
	Part	Where individual contracts are provided, the entire group of such individual	idual contracts with each carrier may	, ha traatac	las a unit for nurnoses of
		this report.	iddal contracts with each came may	y be liealed	as a unit for purposes of
1	Curr	ent value of plan's interest under this contract in the general account at year	and	4	
				5	
		ent value of plan's interest under this contract in separate accounts at year e	na	3	
6	Con	tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in cor		C-I	
		retention of the contract or policy, enter amount		6d	
		Specify nature of costs			
	е	Type of contract: (1)  individual policies (2)  group deferred	d appuity		
	C	_	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here		
7	Con				
′		tracts With Unallocated Funds (Do not include portions of these contracts ma			
	а		te participation guarantee		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		<del>-</del>			
	b	Ralance at the end of the provious year		7b	
	C	Balance at the end of the previous year	7c(1)	7.0	
	C	Additions: (1) Contributions deposited during the year	· · · · ·		
		(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)		
		•			
				7c(6)	0
	a	(6)Total additions		7d	0
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ).		/u	<u> </u>
	е	Deductions:	70(4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>)</b>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		<b>7</b> f	C

P	art I	Welfare Benefit Contract Informa If more than one contract covers the same g the information may be combined for reporti employees, the entire group of such individu	roup of employees of the ng purposes if such cont	racts are	expe	erience-rated as a un	it. Where co	ontracts cover individual	
8	Bene	efit and contract type (check all applicable boxes)							
	аГ	Health (other than dental or vision)	<b>b</b> Dental		С	Vision		<b>d</b> X Life insurance	
	еĒ	<u>.</u>	f Long-term disabili		g☐	1	nlovment	h Prescription drug	
	: [			-		<u> </u>	ipioymoni		
	'	Stop loss (large deductible)	j		k _	PPO contract		I Indemnity contract	
	m	Other (specify)							
9	•	rience-rated contracts:		0-(4)				_	
		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)			00(4)		0
	-	(4) Earned ((1) + (2) - (3))					. 9a(4)		Ť
		Benefit charges (1) Claims paid		9b(1) 9b(2)					
		(2) Increase (decrease) in claim reserves(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )					9b(3)		0
		(4) Claims charged(4)					9b(4)		Ť
		Remainder of premium: (1) Retention charges (on					35(4)		
	·	(A) Commissions	•	9c(1)(/	4)				
		(B) Administrative service or other fees		9c(1)(I					
		(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		9c(1)(0	3)				
		(H) Total retention					9c(1)(H)	)	0
		(2) Dividends or retroactive rate refunds. (These	amounts were paid ir	n cash, or	П	credited.)	9c(2)		
		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	t include amount entered	d in line <b>9</b>	c(2).	.)	9e		
10		nexperience-rated contracts:				,	•		
	а	Total premiums or subscription charges paid to ca	rrier				10a	98193	377
	b	If the carrier, service, or other organization incurre	d any specific costs in c	onnection	n witl	h the acquisition or			
		retention of the contract or policy, other than repo					10b		
	Spe	cify nature of costs.							
P	art I	V Provision of Information							
11		the insurance company fail to provide any informa	ation necessary to comp	lete Sche	dule	А?	Yes	X No	_
		ne answer to line 11 is "Yes," specify the information		310 00116	Juie	,		L	
1 4		ic anower to line it is ites, specify the infollitation	ii not provided. 🔻						