#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

### 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

For cale	ndar plan year 2024 or fisc	cal plan year beginning 01/01/2024		and ending 12/31/2024			
A This	return/report is for:	a multiemployer plan	ш :	oloyer plan (Filers checking this b mation in accordance with the fo			iting
		X a single-employer plan	a DFE (specify	')		,	
<b>B</b> This	return/report is:	the first return/report	the final return	/report			
		an amended return/report	a short plan ye	ear return/report (less than 12 mo	onths)	)	
C If the	plan is a collectively-barg	ained plan, check here		<b>)</b> [	X		
<b>D</b> Chec	ck box if filing under:	X Form 5558	automatic exte	nsion	the	e DFVC program	
	_	special extension (enter description	n)				
E If this	s is a retroactively adopted	plan permitted by SECURE Act section	201, check here				
Part II	Basic Plan Infor	mation—enter all requested information	n				
	ne of plan	ATION GROUP INSURANCE PLAN FOI	D EMDI OVEES OF	TDANSEEDDED GE ODS IN	1b	Three-digit plan number (PN) ▶	512
	ARGAINING UNIT	ATION GROUP INSURANCE FLAN FOR	K EMPLOTEES OF	TRANSFERRED GE OFS IN	1c	Effective date of pl	an
						01/01/1995	
		er, if for a single-employer plan)			2b	Employer Identifica	ation
		n, apt., suite no. and street, or P.O. Box) , country, and ZIP or foreign postal code	(if foreign, see instr	uctions)		Number (EIN) 52-1893632	
LOCKH	IEED MÄRTIN CORPORA	TION	(		2c	Plan Sponsor's tele	ephone
						number 863-647-0370	•
6801 R	OCKLEDGE DRIVE, CCT	-224			2d	Business code (see	
	SDA, MD 20817					instructions)	-
						339900	
Caution	: A penalty for the late o	r incomplete filing of this return/repor	t will be assessed	unless reasonable cause is es	tablis	shed.	
Under pe	enalties of perjury and oth	er penalties set forth in the instructions, I	declare that I have	examined this return/report, inclu	uding	accompanying sche	
			-				-
SIGN	Filed with authorized/valid	d electronic signature.	10/09/2025	ROBERT MUENINGHOFF			
HERE	Signature of plan admi	inistrator	Date	Enter name of individual signing as plan administ			
SIGN							
HFRF							

Date

Date

Signature of employer/plan sponsor

Signature of DFE

SIGN **HERE**  Enter name of individual signing as employer or plan sponsor

Enter name of individual signing as DFE

	Form 5500 (2024)	Pa	age <b>2</b>			
3a	Plan administrator's name and address X Same as Plan Sponsor				<b>3b</b> Ad	ministrator's EIN
						ministrator's telephone mber
					Hu	mbei
4	If the name and/or EIN of the plan sponsor or the plan name has changed sin enter the plan sponsor's name, EIN, the plan name and the plan number from				4b EII	V
а	Sponsor's name	i ille lasi leti	ипитерс	JI L.	4d PN	I
С	Plan Name					
5	Total number of participants at the beginning of the plan year				5	4167
6	Number of participants as of the end of the plan year unless otherwise stated <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	(welfare pla	ns com	plete only lines 6a(1),		
a(	1) Total number of active participants at the beginning of the plan year				6a(1)	4167
a(	2) Total number of active participants at the end of the plan year				6a(2)	4262
b	Retired or separated participants receiving benefits				6b	0
С	Other retired or separated participants entitled to future benefits				6c	0
d	Subtotal. Add lines 6a(2), 6b, and 6c.				6d	4262
е	Deceased participants whose beneficiaries are receiving or are entitled to	receive bene	efits		6e	
f	Total. Add lines <b>6d</b> and <b>6e</b>				6f	
g(	complete this item,				6g(1)	
g(	Number of participants with account balances as of the end of the plan year complete this item)				6g(2)	
h	Number of participants who terminated employment during the plan year v 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	instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature code	es from the L	ist of P	lan Characteristics Codes	s in the ir	nstructions:
	4A 4B 4D 4E 4F 4H 4L 4Q					
9a	Plan funding arrangement (check all that apply)	<b>9b</b> Plan b	ene <u>fit</u> a	arrangement (check all tha	at apply)	
	(1) Insurance	(1)	X	Insurance		
	Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)(3)	insuranc	e contracts
	(3) Trust (4) General assets of the sponsor	(3) (4)	V	Trust General assets of the sp	ooneor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are at	1	where	·		ned (See instructions)
	Pension Schedules	b Gene		•		(,
	(1) R (Retirement Plan Information)	(1)	П	H (Financial Information	1)	
	(2)   MD (Multiampleyer Defined Benefit Blan and Cortain Manay	(2)	Ī	I (Financial Information	– Small	Plan)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(3)	X	A (Insurance Information	n) – Num	nber Attached11
	actuary	(4)	Ħ	C (Service Provider Info		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)		D (DFE/Participating Pla	an Inform	nation)
	Information) - signed by the plan actuary  (4) DCG (Individual Plan Information) - Number Attached					
	(4) DCG (Individual Plan Information) – Number Attached	(6)	Ш	<b>G</b> (Financial Transaction	ı əcnedl	iles)
	(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

mumauant ta FDICA aaatian 400/a/0\					n 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  LOCKHEED MARTIN CORPORATION GROUP INSURANCE PLAN  TRANSFERRED GE OPS IN THE BARGAINING UNIT			B Three plan	e-digit number (PN	ı) <b>•</b>	512
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		<b>D</b> Emplo	ver Identifica	ation Number (	EIN)
LOCKHEED MARTIN CO				•	-1893632		,
		erning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance cal		TH AMERICA					
	(a) NAIC	(d) Contract or	(e) Approximate nu	umber of		Policy or co	ontract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	persons covered at end of policy or contract year		From	<b>(g)</b> To
23-1503749	65498	LK 008348	1607		01/01/2024	4	12/31/2024
2 Insurance fee and coming descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, I	brokers, and ot	her persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
1986 238					238		
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name	and address of the agent, broke	er, or other person to who	m commissi	ions or fees	were paid	
MERCER HEALTH & BEN	EFITS, LLC		5 PAYSPHERE CIRCLE CAGO, IL 60674				
(b) Amount of sales ar	nd hase	F	ees and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code
	1986	238	SUPPLEMENTAL COMM	MISSIONS,	OVERRIDE	S	3
	(a) Name	and address of the agent, broke	er or other person to who	m commissi	ions or fees	were paid	
	(a) Hame	ana adarose or are agont, protec	or, er euror perceur te wile		10110 01 1000	word pand	
(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
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

		Walfana Banadi A 4 1 1	(*					
P	art I	If more than one contract covers the same g the information may be combined for reportir	roup of employees of the ng purposes if such cont	racts are	exp	erience-rated as a unit	. Where co	ontracts cover individual
		employees, the entire group of such individu	al contracts with each ca	arrier may	/ be	treated as a unit for pu	irposes of t	his report.
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> Life insurance
	<b>e</b> >	Temporary disability (accident and sickness)	f 🛮 Long-term disabilit	ty	g	Supplemental unemp	oloyment	<b>h</b> Prescription drug
	i [	Stop loss (large deductible)	j HMO contract		k	PPO contract		I Indemnity contract
	m	Other (specify)			<u> </u>	•		<u> </u>
	L	] (-p),						
9	Expe	erience-rated contracts:						
		Premiums: (1) Amount received		9a(1)	)			
		(2) Increase (decrease) in amount due but unpaid		9a(2)				
		(3) Increase (decrease) in unearned premium rese		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)(/				
		(B) Administrative service or other fees		9c(1)(l				
		(C) Other specific acquisition costs		9c(1)(0				
		(D) Other expenses		9c(1)(I				_
		(E) Taxes		9c(1)(I				
		(F) Other retention charges		9c(1)(i 9c(1)(				
		(G) Other retention charges					9c(1)(H)	0
		(H) Total retention(Those of the control of t	_		_			•
	al	(2) Dividends or retroactive rate refunds. (These			_		9c(2)	
	d	Status of policyholder reserves at end of year: (1)	·				9d(1)	
		(2) Other receives					9d(2)	
	е	(3) Other reserves					9d(3) 9e	
10		nexperience-rated contracts:	illolude alloulit eliteret		<u> </u>	.)	36	
		Total premiums or subscription charges paid to ca	rrier				10a	595210
		If the carrier, service, or other organization incurre					100	000210
	D	retention of the contract or policy, other than repo					10b	
	Spe	cify nature of costs.						•
Р	art I	V Provision of Information						
11	Did	I the insurance company fail to provide any informa	ition necessary to compl	ete Sche	dule	A?	Yes	X No
		ne answer to line 11 is "Yes," specify the information				<u> </u>		_

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

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

Insurance companies are required to provide the information

OMB No. 1210-0110

n.mant to EDICA anotion 402(a)(2)					n 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  LOCKHEED MARTIN CORPORATION GROUP INSURANCE PLAN  TRANSFERRED GE OPS IN THE BARGAINING UNIT				e-digit number (PN	I) <b>•</b>	512
C Plan sponsor's name a	s shown on li	ine 2a of Form 5500		<b>D</b> Emplo	ver Identifica	ation Number (	EIN)
LOCKHEED MARTIN CO				· ·	-1893632		,
		erning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca		Y OF AMERICA					
			(e) Approximate n	ımher of		Policy or co	ontract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	(e) Approximate number of persons covered at end of policy or contract year		From	<b>(g)</b> To
22-1211670	68241	43406-2	2933		01/01/2024	4	12/31/2024
2 Insurance fee and com descending order of the		mation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, l	brokers, and ot	her persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
		767					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	IEFITS LLC		5 PAYSPHERE CIRCLE CAGO, IL 60674				
(b) Amount of sales a	nd hase	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	е		(e) Organization code
767 0 SUPPLEMENTAL COMM			MISSIONS			3	
	(a) Name	and address of the agent, broke	er or other person to who	m commissi	ione or fees	were naid	_
	(a) Ivaille	and address of the agent, broke	er, or other person to who	III COITIIIII33	ions or rees	were paid	
(b) Amount of sales a	nd base	F	ees and other commission	ns paid			
commissions pa		(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 III Welfare Benefit Contract Informati	on				
	If more than one contract covers the same gro					
	the information may be combined for reporting employees, the entire group of such individual					
8	Benefit and contract type (check all applicable boxes)	CONTRACTS WITH CACH CAT	ici illay be	treated as a drift for pe	1100000 01 1	піз терогі.
		Протес		1		<b>d</b> ∨ 1 × 1 · · · · · · · · · · · · · · · · ·
		Dental	<u> </u>	Vision		<b>d</b> X Life insurance
	e  Temporary disability (accident and sickness) f	Long-term disability		Supplemental unemp	oloyment	h 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 reserv	e	9a(3)		1	
	(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 <b>(1)</b> and <b>(2)</b> )				9b(3)	0
	(4) Claims charged(4) Data time leave (4)				9b(4)	
	C Remainder of premium: (1) Retention charges (on a		00/41//41			_
	(A) Commissions		9c(1)(A) 9c(1)(B)			
	(B) Administrative service or other fees(C) Other specific acquisition costs		9c(1)(C)			_
	(D) Other expenses		9c(1)(D)			_
	(E) Taxes		9c(1)(E)			
	(F) Charges for risks or other contingencies		9c(1)(F)			
	(G) Other retention charges					
	(H) Total retention				9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These ar	nounts were paid in c	ash, or	credited.)	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)	
	e Dividends or retroactive rate refunds due. (Do not in	nclude amount entered i	n line <b>9c(2)</b> .	.)	9e	
10	Nonexperience-rated contracts:					
	a Total premiums or subscription charges paid to carr	ier			10a	237190
	<b>b</b> If the carrier, service, or other organization incurred	any specific costs in cor	nection wit	h the acquisition or		
	retention of the contract or policy, other than reporte	ed in Part I, line 2 above,	report amo	ount	10b	
	Specify nature of costs.					
Da	art IV Provision of Information					
					V	
	Did the insurance company fail to provide any informati		e Schedule	A?	Yes	X No
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 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 CORPORATION GROUP INSURANCE PLAN FO			OR EMPLOYEES OF		number (P	N) •	512
TRANSFERRED GE OF	S IN THE BAR	RGAINING UNIT		F-1-111			
C Plan sponsor's name a	as shown on lin	ie 2a of Form 5500		<b>D</b> Emplo	yer Identific	cation Number (	EIN)
LOCKHEED MARTIN CO	ORPORATION			52-	-1893632		
		rning Insurance Contrac					
1 Coverage Information:							
•							
(a) Name of insurance ca							
PRUDENTIAL INSURANCE	CE COMPANY	OF AMERICA					
					1		
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	ontract year
(D) LIN	code	identification number	persons covered at end of policy or contract year		(f)	From	<b>(g)</b> To
22-1211670	68241	23747-1	3114		01/01/202	24	12/31/2024
2 Insurance fee and comdescending order of the		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 commissions paid (b) Total amount of fees paid							
	3424 0						
3 Persons receiving com	missions and f	ees. (Complete as many entries	s as needed to report all	persons).			
Ū		and address of the agent, broker		· · · · · ·	ions or fees	s were paid	
MERCER HEALTH & BEN	• •	<u> </u>	PAYSPHERE CIRCLE			•	
MERCER HEALTH & DEI	VETTTO ELO		AGO, IL 60674				
			•				
(In) A		Fe	es and other commission	ns paid			
(b) Amount of sales a commissions page		(c) Amount		(d) Purpose			(e) Organization code
commissions pe	3424		SUPPLEMENTAL COMI		<u> </u>		
	3424	o   C	OFFELIVILIVIAL COIVII	VIIOOIONO			3
		<u> </u>					
	(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 hase	Fe	es and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose	<u></u> 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 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 individual.	group ng pu	of employees of the rposes if such cont	racts are	exp	perience-rated as a un	it. Where co	ontract	s cover individual
0	D	- E: A	1 7 7 0 1	iai coi	iliacis willi each ca	amer ma	y be	treated as a utilit for p	urposes or	uns rep	OOIL.
	г		nd contract type (check all applicable boxes)				_	¬			
	а	He	ealth (other than dental or vision)	b 🗌	Dental		С	Vision		d X	Life insurance
	е	Те	mporary disability (accident and sickness)	f	Long-term disabili	ty	g	Supplemental unem	ployment	h	Prescription drug
	i [	Sto	op loss (large deductible)	jΠ	HMO contract		k	PPO contract		I	Indemnity contract
	m	Ot	her (specify)				_	_		_	
	L		(1 )/								
9	Expe	erienc	ce-rated contracts:								
	•		iums: (1) Amount received			9a(1	)		1037256	5	
			ncrease (decrease) in amount due but unpaid			9a(2			46041		
		٠,,	ncrease (decrease) in unearned premium res			9a(3	)				
			arned ((1) + (2) - (3))						9a(4)		1083297
	-		efit charges (1) Claims paid						858080	)	
		(2) Ir	ncrease (decrease) in claim reserves			9b(2	)		-46752	2	
		(3) Ir	ncurred claims (add (1) and (2))						9b(3)		811328
		(4) C	laims charged						9b(4)		811328
	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)(			66981		
		(	(E) Taxes			9c(1)(			25565	_	
		(	(F) Charges for risks or other contingencies			9c(1)(			5930	<u> </u>	
		(	(G) Other retention charges			9c(1)(	G)				00.470
			(H) Total retention		_		_		9c(1)(H	)	98476
			Dividends or retroactive rate refunds. (These		L-1				9c(2)		137712
	d	Stat	us of policyholder reserves at end of year: (1	Amo	unt held to provide	benefits	after	r retirement	9d(1)		
		(2)	Claim reserves						9d(2)		140067
		(3)	Other reserves						9d(3)		
	е		dends or retroactive rate refunds due. (Do no	t inclu	ide amount entered	in line S	)c(2)	<b>)</b> .)	9e		
10			erience-rated contracts:								
	а	Tota	Il premiums or subscription charges paid to c	arrier.					10a		
	b		e carrier, service, or other organization incurr						4.01		
	Cna		ntion of the contract or policy, other than repo	rted i	n Part I, line 2 abov	e, report	amo	ount	10b		
	Spe	CIIY II	ature of costs.								
Pa	art I	٧	Provision of Information								
11	Dic	the	insurance company fail to provide any inform	ation i	necessary to comp	ete Sche	dule	e A?	Yes	X No	)
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.

OMB No. 1210-0110

pursuant to ERISA section 103(a)(2).						This For	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	/2024	
A Name of plan LOCKHEED MARTIN CO TRANSFERRED GE OP		GROUP INSURANCE PLAN FOR GAINING UNIT	OR EMPLOYEES OF		e-digit number (PN)	) •	512
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		D Emplo	yer Identifica	tion Number	(FIN)
•	LOCKHEED MARTIN CORPORATION 52-1893632						
		rning Insurance Contrac A. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance car PRUDENTIAL INSURANCE		OF AMERICA					
	(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)	-rom	<b>(g)</b> To
22-1211670	68241	23749-1	210		01/01/2024		12/31/2024
2 Insurance fee and comi descending order of the		nation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, b	rokers, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
189						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	, or other person to who	m commiss	ions or fees v	vere paid	
MERCER HEALTH & BEN	EFITS LLC		PAYSPHERE CIRCLE AGO, IL 60674				
(b) Amount of sales ar	nd hase	Fe	es and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose		(e) Organization code	
	189	0 8	SUPPLEMENTAL COMM	MISSIONS			3
	(a) Name	and address of the agent, broker	, or other person to who	m commiss	ions or fees v	vere paid	
(b) Amount of sales ar	nd base	Fe	es and other commissio	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 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 of the	e same emplo	over(s) or members of	the same er	mplovee organizations(s).
		the information may be combined for reporting purposes if such contemployees, the entire group of such individual contracts with each c	tracts are expe	erience-rated as a uni	t. Where co	ontracts cover individual
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	,p.10 y	I  Indemnity contract
	m	Other (specify)	L_	1		
	-	_				
9	Ехре	erience-rated contracts:				
	a I	Premiums: (1) Amount received	9a(1)			
		(2) Increase (decrease) in amount due but unpaid				
		(3) Increase (decrease) in unearned premium reserve			1 2 (0)	
		(4) Earned ((1) + (2) - (3))			9a(4)	
	b	Benefit charges (1) Claims paid				_
		(2) Increase (decrease) in claim reserves			01- (0)	
		(3) Incurred claims (add (1) and (2))			9b(3)	
	_	(4) Claims charged			9b(4)	
	С		9c/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)	
		(2) Dividends or retroactive rate refunds. (These amounts were paid in	n cash, or □ o	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			9e	
10	No	nexperience-rated contracts:		•		
	а	Total premiums or subscription charges paid to carrier			10a	7670
	b	If the carrier, service, or other organization incurred 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	ve, report amo	ount	10b	
	Spe	cify nature of costs.				
D	- P-4	IV Provision 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

						Inspection		
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 CO TRANSFERRED GE OP		N GROUP INSURANCE PLAN F RGAINING UNIT	OR EMPLOYEES OF	<b>B</b> Three plan	e-digit number (PN	N) <b>•</b>	512	
C Plan sponsor's name a					yer Identifica	ation Number (I	EIN)	
		rning Insurance Contract A. Individual contracts grouped						
1 Coverage Information:		V I		•				
(a) Name of insurance car PRUDENTIAL INSURANC		OF AMERICA						
/L\	(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	68241	23748-1	1200		01/01/2024	4	12/31/2024	
2 Insurance fee and commodescending order of the		nation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, l	brokers, and ot	her persons in	
		nmissions paid		<b>(b)</b> To	tal amount o	of fees paid		
1010 0							0	
3 Persons receiving com	missions and	fees. (Complete as many entrie	s 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					
(b) Amount of sales an	d hase	F	ees and other commissio	ns paid				
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code	
	1010	0	SUPPLEMENTAL COMM	MISSIONS			3	
	(a) Name	and address of the agent, broke	r. or other person to who	m commissi	ions or fees	were paid		
	(6)	ana aaa	, 5. 5					
(b) Amount of sales an	d hase	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

		144 16 D 61 D 4 1 1 6 4									
Р	art	Welfare Benefit Contract Informatio If more than one contract covers the same grou the information may be combined for reporting pemployees, the entire group of such individual of	p ou	rposes if such contr	acts are	exp	per	ience-rated as a unit	. Where o	ontrac	ts cover individual
8	Ben	nefit and contract type (check all applicable boxes)									
	а	_		Dental		сГ	П	Vision		d X	Life insurance
	<u> </u>		=	Long-term disabilit	.,	_	片	Supplemental unem	lovmont		Prescription drug
	e [	□ ' ' '\	冐	_	у	g			Dioyment	"⊟	
	ı	Stop loss (large deductible) j		HMO contract		k	Ш	PPO contract		I	Indemnity contract
	m	Other (specify)									
9	Ехре	erience-rated contracts:		_							
	a I	Premiums: (1) Amount received			9a(1	)			39604	8	
		(2) Increase (decrease) in amount due but unpaid			9a(2	2)					
		(3) Increase (decrease) in unearned premium reserve	٠		9a(3	5)					
		(4) Earned ((1) + (2) - (3))							9a(4)		396048
	b	Benefit charges (1) Claims paid			9b(1				32729	7	
		(2) Increase (decrease) in claim reserves			9b(2	2)			618	8	
		(3) Incurred claims (add (1) and (2))							9b(3)		333485
		(4) Claims charged							9b(4)		333485
	C	Remainder of premium: (1) Retention charges (on an	а	ccrual basis)							
		(A) Commissions			9c(1)(	(A)					
		(B) Administrative service or other fees			9c(1)(						
		(C) Other specific acquisition costs			9c(1)(	C)					
		(D) Other expenses			9c(1)(	D)			974	8	
		(E) Taxes			9c(1)(	E)			1045	2	
		(F) Charges for risks or other contingencies			9c(1)(	F)			453	1	
		(G) Other retention charges			9c(1)(	G)					
		(H) Total retention							9c(1)(F	l)	24731
		(2) Dividends or retroactive rate refunds. (These ame	วน	nts were paid in	cash, o	r	cre	edited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Am	10	unt held to provide I	penefits	_ afte	er re	etirement	9d(1)		
		(2) Claim reserves		•					9d(2)		45707
		(3) Other reserves							9d(3)		142411
	е								9e		
10		onexperience-rated contracts:					,,				
	а	Total premiums or subscription charges paid to carrie	er.						10a		
	b	If the carrier, service, or other organization incurred a							- 100		
	D	retention of the contract or policy, other than reported							10b		
	Spe	ecify nature of costs.			-,						
	•	,									
Р	art l	IV Provision of Information									
11		d the insurance company fail to provide any informatio	n ı	necessary to compl	ete Sche	edule	le A	ν?	Yes	X N	0
		the answer to line 11 is "Yes," specify the information r						<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

mumant to FDICA another 400/a/0\						n is Open to Public Inspection		
For calendar plan year 202	24 or fiscal pl	an year beginning 01/01/2024		and en	ding 12/3	31/2024		
A Name of plan LOCKHEED MARTIN CO TRANSFERRED GE OP		N GROUP INSURANCE PLAN F RGAINING UNIT	FOR EMPLOYEES OF B Three-digit plan number (PI			N) <b>•</b>	512	
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		<b>D</b> Emplo	ver Identifica	ation Number (	EIN)	
•	LOCKHEED MARTIN CORPORATION 52-1893632							
		erning Insurance Contract  A. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance can NEW YORK LIFE GROUP		E COMPANY OF NEW YORK						
	(a) NAIC	(d) Contract or	(e) Approximate nu	umber of		Policy or co	contract 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	
13-2556568	64548	NYD0074268	518	518 01		4	12/31/2024	
2 Insurance fee and communication descending order of the		nation. Enter the total fees and $\mathfrak{t}$	otal commissions paid. L	ist in line 3	the agents, I	brokers, and ot	her persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
102 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	were paid		
MERCER HEALTH & BEN	EFITS, LLC		S PAYSPHERE CIRCLE CAGO, IL 60674					
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid				
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code	
	102	0	SUPPLEMENTAL COMM	MISSIONS			3	
	(a) Name	and address of the agent, broke	er or other nerson to who	m commissi	ions or fees	were naid		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(b) Amount of sales ar	nd hase	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 III Welfare Benefit Contract Information	on				
	If more than one contract covers the same gro the information may be combined for reporting	up of employees of the s				
	employees, the entire group of such individual					
8	Benefit and contract type (check all applicable boxes)					
		Dental	с	Vision		<b>d</b> Life insurance
		Long-term disability	g	Supplemental unem	oloyment	h Prescription drug
	i Stop loss (large deductible)	HMO contract		PPO contract	•	I  Indemnity contract
	m X Other (specify) ▶ PAID FAMILY LEAVE	□		]		- □,
	The Specify Francisco					
9 F	Experience-rated contracts:					
	a Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	<del> </del>	9a(2)			
	(3) Increase (decrease) in unearned premium reserv		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)	
	<b>c</b> Remainder of premium: (1) Retention charges (on a					
	(A) Commissions		9c(1)(A)			
	(B) Administrative service or other fees		9c(1)(B)			
	(C) Other specific acquisition costs		9c(1)(C)			
	(D) Other expenses		9c(1)(D)			
	(E) Taxes		9c(1)(E)			
	(F) Charges for risks or other contingencies		9c(1)(F)			
	(G) Other retention charges		9c(1)(G)			
	(H) Total retention				9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These an	nounts were paid in c	ash, or	credited.)	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)	
	e Dividends or retroactive rate refunds due. (Do not in	nclude amount entered i	n line <b>9c(2)</b> .	.)	9e	
10	Nonexperience-rated contracts:					
	a Total premiums or subscription charges paid to carr	ier			10a	11811
	<b>b</b> If the carrier, service, or other organization incurred					
	retention of the contract or policy, other than reporte	ed in Part I, line 2 above,	report amo	ount	10b	
	Specify nature of costs.					
_	Description of later was the					
	art IV Provision of Information					
11	Did the insurance company fail to provide any information	on necessary to complet	e Schedule	A?	Yes	X No
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

For calendar plan year 2	024 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 C TRANSFERRED GE O		GROUP INSURANCE PLAN F	FOR EMPLOYEES OF	plan	number (PN)	<u> </u>	512
TRANSFERRED GE O	PS IN THE BAR	RGAINING UNIT					
C Plan sponsor's name	as shown on lir	ne 2a of Form 5500		<b>D</b> Emplo	yer Identification Nur	nber (	EIN)
LOCKHEED MARTIN C	ORPORATION			52-	-1893632		
		rning Insurance Contract  A. Individual contracts grouped					
1 Coverage Information:		<u> </u>					
-							
(a) Name of insurance c		TION					
HAWAII MEDICAL SERV	TICE ASSOCIA	HON					
# . <b>-</b>	(c) NAIC	(d) Contract or	(e) Approximate no		Polic	y or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From		<b>(g)</b> To
99-0040115	49948	C952	0		01/01/2024		12/31/2024
2 Insurance fee and condescending order of th		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers,	and ot	her persons in
<b>(a)</b> Total	(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving cor	nmissions and f	fees. (Complete as many entrie	es as needed to report all	persons).			
	<b>(a)</b> Name a	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were pai	d	
(b) Amount of sales a			ees and other commissio				
commissions pa	aid	(c) Amount		(d) Purpose	е		(e) Organization code
	(a) Name :	and address of the agent, broke	er or other nerson to who	m commiss	ions or fees were nai	d	
	(a) Name a	and address of the agent, broke	or, or other person to who	111 00111111133	ions of ices were par	<u>u</u>	
(b) Amount of sales a	and base	F	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(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

F	Part I	Welfare Be	nefit Contract Inform	ation					
		the information	ne contract covers the same n may be combined for repor e entire group of such indivice	ting purposes if such con	tracts are ex	perience-rated as	a unit. Where co	ontracts cover individual	
8	Bene	efit and contract type	(check all applicable boxes	)				· · · · ·	_
	а	Health (other than		<b>b</b> Dental	С	Vision		<b>d</b> Life insurance	
	e [	<u> </u>	ity (accident and sickness)	f ☐ Long-term disabil		Supplemental	unemployment	h Prescription drug	
	: -				_		unemployment		
	'	Stop loss (large de	•	j X HMO contract	k	PPO contract		I Indemnity contract	
	m	Other (specify)							
_									_
9		rience-rated contrac				T		_	
		` '	nt received		9a(1)			_	
			se) in amount due but unpai		9a(2)			_	
			se) in unearned premium re				00(4)		0
	-		- (3))				9a(4)		_
		• , ,	Claims paid		9b(1) 9b(2)			_	
		· ·	se) in claim reserves add <b>(1)</b> and <b>(2)</b> )			<u> </u>	9b(3)		0
			auu (1) anu (2))						Ť
		( )	um: (1) Retention charges (						
	•		s	·	9c(1)(A)			-	
			ve service or other fees		9c(1)(B)			=	
			ic acquisition costs		9c(1)(C)			_	
			ses		9c(1)(D)				
		(E) Taxes			9c(1)(E)				
		(F) Charges for	risks or other contingencies		9c(1)(F)				
		(G) Other retent	ion charges		9c(1)(G)				
		` '	on						0
		(2) Dividends or retr	oactive rate refunds. (These	e amounts were 🔲 paid i	n cash, or	credited.)	9c(2)		
	d	Status of policyholde	er reserves at end of year: (	l) Amount held to provide	benefits after	er retirement	9d(1)		
		(2) Claim reserves					9d(2)		
		(3) Other reserves					9d(3)		
			tive rate refunds due. (Do r	ot include amount entere	d in line 9c(2	<b>2)</b> .)	9e		_
10	) No	nexperience-rated co	ontracts:						
	а	Total premiums or s	ubscription charges paid to	carrier			10a	184	17
	b		e, or other organization incur						
	Spo		ract or policy, other than rep	orted in Part I, line 2 abo	/e, report an	nount	10b		
	Spe	cify nature of costs.							
P	Part I	V Provision	of Information						_
			any fail to provide any inforr	nation necessary to comp	lete Schedu	le A?	Yes	X No	_
			is "Yes," specify the informa		.s.c concuu			<u> </u>	
	_ 11 1.1								

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	2024 or fiscal pla	an year beginning 01/01/2024		and en	nding 12/31/202	4	
A Name of plan				B Three-digit			
		I GROUP INSURANCE PLAN F	FOR EMPLOYEES OF		number (PN)	•	512
TRANSFERRED GE (	OPS IN THE BAI	RGAINING UNIT			, ,		
C Plan sponsor's name	e as shown on lii	ne 2a of Form 5500		<b>D</b> Emplo	yer Identification I	Number (	(EIN)
LOCKHEED MARTIN				· ·	-1893632	`	,
		rning Insurance Contra					
•		A. Individual contracts grouped	as a unit in Parts II and I	II can be re	ported on a single	Schedul	e A.
1 Coverage Information	n:						
(a) Name of insurance	carrier						
VISION SERVICE PLAN	N						
			(e) Approximate n	umber of	Pr	olicy or co	ontract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	at end of	(f) From		(g) To
	Code	Identification number	policy or contract	t year	(1) 1 10111		(9)
23-7089668	53031	30077627	3142		01/01/2024		12/31/2024
2 Insurance fee and co		nation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, broke	rs, and o	ther persons in
U	al amount of con	nmissions paid		<b>(b)</b> To	otal amount of fees	s paid	_
		·					
3 Persons receiving co	ommissions and	fees. (Complete as many entrie	es as needed to report all	persons).			
<u> </u>		and address of the agent, broke		· · · · · ·	sions or fees were	paid	
	•	-	•				
(h) Amount of calco	and base	F	ees and other commission	ns paid			
(b) Amount of sales commissions		(c) Amount		(d) Purpos	e		(e) Organization code
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees were	paid	
(b) Amount of sales	and base	F	ees and other commission	ns paid			
commissions		(c) Amount		(d) Purpos	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

P	art I	Welfare Benefit Contract Informat If more than one contract covers the same g the information may be combined for reportir employees, the entire group of such individu	oup of employees of the group of employees of the group o	racts are	expe	erience-rated as a uni	t. Where co	ontracts cover individu	
8	Bene	efit and contract type (check all applicable boxes)		<u>,</u>					
•	аГ		<b>b</b> Dental		c 🔽	Vision		<b>d</b> Life insurance	
	<u> </u>	<u>-</u>	=						
	e L	_ '	f Long-term disabili	ty	g 📙		pioyment	h Prescription dr	_
	i	Stop loss (large deductible)	j HMO contract		k 📗	PPO contract		I Indemnity cont	ract
	m	Other (specify)							
		_							
9	Expe	rience-rated contracts:		_					
	<b>a</b> 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)	)		1		
		(4) Earned ((1) + (2) - (3))					. 9a(4)		0
	b	Benefit charges (1) Claims paid		9b(1)					
		(2) Increase (decrease) in claim reserves		9b(2)	)		1		
		(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)(E					
		(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	•		00/1\/LI\	\	0
		(H) Total retention	_		_		9c(1)(H)	1	
		(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)		
40		Dividends or retroactive rate refunds due. (Do not	include amount entered	in line 9	C(2).	)	9e		
10		nexperience-rated contracts:					40-		452042
	_	Total premiums or subscription charges paid to ca					10a		452013
	b	If the carrier, service, or other organization incurre retention of the contract or policy, other than repor					10b		
	Spec	cify nature of costs.	teu iii Fait i, iiile 2 abov	e, report	amo	unt	100		
_		V Provision of Information							
	art I							<u> </u>	
11		the insurance company fail to provide any informa		ete Sche	dule	A?	Yes	X No	
12	! If th	ne answer to line 11 is "Yes," specify the informatio	n not provided. 🕨						

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

		panoualiti to 2	=:	, <del>.</del>			mspection
For calendar plan year 2	024 or fiscal plan	year beginning 01/01/2024		and en	iding 12/31/2024	4	•
A Name of plan LOCKHEED MARTIN O TRANSFERRED GE O		GROUP INSURANCE PLAN FO	OR EMPLOYEES OF	B Thre	e-digit number (PN)	<u> </u>	512
C Plan sponsor's name	as shown on line	e 2a of Form 5500		<b>D</b> Emplo	yer Identification N	lumber	(EIN)
LOCKHEED MARTIN C	ORPORATION			52-	-1893632		
		ning Insurance Contract . Individual contracts grouped a					
1 Coverage Information	:						
(a) Name of insurance of CIGNA HEALTH AND LI		COMPANY					
	(c) NAIC	(d) Contract or	(e) Approximate no	umber of	Pol	licy or c	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From		<b>(g)</b> To
59-1031071	67369	2500544,3341110	135		01/01/2024		12/31/2024
2 Insurance fee and cor descending order of the		ation. Enter the total fees and tot	al commissions paid. L	ist in line 3	the agents, brokers	s, and c	other persons in
(a) Total	amount of com	missions paid		<b>(b)</b> To	otal amount of fees	paid	
3 Persons receiving cor		ees. (Complete as many entries		. ,			
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees were p	oaid	
(b) Amount of sales a	and base	Fee	es and other commissio	ns paid			
commissions p		(c) Amount		(d) Purpos	е		(e) Organization code
	(a) Nama a	nd address of the agent, broker,	or other person to who	m commico	iono or food word r	noid	
	(a) Name a	nd address of the agent, broker,	or other person to who	III COMINISS	ions or lees were p	Jaiu	
(b) Amount of sales a	and base	Fee	es and other commissio	ns paid	-		
commissions p		(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	
		Food and other commissions paid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
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	
		(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

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

## Other (specify) ## PEXperience-rated contracts:  a Premiums: (1) Amount received  (2) Increase (decrease) in amount due but unpaid  (3) Increase (decrease) in unearned premium reserve  (4) Earned ((1) + (2) - (3))  (5) Benefit charges (1) Claims paid  (6) Increase (decrease) in claim reserves  (7) Increase (decrease) in claim reserves  (8) Benefit charges (1) Claims paid  (9) Increase (decrease) in claim reserves  (2) Increase (decrease) in claim reserves  (3) Incurred claims (add (1) and (2))  (4) Claims charged.  (5) Increase (decrease) in claim reserves  (6) Claim charges  (7) Increase (decrease) in claim reserves  (8) Administrative service or other fees  (9) Increase (decrease) in claim reserves  (1) Increase (decrease) in claim reserves  (2) Increase (decrease) in claim reserves  (3) Other reserves at end of year: (1) Amount held to provide benefits after retirement  (2) Claim reserves  (3) Other reserves  (4) Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement  (2) Claim reserves  (3) Other reserves  (4) Increase (decrease) in claim reserves  (8) Increase (decrease) in claim reserves  (9) Increase (1) Increase (	_		Wolfers Danafit Canturat Inform	4ion					
8 Benefit and contract type (check all applicable boxes) a   Health (other than dental or vision)   b   Dental   c   Vision   d   Life insurance   h   Prescription drug   l   Stop loss (large deductible)   j   HMO contract   k   PPO contract   l   Indemnity contract   m   Other (specify)   M   Prescription drug   l   Indemnity contract   m   Other (specify)   M   Prescription drug   l   Indemnity contract   m   Other (specify)   M   Prescription drug   l   Indemnity contract   m   Other (specify)   M   Prescription drug   l   Indemnity contract   m   Other (specify)   M   Prescription drug   l   Indemnity contract   m   Other (specify)   M   Prescription drug   l   Indemnity contract   m   Other (specify)   M   Prescription drug   M   Indemnity contract   m   Other (specify)   M   Indemnity contract   m   Prescription drug   M   M   M   M   M   M   M   M   M	Р	art II	If more than one contract covers the same of the information may be combined for reporti	roup of employees of the	racts are	exp	erience-rated as a unit	. Where co	ontracts cover individual
a	0	D		iai contracts with each ca	anner may	be	ileated as a utilit for pt	iiposes oi i	uiis report.
e Temporary disability (accident and sickness) f Long-term disability g Supplemental unemployment h District Stop loss (large deductible) j HM/O contract k PPO contract l I Indemnity contract m Other (specify) h  9 Experience-rated contracts: 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)) 9 B Benefit Charges (1) Claims paid. (2) Increase (decrease) in claim reserves. (3) Incrured claims (add (1) and (2)). (4) Claims charged. (5) Increase (decrease) in claim reserves. (8) Administrative service or other fees 9b(2) (C) Other specific acquisition costs. (B) Administrative service or other fees 9c(1)(B) (C) Other specific acquisition costs. (B) Chromissions (B) Chromissions (C) Other specific acquisition costs. (C) Other specific acquisition costs. (B) Chromissions (C) Other specific acquisition costs. (D) Other textention charges. (D) Other textention charges. (E) Takes. (C) Other specific acquisition costs. (D) Other specific acquisition costs. (E) Takes. (D) Other textention charges. (E) Takes. (E) Take	0	_	7	<b>.</b> □			1		-1 T
I Stop loss (large deductible)  J		a	Health (other than dental or vision)	=		c _	<u></u>		
## Superience-rated contracts:  ## Premiums: (1) Amount received		е	Temporary disability (accident and sickness)	f Long-term disabilit	ty	g	Supplemental unemp	oloyment	<b>h</b> Prescription drug
9 Experience-rated contracts: a Premiums: (1) Amount received. (2) Increase (decrease) in amount due but unpaid. (3) Increase (decrease) in uneamed premium reserve. (4) Earned ((1) + (2) - (3)). (5) Benefit charges (1) Claims paid. (6) Increase (decrease) in claim reserves. (7) Increase (decrease) in claim reserves. (8) Incurred claims (add (1) and (2)). (9) Increase (decrease) in claim reserves. (1) Increase (decrease) in claim reserves. (1) Increas		i [	Stop loss (large deductible)	j HMO contract		k	PPO contract		I 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))  Benefit charges (1) Claims paid (2) Increase (decrease) in claim reserves (3) Incurred claims (add (1) and (2)). (4) Claims charged. (5) Increase (decrease) in claim reserves. (8) Administrative service or other fees (9b (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		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))  Benefit charges (1) Claims paid (2) Increase (decrease) in claim reserves (3) Incurred claims (add (1) and (2)). (4) Claims charged. (5) Increase (decrease) in claim reserves. (8) Administrative service or other fees (9b (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		<u> </u>	4						
(2) Increase (decrease) in amount due but unpaid	9	Expe	rience-rated contracts:						
(3) Increase (decrease) in uneamed premium reserve		<b>a</b> P	remiums: (1) Amount received		9a(1)	)			
(4) Earned ((1) + (2) - (3))		(	(2) Increase (decrease) in amount due but unpaid		9a(2)	)			
b Benefit charges (1) Claims paid.  (2) Increase (decrease) in claim reserves.  (3) Incurred claims (add (1) and (2)).  (4) Claims charged  C Remainder of premium: (1) Retention charges (on an accrual basis) —  (A) Commissions  (B) Administrative service or other fees.  (C) Other specific acquisition costs.  (D) Other expenses.  (E) Taxes.  (F) Charges for risks or other contingencies.  (G) Other retention charges.  (G) Other retention charges.  (G) Other retention charges.  (G) Other retroactive rate refunds. (These amounts were paid in cash, or credited).  (2) Dividends or retroactive rate refunds to part (1) Amount held to provide benefits after retirement.  (3) Other reserves.  9d(1)  (2) Claim reserves.  9d(2)  e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)).  9e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)).  9e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)).  9 ff the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retenion of the contract or policy, other than reported in Part I, line 2 above, report amount.		(	(3) Increase (decrease) in unearned premium rese	erve	9a(3)	)			
(2) Increase (decrease) in claim reserves.  (3) Incurred claims (add (1) and (2)).  (4) Claims charged.  (B) Administrative service or other fees.  (B) Administrative service or other fees.  (C) Other specific acquisition costs.  (E) Taxes.  (F) Charges for risks or other contingencies.  (G) Other retention charges.  (F) Charges for risks or other contingencies.  (G) Other retention charges.  (H) Total retention.  (2) Dividends or retroactive rate refunds. (These amounts were plaid in cash, or credited).  (2) Claim reserves.  (3) Other reserves.  (4) Status of policyholder reserves at end of year. (1) Amount held to provide benefits after retirement.  (3) Other reserves.  (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)).  (5) Nonexperience-rated contracts:  a Total premiums or subscription charges paid to carrier.  10 Nonexperience-rated contracts:  a Total premiums or subscription charges paid to carrier.  5 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.  Part IV Provision of Information		(	(4) Earned ((1) + (2) - (3))					9a(4)	
(3) Incurred claims (add (1) and (2))									_
(4) Claims charged.  C Remainder of premium: (1) Retention charges (on an accrual basis) —  (A) Commissions.  (B) Administrative service or other fees. (C) Other specific acquisition costs. (D) Other specific acquisition costs. (E) Taxes. (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 plaid in cash, or credited.). (2) Claim reserves at end of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves at end of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves. (3) Other reserves. (4) Other or controactive rate refunds due. (Do not include amount entered in line 9c(2). (5) Taxes. (6) Taxes. (7) Total retention. (8) Total retention. (9) Total retention. (9) Total retention. (10) Total retention. (11) Total retention. (12) Claim reserves. (3) Other reserves. (4) Total reserves. (5) Total reserves. (6) Total reserves. (7) Total retention of the controactive rate refunds due. (Do not include amount entered in line 9c(2). (8) Total reserves. (9) Total reserves. (9) Total reserves. (10) Total reserves. (11) Total reserves. (12) Total reserves. (13) Total reserves. (14) Total reserves. (15) Total reserves. (16) Total reserves. (17) Total reserves. (18) Total reserves. (19) Total reserves. (10) Total reserves. (11) Total reserves. (12) Total reserves. (13) Total reserves. (14) Total reserves. (15) Total reserves. (16) Total reserves. (17) Total reserves. (18) Total			,					01 (0)	
C Remainder of premium: (1) Retention charges (on an accrual basis) -  (A) Commissions 9c(1)(A) 9c(1)(B) 9c(1)(C) 9c(1)(									
(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 (3) Other reserves (3) Other reserves (3) Other reteroactive 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.			· ,					90(4)	
(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 at end of year: (1) Amount held to provide benefits after retirement. (3) Other reserves. (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) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (B) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (D) Other reserves. (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (E) Taxes. (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (E) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		C	, , , , ,	•	9c(1)/	۸١			
(C) Other specific acquisition costs			( )						_
(D) Other expenses			. ,						
(E) Taxes			, , , , ,						
(F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention charges (H) Total retention (These amounts were paid in cash, or credited.) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (2) Claim reserves at end of year: (1) Amount held to provide benefits after retirement (9d(1)) (2) Claim reserves (9d(2)) (3) Other reserves (9d(3)) (4) (5) Point of the contractive rate refunds due. (Do not include amount entered in line 9c(2)) (9d(3)) (9d			•						
(H) Total retention					9c(1)(I	=)			
(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)			(G) Other retention charges		9c(1)(0	<b>3</b> )		_	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement 9d(1)  (2) Claim reserves 9d(2)  (3) Other reserves 9d(3)  e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)  7 Total premiums or subscription charges paid to carrier.  8 Total premiums or subscription 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.  8 Specify nature of costs.  Part IV Provision of Information			(H) Total retention					9c(1)(H)	)
(2) Claim reserves			$\begin{tabular}{ll} \end{tabular} \begin{tabular}{ll} \end{tabular} \beg$	amounts were 🔲 paid in	ı cash, or	□ (	credited.)	9c(2)	
(3) Other reserves		d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits a	after	retirement	9d(1)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			(2) Claim reserves					9d(2)	
10 Nonexperience-rated contracts:  a Total premiums or subscription charges paid to carrier			( )					9d(3)	
a Total premiums or subscription charges paid to carrier	40		•	t include amount entered	d in line 9	c(2)	.)	9e	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.  Specify nature of costs.  Part IV Provision of Information	10		•						0007
retention of the contract or policy, other than reported in Part I, line 2 above, report amount		_	, , , , , , , , , , , , , , , , , , , ,					10a	3667
Part IV Provision of Information			retention of the contract or policy, other than repo					10b	
		Орес	any mature of costs.						
	Р	art I	V Provision of Information						
2. Did the measures company tank o provide any minimated necessary to complete contention A:				ation necessary to compl	ete Sche	dule	. А?	Yes	X No
12 If the answer to line 11 is "Yes," specify the information not provided.					2.0 00116	34IC		<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

pursuant to ERISA section 103(a)(2).					n 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  LOCKHEED MARTIN CORPORATION GROUP INSURANCE PLAN I TRANSFERRED GE OPS IN THE BARGAINING UNIT				e-digit number (PN	ı) <b>•</b>	512		
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		<b>D</b> Emplo	ver Identifica	ation Number (	EIN)		
LOCKHEED MARTIN CO				·	-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 cal		TH AMERICA							
	(-) NIAIO	(A) Control to a	(e) Approximate nu	ımber of		Policy or co	ontract year		
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	t end of	(f)	From	<b>(g)</b> To		
23-1503749	65498	SDJ0007632	362		01/01/2024	1	12/31/2024		
2 Insurance fee and come descending order of the		nation. Enter the total fees and t	otal commissions paid. L	st in line 3	the agents, t	orokers, and ot	her persons in		
(a) Total a	amount of con	nmissions paid		<b>(b)</b> To	otal amount o	of fees paid			
		658					0		
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).					
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid			
MERCER HEALTH & BEN	EFITS, LLC		PAYSPHERE CIRCLE CAGO, IL 60674						
(b) Amount of sales ar	nd hase	F	ees and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code		
	658	0	SUPPLEMENTAL COMM	MISSIONS			3		
	(a) Name	and address of the agent, broke	er or other nerson to who	m commissi	ions or fees	were naid			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid									
(b) Amount of sales ar	(b) Amount of sales and base Fees and other commissions paid								
		(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	
		Food and other commissions paid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
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	
		(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
commissions paid	· · ·	.,,,,	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

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 t	Welfare Benefit Contract Informate from the formation may be combined for reportemployees, the entire group of such individual.	group o	poses if such cont	racts are	exp	perience-rated as a uni	. Where co	ontracts cover individual	s),
•	Don		contract type (check all applicable boxes)	iai coi	tracts with each ca	allici illa	ly DC	treated as a unit for pr	ii poses oi	инэ тероги.	
0	г	_	, , ,	ь П	5		_ [	٦,,,,		al 🗆	
	a [	_	th (other than dental or vision)	므	Dental		C	Vision		<b>d</b> Life insurance	
	е	X Tem	porary disability (accident and sickness)	f ∐	Long-term disabili	ty	g	Supplemental unem	oloyment	<b>h</b> Prescription drug	
	i	Stop	loss (large deductible)	j 📗	HMO contract		k	PPO contract		I Indemnity contract	ct
	m	Othe	er (specify)								
	L	_	· · · · · · · · · · · · · · · · · · ·								
9	Ехре	erience	-rated contracts:								
	a i	Premiu	ms: (1) Amount received			9a(1	)				
		(2) Inc	rease (decrease) in amount due but unpaid			9a(2	<u>.                                    </u>				
		(3) Inc	rease (decrease) in unearned premium res	erve		9a(3	3)				
		(4) Ear	rned ( <b>(1)</b> + <b>(2)</b> - <b>(3)</b> )						9a(4)		0
	b	Benefi	it charges (1) Claims paid			9b(1	)				
		(2) Inc	rease (decrease) in claim reserves			9b(2	2)				
		(3) Inc	urred claims (add <b>(1)</b> and <b>(2)</b> )						9b(3)		0
		` '	ims charged						9b(4)		
	С	Rema	inder of premium: (1) Retention charges (o	n an ac	ccrual basis)			1			
		(A	) Commissions			9c(1)(					
		•	) Administrative service or other fees			9c(1)(				_	
			) Other specific acquisition costs			9c(1)(					
		•	) Other expenses			9c(1)(					
		•	) Taxes			9c(1)(				_	
			) Charges for risks or other contingencies			9c(1)(				_	
			Other retention charges			9c(1)(			00/41/11	<b>\</b>	0
		`	) Total retention		_		_		9c(1)(H	)	0
			vidends or retroactive rate refunds. (These		<u></u>				9c(2)		
	a		of policyholder reserves at end of year: (1						9d(1)		
		. ,	aim reserves						9d(2)		
	_	` '	her reserves						9d(3)		
10	<u>e</u>		nds or retroactive rate refunds due. (Do no	t inciu	de amount entered	in line s	9C(2	<b>)</b> .)	9e		
10	_	•	ience-rated contracts:	arriar					100		87920
	a		oremiums or subscription charges paid to c						10a		07920
	b		carrier, service, or other organization incurr						10b		
	Spe		on of the contract or policy, other than repo cure of costs.	n tea iii	i ait i, iiile 2 abov	е, тероп	Lalli	Ourit	100		
		,									
P	art	IV	Provision of Information								
				- 4.1 -		-4- 0 !			Voc	▼ No	
11			surance company fail to provide any inform			ete Sche	edule	e A?	Yes	X No	
12	If t	he ansv	wer 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

For calendar plan year 20	024 or fiscal pla	n year beginning 01/01/2024		and en	ding 12/31/202	24	
A Name of plan	-			<b>B</b> Three	e-digit		
		GROUP INSURANCE PLAN F	OR EMPLOYEES OF	plan	number (PN)	•	512
TRANSFERRED GE OI	PS IN THE BAR	GAINING UNIT					
C Plan sponsor's name	as shown on lin	e 2a of Form 5500		<b>D</b> Emplo	yer Identification I	Number (	EIN)
LOCKHEED MARTIN C	ORPORATION			52-	1893632		
Part I Informa	tion Conco	rning Insurance Contrac	et Coverage Fees	and Con	missions Dro	vido infor	mation for each contract
		Individual contracts grouped					
1 Coverage Information:		<u> </u>					
(a) Name of insurance c							
KAISER FOUNDATION F	HEALTH PLAN	OF THE MID-ATLANTIC STAT	ES, INC.				
	(c) NAIC	(d) Contract or	(e) Approximate nu		Po	olicy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	1	<b>(g)</b> To
52-0954463	95639	24776	2		01/01/2024		12/31/2024
		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, broke	rs, and of	ther persons in
descending order of th	amount paid.	missions poid		(b) To	atal amount of foor	n noid	
(a) Total	amount or com	missions paid		(0) 10	otal amount of fee	s paiu	
3 Persons receiving con	mmissions and f	ees. (Complete as many entrie	s as needed to report all	persons)			
<u> </u>		and address of the agent, broke	•	. ,	ions or fees were	paid	
		<u> </u>	,			•	
			ees and other commission	ne naid			
(b) Amount of sales a commissions page		(c) Amount	(d) Purpose				(e) Organization code
oomminoolonio pe	aru	(e) / unounc		(a) i dipoo			(b) organization ocuc
	(a) Name a	and address of the agent, broke	r, or other person to who	m commiss	ions or fees were	paid	
		<del>-</del>	·			-	
(b) Amount of sales a	and base	F <sub>0</sub>	ees and other commission	ns paid			
commissions pages a		(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	
		Food and other commissions paid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
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	
		(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

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

Ρ	Part III Welfare Benefit Contract Information If more than one contract covers the same group of employee.			
	the information may be combined for reporting purposes employees, the entire group of such individual contracts v			
8	Benefit and contract type (check all applicable boxes)	viai caon camer may be treated as a different	r parposes or this rep	J11.
•	a Health (other than dental or vision) b Dental	<b>c</b>	d□ı	ife insurance
		<u>=</u>	=	
		erm disability <b>g</b> U Supplemental une		Prescription drug
	i Stop loss (large deductible) j 🗓 HMO o	ontract <b>k</b> PPO contract	I [ ] I	ndemnity contract
	m ☐ Other (specify) ▶			
9	Experience-rated contracts:			
	a Premiums: (1) Amount received			
	(2) Increase (decrease) in amount due but unpaid			
	(3) Increase (decrease) in unearned premium reserve		2 (0)	0
	(4) Earned ((1) + (2) - (3))		9a(4)	0
	<b>b</b> Benefit charges (1) Claims paid	,,		
	(2) Increase (decrease) in claim reserves		0h/2)	0
	(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )			0
	(4) Claims charged  C Remainder of premium: (1) Retention charges (on an accrual by		9b(4)	
	(A) Commissions(B) Administrative service or other fees	- (1)(=)		
	(C) Other specific acquisition costs	2 (4)(2)		
	(D) Other expenses	0-(4)(D)		
	(E) Taxes	0. (4)(5)		
	(F) Charges for risks or other contingencies	a (4)(=)		
	(G) Other retention charges			
	(H) Total retention	· · · · · · · · · · · · · · · · · · ·	9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts wer	e paid in cash, or credited.)		
	<b>d</b> Status of policyholder reserves at end of year: (1) Amount held			
	(2) Claim reserves	•		
	(3) Other reserves			
	e Dividends or retroactive rate refunds due. (Do not include amo	ount entered in line 9c(2).)		
10	Nonexperience-rated contracts:			
	a Total premiums or subscription charges paid to carrier		10a	7615
	<b>b</b> If the carrier, service, or other organization incurred any specifi	c costs in connection with the acquisition or		
	retention of the contract or policy, other than reported in Part I,	line 2 above, report amount	10b	
	Specify nature of costs.			
D	Part IV Provision of Information			
			□ Vaa	
	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 provide	ed. 🕨		