Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2018

_	Administration	the instruct	ions to the Form 55	500.			
Pensio	n Benefit Guaranty Corporation				This	Form is Open to Po	ublic
Part I		dentification Information					
For caler	ndar plan year 2018 or fis	cal plan year beginning 01/01/2018		and ending 12/31/20	J18		
A This r	return/report is for:	a multiemployer plan		oloyer plan (Filers checking temployer information in accor			ons.)
		a single-employer plan	a DFE (specify	y)			
B This r	eturn/report is:	the first return/report	the final return	•			
		an amended return/report	a short plan ye	ear return/report (less than 1.	2 months))	
C If the	plan is a collectively-barg	ained plan, check here				×	
D Chec	k box if filing under:	X Form 5558	automatic exter	nsion	the	e DFVC program	
		special extension (enter description)				
Part II	Basic Plan Infor	mation—enter all requested information	on				
	ne of plan EED MARTIN GROUP BI	ENEFITS PLAN			1b	Three-digit plan number (PN) ▶	594
					1c	Effective date of pl 01/01/1995	an
Mail City	ing address (include room or town, state or province	er, if for a single-employer plan) n, apt., suite no. and street, or P.O. Box) n, country, and ZIP or foreign postal code	e (if foreign, see instr	ructions)	2b	Employer Identifica Number (EIN) 52-1893632	ation
LOCKHE	ED MARTIN CORPORAT	TON			2c	Plan Sponsor's telenumber 863-647-0370	•
	CKLEDGE DRIVE, CCT- DA, MD 20817	115			2d	Business code (se instructions) 339900	е
Caution	: A penalty for the late o	r incomplete filing of this return/repo	rt will be assessed	unless reasonable cause i	s establis	shed.	
		er penalties set forth in the instructions, rell as the electronic version of this return					
SIGN HERE	Filed with authorized/valid	d electronic signature.	10/14/2019	ROBERT MUENINGHOF	F		
TILITE	Signature of plan adm	inistrator	Date	Enter name of individual s	igning as	plan administrator	
SIGN HERE							
HEIKE	Signature of employer	/plan sponsor	Date	Enter name of individual s	igning as	employer or plan sp	onsor
SIGN							

Date

HERE

Signature of DFE

Enter name of individual signing as DFE

Page 2 Form 5500 (2018) **3a** Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN **3c** Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, 4b EIN enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: 4d PN Sponsor's name Plan Name Total number of participants at the beginning of the plan year 89990 5 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). 89990 a(1) Total number of active participants at the beginning of the plan year 6a(1) 97168 a(2) Total number of active participants at the end of the plan year 6a(2)0 Retired or separated participants receiving benefits. 6b 0 Other retired or separated participants entitled to future benefits...... 6c 97168 6d Subtotal. Add lines 6a(2), 6b, and 6c..... Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. 6e Total. Add lines 6d and 6e. 6f Number of participants with account balances as of the end of the plan year (only defined contribution plans 6g complete this item) Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 6h Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)...... 7 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

6 **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B 4D 4E 4F 4H 4L 4Q Plan funding arrangement (check all that apply) 9h Plan benefit arrangement (check all that apply) (1) Insurance (1) Insurance (2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance contracts (3) Trust (3) Trust (4) General assets of the sponsor (4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules **b** General Schedules R (Retirement Plan Information) (1) (1) H (Financial Information) (2) I (Financial Information – Small Plan) MB (Multiemployer Defined Benefit Plan and Certain Money (2) (3) 42 A (Insurance Information) Purchase Plan Actuarial Information) - signed by the plan actuary (4) **C** (Service Provider Information) **D** (DFE/Participating Plan Information) (5) (3)SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary **G** (Financial Transaction Schedules) (6)

Form 5500 (2018)

Page 3

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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.)
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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

		pursuant to	E(1) A $Section 105(a)(2)$.			inspection
For calendar plan year 20	18 or fiscal plan	year beginning 01/01/2018		and en	ding 12/31/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (PN)	594
C Plan sponsor's name a LOCKHEED MARTIN CO	RPORATION			52-	oyer Identification Numl 1893632	
		ning Insurance Contrac Individual contracts grouped a				
1 Coverage Information:	ate defleatio A.	. marviadar contracto grouped a	as a unit in r arts ir and in	can be re	ported on a single och	cuale A.
(a) Name of insurance ca AETNA INC FL HMO	rrier					
/L\	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy	or contract year
(b) EIN	code identification number persons covered at e			(f) From	(g) To	
59-2411584	95088	0701220HNO	30		01/01/2018	12/31/2018
descending order of the (a) Total a Persons receiving com (b) Amount of sales ar	amount paid. amount of comm missions and fe (a) Name a	nd address of the agent, broker	s as needed to report all p , or other person to whon es and other commission	(b) To	otal amount of fees paid	d
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	e	(e) Organization code
	(a) Name a	nd address of the agent, broker	, or other person to whon	n commiss	ions or fees were paid	
(b) Amount of sales ar	nd base	Fe	es and other commission	s paid		
commissions pai		(c) Amount	(d) Purpose	e	(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
(a) N (b) Amount of sales and base commissions paid (b) Amount of sales and base commissions paid (a) N (b) Amount of sales and base commissions paid (a) N (a) N (b) Amount of sales and base commissions paid	(C) Amount	(d) Purpose	code
(a) Name and address of the agent, broker, or other person to (b) Amount of sales and base commissions paid (c) Amount (a) Name and address of the agent, broker, or other person to (b) Amount of sales and base commissions paid (c) Amount (a) Name and address of the agent, broker, or other person to (b) Amount of sales and base commissions paid (c) Amount (a) Name and address of the agent, broker, or other person to (b) Amount of sales and base commissions paid (c) Amount Fees and other cor (b) Amount of sales and base commissions paid Fees and other cor (b) Amount of sales and base commissions paid (c) Amount Fees and other cor (b) Amount of sales and base commissions paid			
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
		(d) Purpose	Organization
commissions paid	(0)	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art II	Welfare Benefit Contract Information If more than one contract covers the same growthe information may be combined for reporting employees, the entire group of such individual	up of employees of the purposes if such con	tracts are expe	erience-rated as a uni	t. Where co	ontracts cover individual	
8	Bene	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	Dental	С	Vision		d Life insurance	
	e 🗏	Temporary disability (accident and sickness) f	Long-term disabil	ity g	Supplemental unem	ployment	h Prescription drug	
	i Π		X HMO contract		PPO contract		I Indemnity contract	
		Other (specify)	/ Time contract	•• _	110001111401			
	m _	Other (specify)						
9	Exner	erience-rated contracts:						
•		Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid						
		(3) Increase (decrease) in unearned premium reserv						
	`	(4) Earned ((1) + (2) - (3))				. 9a(4)		C
	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)		C
	((4) Claims charged				. 9b(4)		
	C	Remainder of premium: (1) Retention charges (on a	n accrual basis)					
		(A) Commissions						
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs					_	
		(D) Other expenses		0-(4)(5)				
		(E) Taxes					_	
		(F) Charges for risks or other contingencies		9c(1)(F)			_	
		(G) Other retention charges(H) Total retention				. 9c(1)(H	1	
		(2) Dividends or retroactive rate refunds. (These an	_				<u>'</u>	
			<u></u>	L-1			_	
		Status of policyholder reserves at end of year: (1) A (2) Claim reserves				. 9d(1) . 9d(2)	_	
		(3) Other reserves				9d(2)	_	
		Dividends or retroactive rate refunds due. (Do not in					-	
10		nexperience-rated contracts:	loidde arriodrit critere	<u>a iii iiile 30(2).</u>	.,,			
			er			. 10a	984	.980
	b	If the carrier, service, or other organization incurred retention of the contract or policy, other than reported	any specific costs in	connection witl	h the acquisition or			
	a b	Total premiums or subscription charges paid to carr If the carrier, service, or other organization incurred retention of the contract or policy, other than reporte cify nature of costs.	any specific costs in	connection witl	h the acquisition or			984
				data Oak diri	Λο Π	Voc	V No	_
		the insurance company fail to provide any information		lete Schedule	A?	Yes	X No	
12	If th	he answer to line 11 is "Yes," specify the information	not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2018

		parodantio					inspection
For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/2018		and en	ding 12/31/2018		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	TS PLAN	В	Three plan	e-digit number (PN)	<u> </u>	594
C Plan sponsor's name a		e 2a of Form 5500	D		oyer Identification N 1893632	umber	(EIN)
		rning Insurance Contra					
1 Coverage Information:		Ŭ 1			3		
(a) Name of insurance ca	rrier						
	(c) NAIC	(d) Contract or	(e) Approximate numb		Poli	icy or c	ontract year
(b) EIN	code	identification number	persons covered at en policy or contract ye		(f) From		(g) To
91-1467158	47055	6778600	72		01/01/2018		12/31/2018
2 Insurance fee and com- descending order of the		ation. Enter the total fees and t	otal commissions paid. List in	n line 3	the agents, brokers	s, and o	ther persons in
(a) Total a	amount of com	missions paid		(b) To	otal amount of fees	paid	
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all per	sons).			
<u>•</u>		and address of the agent, broke			ions or fees were p	aid	
(b) Amount of sales ar	nd base		ees and other commissions p				 -
commissions paid		(c) Amount	(d)	Purpose	е		(e) Organization code
	(a) Name a	and address of the agent, broke	er, or other person to whom co	ommiss	ions or fees were p	aid	
(b) Amount of sales ar	nd base		ees and other commissions p	aid			
commissions pa	id	(c) Amount	(d)	Purpose	e		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
(a) N (b) Amount of sales and base commissions paid (b) Amount of sales and base commissions paid (a) N (b) Amount of sales and base commissions paid (a) N (a) N (b) Amount of sales and base commissions paid	(C) Amount	(d) Purpose	code
(a) Name and address of the agent, broker, or other person to (b) Amount of sales and base commissions paid (c) Amount (a) Name and address of the agent, broker, or other person to (b) Amount of sales and base commissions paid (c) Amount (a) Name and address of the agent, broker, or other person to (b) Amount of sales and base commissions paid (c) Amount (a) Name and address of the agent, broker, or other person to (b) Amount of sales and base commissions paid (c) Amount Fees and other cor (b) Amount of sales and base commissions paid Fees and other cor (b) Amount of sales and base commissions paid (c) Amount Fees and other cor (b) Amount of sales and base commissions paid			
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
		(d) Purpose	Organization
commissions paid	(0)	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art II	Welfare Benefit Contract Informat If more than one contract covers the same gr the information may be combined for reportin employees, the entire group of such individua	oup of employees of g purposes if such co	ontracts are expe	erience-rated as a unit	t. Where co	ontracts cover individual	
8	Bene	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	e	Temporary disability (accident and sickness)	f Long-term disat	oility g	Supplemental unem	ployment	h Prescription drug	
	iΠ	-	j X HMO contract		PPO contract	,	I Indemnity contract	
		Other (specify)	, A Time contract		1110001111001			
	m	_ Other (specify) •						
9	Fyner	erience-rated contracts:						
•		Premiums: (1) Amount received		9a(1)			_	
		(2) Increase (decrease) in amount due but unpaid		· · · · ·				
		(3) Increase (decrease) in unearned premium reser						
	`	(4) Earned ((1) + (2) - (3))				9a(4)		C
	b	Benefit charges (1) Claims paid		9b(1)				
	((2) Increase (decrease) in claim reserves		9b(2)				
	((3) Incurred claims (add (1) and (2))				9b(3)		0
	((4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on	an accrual basis)					
		(A) Commissions						
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs					_	
		(D) Other expenses		0 - (4)(5)			_	
		(E) Taxes					_	
		(F) Charges for risks or other contingencies		9c(1)(F)			_	
		(G) Other retention charges(H) Total retention				9c(1)(H	1	
		(2) Dividends or retroactive rate refunds. (These a	_				<u>/ </u>	
		Status of policyholder reserves at end of year: (1)		l1			_	
		(2) Claim reserves				9d(1) 9d(2)		
		(3) Other reserves				9d(2)		
		Dividends or retroactive rate refunds due. (Do not						
10		nexperience-rated contracts:	morado amount onto		.,	., 55		
		Total premiums or subscription charges paid to car	rrier			. 10a	1586	3367
	b	If the carrier, service, or other organization incurred retention of the contract or policy, other than report	d any specific costs ir	n connection with	h the acquisition or			
P	b Spec	If the carrier, service, or other organization incurred retention of the contract or policy, other than report cify nature of costs.	d any specific costs ir	n connection with	h the acquisition or			1586
	art I\							
11	Did	I the insurance company fail to provide any informat	tion necessary to con	nplete Schedule	A?	Yes	X No	
12	l If th	ne answer to line 11 is "Yes," specify the information	n not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2018

		pursuant to L	1113A 3ection 103(a)(2).	·			inspection
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and en	ding 12/31/201	8	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (PN)	•	594
C Plan sponsor's name a LOCKHEED MARTIN CO		e 2a of Form 5500		•	oyer Identification 1893632	Number	(EIN)
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
(L) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu		Po	olicy or c	ontract year
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	1	(g) To
35-2145715	62825	173039-1,4,5	56		01/01/2018		12/31/2018
2 Insurance fee and com- descending order of the		ation. Enter the total fees and total	al commissions paid. Lis	st in line 3	the agents, broke	rs, and c	other persons in
(a) Total a	amount of comr	missions paid		(b) To	otal amount of fee	s paid	
3 Persons receiving com		ees. (Complete as many entries					
	(a) Name a	nd address of the agent, broker,	or other person to whon	n commiss	ions or fees were	paid	
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pa	id	(c) Amount	((d) Purpose	e		(e) Organization code
	(a) Name a	nd address of the agent, broker,	or other person to whon	n commiss	ions or fees were	paid	
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pa		(c) Amount	((d) Purpose	е		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
(a) N (b) Amount of sales and base commissions paid (b) Amount of sales and base commissions paid (a) N (b) Amount of sales and base commissions paid (a) N (a) N (b) Amount of sales and base commissions paid	(C) Amount	(d) Purpose	code
(a) Name and address of the agent, broker, or other person to (b) Amount of sales and base commissions paid (c) Amount (a) Name and address of the agent, broker, or other person to (b) Amount of sales and base commissions paid (c) Amount (a) Name and address of the agent, broker, or other person to (b) Amount of sales and base commissions paid (c) Amount (a) Name and address of the agent, broker, or other person to (b) Amount of sales and base commissions paid (c) Amount Fees and other cor (b) Amount of sales and base commissions paid Fees and other cor (b) Amount of sales and base commissions paid (c) Amount Fees and other cor (b) Amount of sales and base commissions paid			
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
		(d) Purpose	Organization
commissions paid	(0)	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

Pa	art	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such contemployees, the entire group of such individual contracts with each contemployees.	racts are expe	erience-rated as a unit.	Where co	ontracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision)	С	Vision		d Life insurance
	еĪ	Temporary disability (accident and sickness) f Long-term disability	ty g	Supplemental unemp	lovment	h Prescription drug
	i	Stop loss (large deductible) j X HMO contract	, s_ k□	PPO contract	,	I Indemnity contract
	m [j		
	L					
9	Expe	perience-rated contracts:				
		Premiums: (1) Amount received	9a(1)			
		(2) Increase (decrease) in amount due but unpaid	- ` ' 			
		(3) Increase (decrease) in unearned premium reserve				
		(4) Earned ((1) + (2) - (3))			9a(4)	C
	b			•		
		(2) Increase (decrease) in claim reserves				
		(3) Incurred claims (add (1) and (2))			9b(3)	C
		(4) Claims charged			9b(4)	
	С	Remainder of premium: (1) Retention charges (on an accrual basis)		<u>.</u>		
		(A) Commissions	9c(1)(A)			
		(B) Administrative service or other fees	9c(1)(B)			
		(C) Other specific acquisition costs	9c(1)(C)			
		(D) Other expenses	9c(1)(D)			
		(E) Taxes	9c(1)(E)			
		(F) Charges for risks or other contingencies				
		(G) Other retention charges	9c(1)(G)			
		(H) Total retention			9c(1)(H)	C
		(2) Dividends or retroactive rate refunds. (These amounts were paid in	n cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)	
		(2) Claim reserves			9d(2)	
		(3) Other reserves			9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount entered	d in line 9c(2) .	.)	9e	
10	No	lonexperience-rated contracts:		r		
	а	Total premiums or subscription charges paid to carrier			10a	1452793
	b Sne	retention of the contract or policy, other than reported in Part I, line 2 above			10b	
	Spe	ecify nature of costs.				
Pa	art l	IV Provision of Information				
11	Dic	id the insurance company fail to provide any information necessary to comp	lete Schedule	A?	Yes	X No
		the answer to line 11 is "Yes," specify the information not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2018

For calendar plan year 20:	18 or fiscal plan	n year beginning 01/01/2018		and er	nding 12/31/2018	пізресноп
A Name of plan	10 or fiscar plai	Tycal beginning 01/01/2010		_		
LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit	594
LOOK ILLE WAR THE OIL	OUI BENEFIT	O 1 27 (1)		plan	number (PN)	004
C Dian anaman's name a	l	- 0- of Farm FF00		D Familia		a. (FIN)
C Plan sponsor's name a LOCKHEED MARTIN CO		e za or Form 5500			oyer Identification Numb 1893632	er (EIN)
LOCKHEED WARTIN CO	RPORATION			32-	1093032	
		ning Insurance Contra				
on a separa	ate Schedule A	. Individual contracts grouped	as a unit in Parts II and II	i can be re	ported on a single Sche	dule A.
1 Coverage Information:						
(a) Name of insurance ca						
BLUE CROSS BLUE SHIE	LD - GEORGIA	A				
	1				Dallana	
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu			r contract year
code		identification number	persons covered at end of policy or contract year		(f) From	(g) To
58-1638390	96962	174524	1610	•	01/01/2018	12/31/2018
30-1030390	30302	174324	1010	,	01/01/2010	12/31/2010
2		tion. Entenths total free and t	atal a susuala da una unalida. Li	tar ta tha a O	the energy bushess as	d alle an arrange de
descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, brokers, and	d other persons in
				(L) T		
(a) 10tai a	amount of comi	missions paid		(a)	otal amount of fees paid	
3 Persons receiving com	missions and fe	ees. (Complete as many entrie	es as needed to report all	persons).		
		and address of the agent, broke	·		sions or fees were paid	
	(0)		.,			
		F	and other commission	no noid		
(b) Amount of sales ar			ees and other commission			(-) 0
commissions pai	d	(c) Amount		(d) Purpos	e	(e) Organization code
	(a) Name a	and address of the agent, broke	er or other nerson to who	m commiss	sions or fees were naid	
	(a) Hame a	ind dddress of the agent, broke	ir, or other person to who	iii ooiiiiiioc	sions of fees were paid	
	I		and the state of t			
(b) Amount of sales ar			ees and other commission			
commissions pai	id	(c) Amount		(d) Purpos	e	(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount of sales and base (c) Amount (d) Purpose (e) Amount of sales and base (c) Amount (b) Amount of sales and base (c) Amount (c) Amount of sales and base (c) Amount (d) Purpose (e) Amount of sales and base (c) Amount (f) Amount of sales and base (g) Amount (g) Purpose (h) Amount of sales and base (g) Amount (h) Amount of sales and base (g) Amount			
		From and other constitutions and	(-)
			(e) Organization
commissions paid	(C) Amount	(a) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		·	(e) Organization
	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
			Organization
commissions paid	(0)	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase			(e)
			(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group of employees of the ting purposes if such cont	racts are expe	erience-rated as a unit	t. Where co	ontracts cover indiv	
8	Ben	efit a	nd contract type (check all applicable boxes))					
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d Life insuran	е
	е	Te	emporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unem	ployment	h Prescription	drug
	ιÌ	St	op loss (large deductible)	j X HMO contract	k 🗆	PPO contract		I Indemnity co	ontract
	m		ther (specify)	,					
a	Evn	orion	ce-rated contracts:						
,	•		iums: (1) Amount received		9a(1)				
	ŭ		ncrease (decrease) in amount due but unpaid		· · · · ·				
			ncrease (decrease) in unearned premium res						
		` '	Earned ((1) + (2) - (3))				9a(4)		0
	b	. ,	efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves		• • •				
			ncurred claims (add (1) and (2))				9b(3)		C
		(4) (Claims charged				. 9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (c	on an accrual basis)					
			(A) Commissions						
			(B) Administrative service or other fees						
			(C) Other specific acquisition costs		- (.) (-)				
			(D) Other expenses		0-(4)(5)				
			(E) Taxes						
			(F) Charges for risks or other contingencies.		9c(1)(F)				
			(G) Other retention charges(H) Total retention				9c(1)(H	1	
			Dividends or retroactive rate refunds. (These	_	_			'	
	ч		tus of policyholder reserves at end of year: (1		L-1				
	d		Claim reserves				9d(1) 9d(2)		
		` '	Other reserves				9d(3)		
	е	` '	dends or retroactive rate refunds due. (Do n						
10			perience-rated contracts:		<u> </u>	,	.,		
	а		al premiums or subscription charges paid to o	carrier			. 10a		43119995
	b		e carrier, service, or other organization incur						
		rete	ntion of the contract or policy, other than rep nature of costs.				. 10b		
P	art		Provision of Information						
				nation necessary to earn	loto Cobodula	Λ2 Π	Yes	X No	
			insurance company fail to provide any inform		iete Schedule	Α/	168	NU INU	
12	ı it t	ne ar	nswer to line 11 is "Yes," specify the informat	lion 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

2018

		parodantio	=: 11 3 ; 1 30011011 1 30(4)(=).				nspection
For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/2018		and en	nding 12/31/2018		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN			e-digit number (PN)	•	594
C Plan sponsor's name a	s shown on lir	ne 2a of Form 5500		D Emplo	yer Identification Nu	ımber (E	EIN)
LOCKHEED MARTIN CO					1893632		
		rning Insurance Contract. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca		A PPO					
	(c) NAIC	(d) Contract or	(e) Approximate nu		Polic	cy or co	ntract year
(b) EIN	code	identification number	persons covered at policy or contract		(f) From		(g) To
58-0469845	54801	174524	93		01/01/2018		12/31/2018
2 Insurance fee and communication descending order of the		ation. Enter the total fees and to	otal commissions paid. Lis	st in line 3	the agents, brokers,	and oth	ner persons in
(a) Total a	amount of com	missions paid		(b) To	otal amount of fees p	oaid	
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all p	ersons).			
	(a) Name	and address of the agent, broke	er, or other person to whom	n commiss	ions or fees were pa	aid	
(b) Amount of sales ar	nd base	Fe	ees and other commission	s paid			
commissions pai	id	(c) Amount	(d) Purpos	e		(e) Organization code
	(a) Name	and address of the agent, broke	er, or other person to whon	n commiss	ions or fees were pa	aid	
(b) Amount of sales ar	nd base	F	ees and other commission	s paid			
commissions pai		(c) Amount	(d) Purpos	e		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount of sales and base (c) Amount (d) Purpose (e) Amount of sales and base (c) Amount (b) Amount of sales and base (c) Amount (c) Amount of sales and base (c) Amount (d) Purpose (e) Amount of sales and base (c) Amount (f) Amount of sales and base (g) Amount (g) Purpose (h) Amount of sales and base (g) Amount (h) Amount of sales and base (g) Amount			
		From and other constitutions and	(-)
			(e) Organization
commissions paid	(C) Amount	(a) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		·	(e) Organization
	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
	(c) Amount	(d) Purpose	Organization code
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
			Organization
commissions paid	(0)	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase			(e)
			(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

Pa	art l	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such con employees, the entire group of such individual contracts with each of	tracts are exp	erience-rated as a unit	. Where co	ontracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision) b Dental	С	Vision		d Life insurance
	еĒ	Temporary disability (accident and sickness) f Long-term disabil	_	Supplemental unemp	olovment	h Prescription drug
	· [Stop loss (large deductible) j HMO contract		PPO contract	oloymont	I Indemnity contract
	' L		κ 🔼	FFO contract		
	m	Other (specify)				
Δ.		and a second and a second as a				
		perience-rated contracts:	00(4)			_
		Premiums: (1) Amount received				_
		(2) Increase (decrease) in amount due but unpaid				_
		(3) Increase (decrease) in unearned premium reserve			9a(4)	
	_				3a(4)	
		(2) Increase (decrease) in claim reserves				_
		(3) Incurred claims (add (1) and (2))			9b(3)	0
		(4) Claims charged			9b(4)	
			•••••		35(4)	
	C	(A) Commissions	9c(1)(A)			-
		(B) Administrative service or other fees				_
		(C) Other specific acquisition costs	0 (4)(0)			-
		(D) Other expenses				+
		(E) Taxes	0-(4)(5)			_
		(F) Charges for risks or other contingencies	- (1)(-)			+
		(G) Other retention charges				+
		(H) Total retention			9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These amounts were paid i				
	٨					-
	d				9d(1)	-
		(2) Claim reserves			9d(2) 9d(3)	
	е	(3) Other reserves			90(3) 9e	
10		lonexperience-rated contracts:	u III IIIIe 30(2)	1.)	36	
		Total premiums or subscription charges paid to carrier			10a	2445262
	_				100	2440202
		If the carrier, service, or other organization incurred any specific costs in a retention of the contract or policy, other than reported in Part I, line 2 aborecify nature of costs.			10b	
Pa	art I	IV Provision of Information				
11	Dic	id the insurance company fail to provide any information necessary to comp	lete Schedule	e A?	Yes	X No
12	lf ti	the answer to line 11 is "Yes," specify the information not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2018

		parodantio	=: 110/ 1 00011011 100(u)(=):				IIISPECTION
For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/2018		and en	ding 12/31/2018		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN	В	Three plan	e-digit number (PN))	594
C Plan sponsor's name a		e 2a of Form 5500	D		oyer Identification No 1893632	umber ((EIN)
		rning Insurance Contract. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca							
	(c) NAIC	(d) Contract or	(e) Approximate numb		Poli	cy or co	ontract year
(b) EIN	code	identification number	persons covered at er policy or contract ye		(f) From		(g) To
06-0303370	62308	0408779	1		01/01/2018		12/31/2018
2 Insurance fee and com- descending order of the		ation. Enter the total fees and to	otal commissions paid. List i	n line 3	the agents, brokers	, and o	ther persons in
(a) Total a	amount of com	missions paid		(b) To	otal amount of fees	paid	
2 Darrage resoluting com	missions and f	inco (Complete se many entris	as as asset of the remark of the	raana)			
3 Persons receiving com		ees. (Complete as many entrie			ions or fees were n	aid	
		<u> </u>			·		
(b) Amount of sales ar			ees and other commissions				
commissions pa	id	(c) Amount	(d)	Purpose	<u>e</u>		(e) Organization code
	(a) Name a	and address of the agent, broke	er, or other person to whom c	ommiss	ions or fees were pa	aid	
(b) Amount of sales ar	nd base	F	ees and other commissions	oaid			
commissions pa		(c) Amount	(d)	Purpose	е		(e) Organization code
							•

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount of sales and base (c) Amount (d) Purpose (e) Amount of sales and base (c) Amount (b) Amount of sales and base (c) Amount (c) Amount of sales and base (c) Amount (d) Purpose (e) Amount of sales and base (c) Amount (f) Amount of sales and base (g) Amount (g) Purpose (h) Amount of sales and base (g) Amount (h) Amount of sales and base (g) Amount			
		From and other constitutions and	(-)
			(e) Organization
commissions paid	(C) Amount	(a) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		·	(e) Organization
	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
	(c) Amount	(d) Purpose	Organization code
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
			Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase			(e)
			(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
		(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
)			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

Pa	art	Ш	Welfare Benefit Contract Informa	ation				
			If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	ting purposes if such cont	racts are expe	erience-rated as a uni	t. Where co	ontracts cover individual
8	Ben	efit a	nd contract type (check all applicable boxes)					
	а	Не	ealth (other than dental or vision)	b X Dental	С	Vision		d Life insurance
	e	=	emporary disability (accident and sickness)	f Long-term disabili	<u>-</u>	Supplemental unem	nlovment	h Prescription drug
	:	=	op loss (large deductible)	j HMO contract		PPO contract	p.07	I Indemnity contract
	' [I I I I I I I I I I I I I I I I I I I	ν_	FFO contract		
	m		ther (specify)					
Ω.		orion	on rotad contractor					
			ce-rated contracts:		00/1)			_
	а		ncrease (decrease) in amount due but unpaid		9a(1) 9a(2)			_
			ncrease (decrease) in unearned premium res					_
			Earned ((1) + (2) - (3))				. 9a(4)	C
	b	. ,	efit charges (1) Claims paid				1 5 1 (1)	
			ncrease (decrease) in claim reserves					
		(3) li	ncurred claims (add (1) and (2))				. 9b(3)	0
		(4) (Claims charged				. 9b(4)	
	С	Ren	nainder of premium: (1) Retention charges (c	n an accrual basis)				
			(A) Commissions		9c(1)(A)			
			(B) Administrative service or other fees					
			(C) Other specific acquisition costs					
			(D) Other expenses					_
			(E) Taxes		9C(1)(E)			
			(F) Charges for risks or other contingencies.		9c(1)(F)			_
			(G) Other retention charges				. 9c(1)(H	
			(H) Total retention Dividends or retroactive rate refunds. (These					,
	a							
	d		tus of policyholder reserves at end of year: (1 Claim reserves				. 9d(1) . 9d(2)	
		` '	Other reserves				9d(3)	
	е	` '	dends or retroactive rate refunds due. (Do n					
10	_		perience-rated contracts:			.,	1	
	а		al premiums or subscription charges paid to o	carrier			. 10a	706
	b Sne	rete	e carrier, service, or other organization incur- ntion of the contract or policy, other than rep	, .			. 10b	
	Spe	ecify r	nature of costs.					
	art		Provision of Information	action possesses to seem-	oto Cobodul-	.A2	Yes	X No
			insurance company fail to provide any inform		ete Schedule	A?	t es	X No
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	ion not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

2018

		paroaant to					nspection
For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/2018		and en	nding 12/31/2018		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN			e-digit number (PN)	•	594
C Plan sponsor's name a	s shown on lir	ne 2a of Form 5500		D Emplo	yer Identification Nu	mber (E	EIN)
LOCKHEED MARTIN CO					1893632	·	
		rning Insurance Contract. A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca DELTA DENTAL OF CALII							
	(c) NAIC	(d) Contract or	(e) Approximate nu		Polic	y or co	ntract year
(b) EIN	code	identification number	persons covered at policy or contract		(f) From		(g) To
94-1461312	00000	70715	706		01/01/2018		12/31/2018
2 Insurance fee and com- descending order of the		ation. Enter the total fees and to	otal commissions paid. Lis	st in line 3	the agents, brokers,	and oth	ner persons in
(a) Total a	amount of com	missions paid		(b) To	otal amount of fees p	aid	
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all p	ersons).			
	(a) Name	and address of the agent, broke	er, or other person to whom	commiss	ions or fees were pa	id	
(b) Amount of sales ar	nd base	F	ees and other commission	s paid			
commissions pa	id	(c) Amount	(d) Purpos	e		(e) Organization code
	(a) Name	and address of the agent, broke	er, or other person to whom	n commiss	sions or fees were pa	id	
(b) Amount of sales and base Fees and other commissions paid							
commissions pa		(c) Amount	(d) Purpos	е		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
			(5)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
, ,			
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
·			
(a) Na			
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0)	(4) - 3-1-2-3	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
	•	Fees and other commissions paid	
(b) Amount of sales and base		·	(e) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
		·	Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
		(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
)			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art II	Welfare Benefit Contract Informati If more than one contract covers the same group the information may be combined for reporting employees, the entire group of such individual	oup of employees of the purposes if such con	tracts are expe	erience-rated as a uni	t. Where co	ontracts cover individual
8	Bene	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	X Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	Long-term disabil	ity g	Supplemental unem	ployment	h Prescription drug
	i F	Stop loss (large deductible)	HMO contract	· - <u>-</u>	PPO contract		I Indemnity contract
	m	Other (specify)			1		ao
		_ Other (specify) F					
9	Expe	erience-rated contracts:					
	'	Premiums: (1) Amount received		. 9a(1)			_
		(2) Increase (decrease) in amount due but unpaid					
		(3) Increase (decrease) in unearned premium reser					
	,	(4) Earned ((1) + (2) - (3))				. 9a(4)	C
	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)	C
	((4) Claims charged				. 9b(4)	
	С	Remainder of premium: (1) Retention charges (on a	an accrual basis)				
		(A) Commissions					
		(B) Administrative service or other fees					
		(C) Other specific acquisition costs		- 4-1-1			_
		(D) Other expenses		0-(4)(5)			
		(E) Taxes					_
		(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 are	_	_			,
			<u> </u>	<u></u>			
		Status of policyholder reserves at end of year: (1) A (2) Claim reserves				. 9d(1) . 9d(2)	
		(3) Other reserves				9d(2)	
		Dividends or retroactive rate refunds due. (Do not					
10		nexperience-rated contracts:	molade difficult efficie	a iii iiiie 30(2) .	.,,		
. •		Total premiums or subscription charges paid to car	rier			. 10a	742091
	b	If the carrier, service, or other organization incurred	I any specific costs in o	connection with	h the acquisition or		, 1200
	Spec	retention of the contract or policy, other than report cify nature of costs.				. 10b	
	art I						
11	Did	the insurance company fail to provide any informat	ion necessary to comp	lete Schedule	A?	Yes	X No
12	If th	he answer to line 11 is "Yes," specify the information	not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2018

		pa.oua	2 = 1 11 2 /1 0 0 0 11 0 11 10 0 (a)(=)	•		mspection
For calendar plan year 20	18 or fiscal pla	in year beginning 01/01/2018		and er	nding 12/31/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN			e-digit number (PN)	594
C Plan sponsor's name a	s shown on lir	ne 2a of Form 5500		D Emplo	yer Identification Num	nber (EIN)
LOCKHEED MARTIN CO				-	1893632	
		rning Insurance Contract A. Individual contracts grouped				
1 Coverage Information:						
(a) Name of insurance ca	rrier					
	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy	or contract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f) From	(g) To
43-0949844	71870	9657016	10264	ļ	01/01/2018	12/31/2018
2 Insurance fee and communication descending order of the		ation. Enter the total fees and t	otal commissions paid. Li	st in line 3	the agents, brokers, a	and other persons in
(a) Total a	amount of com	missions paid		(b) To	otal amount of fees pa	aid
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).		
	(a) Name	and address of the agent, broke	er, or other person to whor	m commiss	sions or fees were paid	d
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid		
commissions pai		(c) Amount	(d) Purpose		(e) Organization code	
	(a) Name	and address of the agent, broke	er, or other person to whor	m commiss	sions or fees were paid	d
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid	-	
commissions pai		(c) Amount	(d) Purpose		е	(e) Organization code
COMMISSIONS PAID						
						•

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
			(5)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
, ,			
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
·			
(a) Na			
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0)	(4) - 3-1-2-3	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
	•	Fees and other commissions paid	
(b) Amount of sales and base		·	(e) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
		·	Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
		(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
)			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

Pa	art l	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such contemployees, the entire group of such individual contracts with each contemployees.	tracts are expe	erience-rated as a unit. \	Nhere contra	acts cover individual
8	Ben	nefit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision)	c×	Vision	d	Life insurance
	еĪ	Temporary disability (accident and sickness) f Long-term disabil	ity g	Supplemental unemplo	vment h	Prescription drug
	ιĒ	Stop loss (large deductible) j HMO contract		PPO contract	, [[Indemnity contract
	m [] o coac.	- L	
	L					
9	Expe	perience-rated contracts:				
		Premiums: (1) Amount received	. 9a(1)			
		(2) Increase (decrease) in amount due but unpaid	- ' / 			
		(3) Increase (decrease) in unearned premium reserve				
		(4) Earned ((1) + (2) - (3))			9a(4)	C
	_				` ′	
		(2) Increase (decrease) in claim reserves				
		(3) Incurred claims (add (1) and (2))			9b(3)	C
		(4) Claims charged			9b(4)	
	С	Remainder of premium: (1) Retention charges (on an accrual basis)				
		(A) Commissions	9c(1)(A)			
		(B) Administrative service or other fees	9c(1)(B)			
		(C) Other specific acquisition costs	9c(1)(C)			
		(D) Other expenses	9c(1)(D)			
		(E) Taxes	9c(1)(E)			
		(F) Charges for risks or other contingencies				
		(G) Other retention charges	9c(1)(G)			
		(H) Total retention		<u>_</u>	9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These amounts were paid in	n cash, or 🗌 d	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)	
		(2) Claim reserves			9d(2)	
		(3) Other reserves		<u> </u>	9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount entere	d in line 9c(2)	.)	9e	
10	No	onexperience-rated contracts:				
	а	Total premiums or subscription charges paid to carrier			10a	1186125
		If the carrier, service, or other organization incurred any specific costs in cretention of the contract or policy, other than reported in Part I, line 2 above of costs.			10b	
	Spe	ecify nature of costs.				
Pa	art I	IV Provision of Information				
11	Dic	id the insurance company fail to provide any information necessary to comp	lete Schedule	A? Y	es X	No
		the answer to line 11 is "Yes," specify the information not provided.			<u>1—1</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

2018

This Form is Open to Public

		pursuant to	ERISA section 103(a)(2)				Inspection
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and en	ding 12/3	1/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	'S PLAN			e-digit number (Pl	N) •	594
				·	,	,	
C Plan sponsor's name a LOCKHEED MARTIN CO		e 2a of Form 5500			yer Identific	ation Number	(EIN)
200101222 1000011000							
		ning Insurance Contract. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca							
(b) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or o	ontract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f)	From	(g) To
99-0040115	49948	41635	130)	01/01/201	8	12/31/2018
2 Insurance fee and communication descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	brokers, and o	other persons in
(a) Total a	amount of comm	nissions paid		(b) To	otal amount	of fees paid	
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker	r, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales ar			ees and other commission				
commissions pai	id	(c) Amount		(d) Purpose			(e) Organization code
	(a) Name a	nd address of the agent, broker	r, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code
F B	- A-(N-('	th - httht	EEOO			0-1	dula A (Farm FEOO) 2019

Schedule A (Form 5500) 2018 Page 2 – 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		From and other constitutions and	(-)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base	Fees and other commissions paid		(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
, ,	<u> </u>				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
•					
(a) Na	The standard of the stand business				
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(0,1	(a) supers	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T		1		
(h) Amount of sales and hase		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code		
			Organization		

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

Pa	art	Ш	Welfare Benefit Contract Informa	ation						
			If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	ing purposes if suc	ch contracts are	e expe	erience-rated as a un	it. Where co	ontracts cover inc	
8	Ben	efit a	nd contract type (check all applicable boxes)							
	а	Не	ealth (other than dental or vision)	b Dental		С	Vision		d Life insura	ance
	еĪ	=	emporary disability (accident and sickness)	f Long-term	disability	g	Supplemental unem	nnlovment	h Prescripti	
	. [=	op loss (large deductible)	j X HMO contra	-		PPO contract		I Indemnity	-
	' [[) N TIMO CONTRA	a01	Λ_	FFO Contract			Contract
	m		ther (specify)							
Ω.		o ri o n	on rotad contractor							
			ce-rated contracts: niums: (1) Amount received		00/	1)				
	а		ncrease (decrease) in amount due but unpaid						_	
			ncrease (decrease) in unearned premium res							
			Earned ((1) + (2) - (3))		<u>-</u>			9a(4)		C
	b	. ,	efit charges (1) Claims paid							
			ncrease (decrease) in claim reserves							
		(3) I	ncurred claims (add (1) and (2))					9b(3)		0
			Claims charged					9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (c	n an accrual basis)					
			(A) Commissions		9c(1)	(A)				
			(B) Administrative service or other fees							
			(C) Other specific acquisition costs							
			(D) Other expenses							
			(E) Taxes		90(1)	(E)				
			(F) Charges for risks or other contingencies.		90(1)	(F)				
			(G) Other retention charges					0o/1\/U\	\	
			(H) Total retention					, , , ,	1	
			Dividends or retroactive rate refunds. (These	—						
	d		tus of policyholder reserves at end of year: (1							
		` '	Claim reserves					9d(2) 9d(3)		
	е	` '	Other reservesdends or retroactive rate refunds due. (Do n							
10	_		perience-rated contracts:	or include amount	entered in line	30(2)	.)	36		
	a		al premiums or subscription charges paid to o	arrier				10a		1675852
	b		e carrier, service, or other organization incur							
		rete	ntion of the contract or policy, other than repnature of costs.	, ,			•	10b		
Pa	art	IV	Provision of Information							
11	Dic	d the	insurance company fail to provide any inform	ation necessary to	complete Sch	edule	A?	Yes	X No	
			nswer to line 11 is "Yes," specify the informat		•		<u> </u>		_	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

		parsuant to t	1110A 3ection 103(a)(2)	•			Inspection	
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and en	nding 12/31/201	8		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (PN)	•	594	
C Plan sponsor's name a LOCKHEED MARTIN CO		e 2a of Form 5500			oyer Identification 1893632	Number	(EIN)	
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:								
(a) Name of insurance ca								
(L) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu		Po	olicy or c	ontract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	1	(g) To	
94-1340523	60053	5-0002 & SUBS	261		01/01/2018		12/31/2018	
2 Insurance fee and com- descending order of the		ation. Enter the total fees and tot	al commissions paid. Li	st in line 3	the agents, broke	ers, and c	other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving com		ees. (Complete as many entries						
	(a) Name a	nd address of the agent, broker,	or other person to whor	n commiss	ions or fees were	paid		
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid				
commissions pa	id	(c) Amount	l	(d) Purpos	e		(e) Organization code	
	(a) Name a	nd address of the agent, broker,	or other person to whor	m commiss	ions or fees were	paid		
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid				
commissions pa		(c) Amount		(d) Purpose			(e) Organization code	

Schedule A (Form 5500) 2018 Page 2 – 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		From and other constitutions and	(-)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base	Fees and other commissions paid		(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
, ,	<u> </u>				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
•					
(a) Na	The standard of the stand business				
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(0,1	(a) supers	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T		1		
(h) Amount of sales and hase		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code		
			Organization		

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art	Ш	Welfare Benefit Contract Inform	ation						
			If more than one contract covers the same the information may be combined for repor employees, the entire group of such individ	ting purposes if su	uch contracts	s are expe	erience-rated as a u	nit. Where co	ontracts cover individua	
8	Ben	efit a	nd contract type (check all applicable boxes)							
	а	Не	ealth (other than dental or vision)	b Dental		С	Vision		d Life insurance	
	еĪ	⊟ ∃ Τε	emporary disability (accident and sickness)	f Long-term	disability	g	Supplemental une	mplovment	h Prescription drug	a
	i	=	op loss (large deductible)	j X HMO cont	-		PPO contract		I Indemnity contra	_
	• L			, M TIMO COM	iaci	~ _	110 contract		I I Indemnity contra	iot
	m		ther (specify)							
a	Evn	orion	ce-rated contracts:							
3			iums: (1) Amount received			9a(1)				
	۳.		ncrease (decrease) in amount due but unpai			9a(2)				
			ncrease (decrease) in unearned premium res			9a(3)				
			Earned ((1) + (2) - (3))					9a(4)		C
	b		efit charges (1) Claims paid			9b(1)				
		(2) li	ncrease (decrease) in claim reserves			9b(2)				
		(3) li	ncurred claims (add (1) and (2))					9b(3)		0
		(4) (Claims charged					9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (n an accrual basi	s)	•				
			(A) Commissions			(1)(A)				
			(B) Administrative service or other fees		_	(1)(B)				
			(C) Other specific acquisition costs			(1)(C)				
			(D) Other expenses			(1)(D)				
			(E) Taxes		90	(1)(E)				
			(F) Charges for risks or other contingencies. (G) Other retention charges		90	·(1)(F)				
			(H) Total retention(H)					9c(1)(H)	\	
			Dividends or retroactive rate refunds. (These						/	
	d		tus of policyholder reserves at end of year: (1		-			_ , ,		
	u		Claim reserves					9d(1)		
		` '	Other reserves							
	е	` '	dends or retroactive rate refunds due. (Do n							
10	No		erience-rated contracts:			,	,			
	а	Tota	al premiums or subscription charges paid to o	arrier				10a	Ę	5867447
	b Sne	rete	e carrier, service, or other organization incur ntion of the contract or policy, other than rep nature of costs.	, ,			•	10b		
	Э ре	ecity i	lature of costs.							
Pa	art	IV	Provision of Information					_		
11	Die	d the	insurance company fail to provide any inform	nation necessary t	to complete	Schedule	A?	Yes	X No	
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	ion not provided.	•					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

2018

This Form is Open to Public Inspection

		pursuant to	ENIOA section 105(a)(2)	•			Inspection	
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and en	iding 12/31	/2018		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (PN)) •	594	
C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION					oyer Identifica 1893632	tion Numbe	r (EIN)	
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:								
(a) Name of insurance ca								
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or	contract year	
(b) EIN	code	identification number	persons covered a policy or contrac		(f) I	From	(g) To	
94-1340523	95708	101200 & SUBS	414	ŀ	01/01/2018		12/31/2018	
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid								
Vy and a second								
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).				
	(a) Name a	nd address of the agent, broker	, or other person to who	m commiss	ions or fees v	vere paid		
(b) Amount of sales a	nd base	Fe	es and other commission	ns paid				
commissions pa	id	(c) Amount		(d) Purpose	е		(e) Organization code	
	(a) Name a	nd address of the agent, broker	, or other person to who	m commiss	ions or fees v	vere paid		
(b) Amount of sales a	nd base	Fe	es and other commission	ns paid				
commissions pa		(c) Amount		(d) Purpose			(e) Organization code	

Schedule A (Form 5500) 2018 Page 2 – 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		For any distribution and section and the section of	(-)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base	Fees and other commissions paid		(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
, ,	<u> </u>				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
•					
(a) Na	The standard of the stand business				
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(0)	(a) supers	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T		1		
(h) Amount of sales and hase		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code		
			Organization		

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art	Ш	Welfare Benefit Contract Informa	ation				
			If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	ting purposes if such conti	racts are expe	erience-rated as a un	it. Where co	ontracts cover individual
8	Ben	efit a	nd contract type (check all applicable boxes)					
	а	Не	ealth (other than dental or vision)	b Dental	С	Vision		d Life insurance
	e	=	emporary disability (accident and sickness)	f Long-term disabilit	<u>-</u>	Supplemental unem	plovment	h Prescription drug
	. [=	op loss (large deductible)	j X HMO contract		PPO contract		I Indemnity contract
	' [I I I I I I I I I I I I I I I I I I I	ν_	FFO contract		I I Indemnity contract
	m		ther (specify)					
_								
9			ce-rated contracts: niums: (1) Amount received		00/1)			
	а		ncrease (decrease) in amount due but unpaid		9a(1) 9a(2)			
			ncrease (decrease) in unearned premium res					
			Earned ((1) + (2) - (3))				. 9a(4)	0
	b		efit charges (1) Claims paid	i				
			ncrease (decrease) in claim reserves					
		(3) li	ncurred claims (add (1) and (2))				. 9b(3)	0
		(4) (Claims charged				. 9b(4)	
	С	Ren	nainder of premium: (1) Retention charges (c	n an accrual basis)				
			(A) Commissions		9c(1)(A)			
			(B) Administrative service or other fees					
			(C) Other specific acquisition costs					
			(D) Other expenses					
			(E) Taxes		9C(1)(E)			
			(F) Charges for risks or other contingencies.		9c(1)(F)			
			(G) Other retention charges				9c(1)(H)	
			(H) Total retention Dividends or retroactive rate refunds. (These					
	a			_			` ` `	
	d		rus of policyholder reserves at end of year: (1				. 9d(1) . 9d(2)	
		` '	Other reserves				9d(2)	
	е	` '	dends or retroactive rate refunds due. (Do n					
10	_		perience-rated contracts:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	.,		
	а		al premiums or subscription charges paid to o	arrier			. 10a	5563729
	b		e carrier, service, or other organization incur					
		rete	ntion of the contract or policy, other than repnature of costs.			•	. 10b	
	•	,						
_	4	11.7	Draviaion of Information					
	art		Provision of Information					
11	Die	d the	insurance company fail to provide any inform	ation necessary to compl	ete Schedule	A?	Yes	X No
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	on not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

		pursuant to El	RISA section 103(a)(2)				Inspection	
For calendar plan year 20	18 or fiscal plan	year beginning 01/01/2018		and en	ding 12/3	1/2018		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (PI	N) •	594	
C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION D Employer Identification Number (I					EIN)			
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:								
(a) Name of insurance ca KAISER - CO	rrier							
(I.) FIN	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ntract year	
(b) EIN	code	identification number	persons covered at policy or contract		(f)	From	(g) To	
84-0591617	95669	2001-001 & SUBS	1719	l	01/01/2018	8	12/31/2018	
2 Insurance fee and come descending order of the		ation. Enter the total fees and tota	l commissions paid. Li	st in line 3	the agents,	brokers, and ot	her persons in	
(a) Total a	amount of comn			(b) To	otal amount	of fees paid		
97062 0								
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all	persons).				
		nd address of the agent, broker, o	•	n commiss	ions or fees	were paid		
CONDUENT CONSULTING	G, LLC		(202617 5, TX 75320					
(b) Amount of sales ar	nd base	Fees	s and other commission	ns paid				
commissions pai	d	(c) Amount		(d) Purpose			(e) Organization code	
	97062	0 CC	NSULTING				3	
	(a) Name a	nd address of the agent, broker, o	or other person to whor	n commiss	ions or fees	were paid		
(b) Amount of sales ar	nd base	Fees	s and other commission	ions paid				
commissions pai	d	(c) Amount	((d) Purpose	<u>e</u>		(e) Organization code	
Ess Barramanda Badas dia	n Ant Nation	and the Instructions for Forms 51				Oaka	hulo A (Form FEOO) 2049	

Schedule A (Form 5500) 2018 Page 2 – 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		For any distribution and section and the section of	(-)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
, ,	<u> </u>				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
•					
(a) Na	The standard of the stand business				
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(0)	(a) supers	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T		1		
(h) Amount of sales and hase		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code		
			Organization		

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

Pa	art	Ш	Welfare Benefit Contract Informa	ation				
			If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	ting purposes if such cont	racts are expe	erience-rated as a un	it. Where co	ontracts cover individual
8	Ben	efit a	nd contract type (check all applicable boxes)					
	а	Не	ealth (other than dental or vision)	b Dental	С	Vision		d Life insurance
	еĪ	=	emporary disability (accident and sickness)	f Long-term disabili	<u>-</u> -	Supplemental unem	nlovment	h Prescription drug
	. [=	op loss (large deductible)	j X HMO contract	· - <u>-</u>	PPO contract	.p.o/	I Indemnity contract
	' [[I I I I I I I I I I I I I I I I I I I	Λ_	FFO contract		
	m	0	ther (specify)					
Ω.		o ri o ro	on rotad contractor					
			ce-rated contracts: niums: (1) Amount received		00/1)			
	а		ncrease (decrease) in amount due but unpaid		9a(1) 9a(2)			
			ncrease (decrease) in unearned premium res					
			Earned ((1) + (2) - (3))				. 9a(4)	
	b	. ,	efit charges (1) Claims paid					
			ncrease (decrease) in claim reserves					
		(3) li	ncurred claims (add (1) and (2))				9b(3)	C
		(4) C	Claims charged				9b(4)	
	С	Ren	nainder of premium: (1) Retention charges (c	n an accrual basis)				
			(A) Commissions		9c(1)(A)			
			(B) Administrative service or other fees					
			(C) Other specific acquisition costs					
			(D) Other expenses					
			(E) Taxes		9C(1)(E)			
			(F) Charges for risks or other contingencies.		9c(1)(F)			
			(G) Other retention charges				9c(1)(H)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			(H) Total retention Dividends or retroactive rate refunds. (These					
	a			—	_			
	d		tus of policyholder reserves at end of year: (1 Claim reserves				9d(1) 9d(2)	
		` '	Other reserves				9d(2)	
	е	` '	dends or retroactive rate refunds due. (Do n					
10	_		perience-rated contracts:		<u>-</u>	,	<u>.,</u>	
	а		al premiums or subscription charges paid to o	arrier			10a	19689488
	b		e carrier, service, or other organization incur- ntion of the contract or policy, other than rep	, ,		•	10b	
	Spe		nature of costs.	Sited in Fait 1, line 2 abov	e, report amo	Juliu		
P	art	IV	Provision of Information					
							Vac	V No.
			insurance company fail to provide any inform		lete Schedule	A?	Yes	X No
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	on not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2018

This Form is Open to Public

		pursuant to E	RISA section 103(a)(2).			110 1 011	Inspection
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and en	ding 12/3	1/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN		B Three	e-digit number (PN	N) •	594
C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION D Employer Identification Number (Electronic Section 1)					EIN)		
		ning Insurance Contract . Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca		H AMERICA					
/L) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ontract year
(b) EIN	code	identification number	persons covered at policy or contract		(f)	From	(g) To
23-1503749	65498	LK008348	54343		01/01/2018	3	12/31/2018
	2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.						
(a) Total a	amount of comr			(b) To	otal amount	of fees paid	
		58898					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all p	persons).			
		nd address of the agent, broker, or	<u> </u>	n commiss	ions or fees	were paid	
MERCER HEALTH & BEN	EFITS LLC		AYSPHERE CIRCLE GO, IL 60674				
(b) Amount of sales ar	nd hase	Fees	s and other commission	s paid			
commissions pa		(c) Amount	(d) Purpose				(e) Organization code
	58898	₀ SU	PPLEMENTAL COMM	ISSIONS S	SALES & SE	RVICE	3
	(a) Name a	nd address of the agent, broker, of	or other person to whon	n commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	Fees	s and other commission	ns paid			
commissions pa		(c) Amount	(d) Purpose			(e) Organization code	

Schedule A (Form 5500) 2018 Page 2 – 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		For any distribution and section and the section of	(-)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
, ,	<u> </u>				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
•					
(a) Na	The standard of the stand business				
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(0,1	(a) supers	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T		1		
(h) Amount of sales and hase		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code		
			Organization		

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

Pa	art	If mo	fare Benefit Contract Inform re than one contract covers the same offermation may be combined for report oyees, the entire group of such individuals.	group of employees of the ting purposes if such cont	racts are expe	erience-rated as a uni	t. Where co	ontracts cover individual
8	Ben	efit and con	tract type (check all applicable boxes)				
	а	Health (o	ther than dental or vision)	b Dental	С	Vision		d Life insurance
	е	Tempora	ry disability (accident and sickness)	f X Long-term disabili	ty g	Supplemental unem	plovment	h Prescription drug
	i		(large deductible)	j HMO contract	, s_ k□	PPO contract	,	I Indemnity contract
	m [<u> </u>	pecify) •	, 🗆] • • • · · · · · · · · · · · · · · ·		
	L		, , , , , , , , , , , , , , , , , , ,					
9	Expe	rience-rate	d contracts:					
			(1) Amount received		9a(1)			_
		(2) Increas	e (decrease) in amount due but unpai	d	` '			
			e (decrease) in unearned premium re					
			((1) + (2) - (3))				. 9a(4)	C
	b		arges (1) Claims paid					
			e (decrease) in claim reserves					
		. ,	d claims (add (1) and (2))				. 9b(3)	C
			charged				. 9b(4)	
	С	Remainde	r of premium: (1) Retention charges (on an accrual basis)				
		(A) Co	mmissions		9c(1)(A)			
		(B) Adı	ministrative service or other fees		9c(1)(B)			
		(C) Oth	ner specific acquisition costs		9c(1)(C)			
		(D) Oth	ner expenses		9c(1)(D)			
		(E) Tax	ces		9c(1)(E)			
			arges for risks or other contingencies.		9c(1)(F)			
		(G) Oth	ner retention charges		9c(1)(G)			
		(H) Tot	al retention	<u></u>			. 9c(1)(H)	, C
		(2) Divider	nds or retroactive rate refunds. (These	e amounts were 🔲 paid ir	cash, or	credited.)	9c(2)	
	d	Status of p	olicyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	. 9d(1)	
		(2) Claim r	eserves				. 9d(2)	
		(3) Other r	eserves				. 9d(3)	
	е	Dividends	or retroactive rate refunds due. (Do r	ot include amount entered	d in line 9c(2)	.)	. 9e	
10	No	nexperienc	e-rated contracts:					
	а	Total prem	iums or subscription charges paid to	carrier			. 10a	15372824
	b Spe		er, service, or other organization incur f the contract or policy, other than rep of costs.				. 10b	
Pa	art	V Pro	ovision of Information					
11	Dic	I the insura	nce company fail to provide any inforr	nation necessary to compl	ete Schedule	A?	Yes	X No
			o line 11 is "Yes," specify the informa					

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 Ef	RISA section 103(a)(2).				Inspection	
For calendar plan year 20	18 or fiscal plan	year beginning 01/01/2018		and en	ding 12/3	1/2018		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN		B Three	e-digit number (Pl	N) •	594	
C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION D Employer Identification Number (Ell 52-1893632					EIN)			
		ning Insurance Contract Individual contracts grouped as						
1 Coverage Information:								
(a) Name of insurance ca		H AMERICA						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nur persons covered at			Policy or co	contract year	
(D) LIN	code	identification number	policy or contract		(f)	From	(g) To	
23-1503749	65498	LK018358	2081		01/01/201	8	12/31/2018	
2 Insurance fee and com descending order of the		tion. Enter the total fees and total	I commissions paid. Lis	st in line 3	the agents,	brokers, and ot	her persons in	
(a) Total	(a) Total amount of commissions paid (b) Total amount of fees paid							
		2041					0	
3 Persons receiving com		ees. (Complete as many entries a	· · · · · ·					
MERCER HEALTH & BEN			or other person to whom YSPHERE CIRCLE GO, IL 60674	<u>commiss</u> i	ions or fees	were paid		
(b) Amount of sales a	nd hase	Fees	s and other commissions	s paid				
commissions pa		(c) Amount		(d) Purpose			(e) Organization code	
	2041	0 SU	PPLEMENTAL COMMI	SSION			3	
	(a) Name a	nd address of the agent, broker, o	or other person to whom	commiss	ions or fees	were paid		
(b) Amount of sales a	nd base	Fees	and other commissions	s paid				
commissions pa		(c) Amount	(0	d) Purpose	9		(e) Organization code	
F. D	m Ant Nation	and the Instructions for Form Ff	200			0-1	Iula A (Farm FF00) 2019	

Schedule A (Form 5500) 2018 Page 2 – 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		From and other constitutions and	(-)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
, ,	<u> </u>				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
•					
(a) Na	The standard of the stand business				
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(0,1	(a) supers	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T		1		
(h) Amount of sales and hase		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code		
			Organization		

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art III	Welfare Benefit Contract Information If more than one contract covers the same the information may be combined for report employees, the entire group of such individual.	group of employees of th	tracts are expe	erience-rated as a uni	t. Where co	ontracts cover individual	
8	Benef	t and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	e X	Temporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unem	ployment	h Prescription drug	
	iΠ	Stop loss (large deductible)	j HMO contract	· - <u>-</u>	PPO contract		I Indemnity contract	
	m∏	Other (specify)	, 🗆		1			
	□	Other (specify)						
9	Experi	ence-rated contracts:						
		emiums: (1) Amount received		. 9a(1)				
		l) Increase (decrease) in amount due but unpaid		- ' / 				
		s) Increase (decrease) in unearned premium res						
	•	Earned ((1) + (2) - (3))				. 9a(4)		C
	b E	Senefit charges (1) Claims paid		. 9b(1)				
	(2	2) Increase (decrease) in claim reserves		. 9b(2)				
	(3	s) Incurred claims (add (1) and (2))				. 9b(3)		0
	(4) Claims charged				. 9b(4)		
	C F	Remainder of premium: (1) Retention charges (on an accrual basis)					
		(A) Commissions						
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs		0. (4)(D)			_	
		(D) Other expenses		0-(4)(5)				
		(E) Taxes					_	
		(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	_	_			<u>'</u>	
			<u> </u>	L-1			_	
		Status of policyholder reserves at end of year: (1 2) Claim reserves				. 9d(1) . 9d(2)	_	
	,	3) Other reserves				9d(2)	_	
	,	Dividends or retroactive rate refunds due. (Do n					-	
10		experience-rated contracts:	or morade amount entere	a III IIIIe 30(2)	.,,			
. •			carrier			. 10a	284	818
	b II	the carrier, service, or other organization incuretention of the contract or policy, other than rep	red any specific costs in o	connection wit	h the acquisition or			
	a T b II	the carrier, service, or other organization incuretention of the contract or policy, other than reprive nature of costs.	red any specific costs in o	connection wit	h the acquisition or			284
			nation necessary to comp	lata Schodula	Δ2 Π	Yes	X No	_
		he insurance company fail to provide any inform		iete Schedule	A!	162	NU INU	
12	If the	answer to line 11 is "Yes," specify the informat	ion not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

		parodant to	=: :: e, : e e e :: : e e (a)(=):				nspection	
For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/2018		and en	nding 12/31/2018			
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN		B Thre	e-digit number (PN)	•	594	
C Plan sponsor's name a	s shown on lir	ne 2a of Form 5500		D Emplo	yer Identification N	umber (E	EIN)	
	LOCKHEED MARTIN CORPORATION 52-1893632							
		rning Insurance Contract. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance ca		TH AMERICA						
	(c) NAIC	(d) Contract or	(e) Approximate nu		Poli	icy or co	ntract year	
(b) EIN	code	identification number	persons covered at policy or contract		(f) From		(g) To	
23-1503749	65498	LK008358	13		01/01/2018		12/31/2018	
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.								
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons receiving com	missions and f	fees. (Complete as many entrie	s as needed to report all p	ersons).				
	(a) Name	and address of the agent, broke	r, or other person to whon	commiss	ions or fees were pa	aid		
(b) Amount of sales ar	nd base	Fe	ees and other commission	s paid				
commissions pai	id	(c) Amount	((d) Purpose			(e) Organization code	
	(a) Name	and address of the agent, broke	r, or other person to whon	n commiss	ions or fees were p	aid		
					·			
(b) Amount of sales ar	(b) Amount of sales and base Fees and other commissions paid							
commissions pai		(c) Amount	(d) Purpose	e		(e) Organization code	

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art II	II Welfare Benefit Contract Informat If more than one contract covers the same gr the information may be combined for reportin employees, the entire group of such individua	oup of employees of the	racts are expe	erience-rated as a unit	t. Where co	ontracts cover individual	
8	Benef	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	e X	Temporary disability (accident and sickness)	f Long-term disabili	ity g	Supplemental unem	ployment	h Prescription drug	
	iΠ	Stop loss (large deductible)	j ☐ HMO contract	· - <u>-</u>	PPO contract		I Indemnity contract	
		Other (specify)	, Lime contract	•	1110001111101			
	m _	Other (specify)						
9	Fyner	rience-rated contracts:						
•	•	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid		- ` ' +				
		(3) Increase (decrease) in unearned premium reser						
	•	(4) Earned ((1) + (2) - (3))				9a(4)		C
	b i	Benefit charges (1) Claims paid		9b(1)				
	(2	(2) Increase (decrease) in claim reserves		9b(2)				
	(:	(3) Incurred claims (add (1) and (2))				9b(3)		0
	(-	(4) Claims charged				9b(4)		
	C	Remainder of premium: (1) Retention charges (on	an accrual basis)					
		(A) Commissions						
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs		0.747(D)			_	
		(D) Other expenses		0-(4)(5)				
		(E) Taxes					_	
		(F) Charges for risks or other contingencies		9c(1)(F)			_	
		(G) Other retention charges(H) Total retention				9c(1)(H	1	
	,	(2) Dividends or retroactive rate refunds. (These a	_	_			<i>,</i>	
				<u></u>				
		Status of policyholder reserves at end of year: (1) A (2) Claim reserves				9d(1) 9d(2)		
	,	(3) Other reserves				9d(2)		
	,	Dividends or retroactive rate refunds due. (Do not						
10		·	morado ambant enteres	a III IIII 0 30(2).	.,,	1 00		
			rrier			10a	2693	 ₹168
	b 1	If the carrier, service, or other organization incurred retention of the contract or policy, other than report	d any specific costs in o	connection with	h the acquisition or		2000	
	a -	retention of the contract or policy, other than report	d any specific costs in o	connection with	h the acquisition or		2	693
		the insurance company fail to provide any informat	tion necessary to comp	lete Schedule	А? П	Yes	X No	_
				iete Schedule	Λ:	103	<u> </u>	
12	ii the	ne answer to line 11 is "Yes," specify the information	i not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

			ERISA section 103(a)(2).		ion	This Fo	rm is Open to Public Inspection
For calendar plan year 20	18 or fiscal pla	an year beginning 01/01/2018		and en	ding 12/31	1/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN		B Three plan	e-digit number (PN) >	594
C Plan sponsor's name a	RPORATION			52-	1893632	ation Number	
		rning Insurance Contract A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca PRUDENTIAL LIFE INSUR		PANY					
/L) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or c	contract year
(b) EIN	code	identification number			(f)	From	(g) To
22-1211670	68241	23747-1	91051 01/01/2018				12/31/2018
2 Insurance fee and com- descending order of the		nation. Enter the total fees and to	otal commissions paid. Lis	st in line 3	the agents, b	orokers, and o	other persons in
(a) Total a	amount of com	nmissions paid		(b) To	tal amount o	of fees paid	
		60756					0
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all p	persons).			
	(a) Name	and address of the agent, broke	er, or other person to whon	n commissi	ions or fees	were paid	
MERCER HEALTH & BEN	EFITS LLC		PAYSPHERE CIRCLE AGO, IL 60674				
(b) Amount of sales ar	nd base	F	ees and other commission	s paid			
commissions pa		(c) Amount		d) Purpose	Э		(e) Organization code
	60756	0	SUPPLEMENTAL COMM	ISSIONS			3
	(a) Name	and address of the agent, broke	er, or other person to whon	n commissi	ions or fees	were paid	
(b) Amount of sales ar	nd base	F	ees and other commission	s paid			
commissions pa		(c) Amount	(d) Purpose	9		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual of the contract of	group ting pu	of en	es if such o	contracts a	re exp	erience-rated as a uni	t. Where co	ontract	ts cover individual
8	Ben	efit a	nd contract type (check all applicable boxes)		_			_	_			
	а	He	ealth (other than dental or vision)	b	Der	ntal		С	Vision		d X	Life insurance
	е	Te	emporary disability (accident and sickness)	f	Lon	ng-term disa	ability	g	Supplemental unem	ployment	h	Prescription drug
	i	St	op loss (large deductible)	ıĒ	Тнм	O contract		k	PPO contract		ıΠ	Indemnity contract
	m		ther (specify)		J			L	1			•
9	Exp	erien	ce-rated contracts:									
	а	Prem	iums: (1) Amount received				9a	(1)		20329674	ļ	
		(2) lı	ncrease (decrease) in amount due but unpaid	d			9a	(2)		2881434		
		(3) li	ncrease (decrease) in unearned premium res	serve .			9a	(3)		_		
		. ,	Earned ((1) + (2) - (3))							. 9a(4)		23211108
	b		efit charges (1) Claims paid							25613748	3	
			ncrease (decrease) in claim reserves							-1189670)	
		(3) li	ncurred claims (add (1) and (2))							. 9b(3)		24424078
		` '	Claims charged							. 9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (on an a	accru	al basis)		1			_	
			(A) Commissions									
			(B) Administrative service or other fees				0.14				_	
			(C) Other specific acquisition costs				0.74					
			(D) Other expenses				0-14			-1972941		
			(E) Taxes(F) Charges for risks or other contingencies.							631488		
			(G) Other retention charges				0-14			128484	<u> </u>	
			(H) Total retention(H)							9c(1)(H)	· ·	-1212969
			Dividends or retroactive rate refunds. (These			_						
	d		rus of policyholder reserves at end of year: (1			<u></u>						
	u		Claim reserves							9d(1)		3791001
		` '	Other reserves									0101001
	е	` '	dends or retroactive rate refunds due. (Do n									
10			perience-rated contracts:	<u> </u>			0.00		.,	.,		
	а		al premiums or subscription charges paid to	carrier	r					. 10a		
	b	If th	e carrier, service, or other organization incur	red an	ny spe	ecific costs	in connect	ion wit	h the acquisition or			
		rete	e carrier, service, or other organization incur ntion of the contract or policy, other than rep nature of costs.							. 10b		
	art		Provision of Information		_							
11	Di	d the	insurance company fail to provide any inform	nation	nece	ssary to co	mplete Sc	hedule	A?	Yes	X No	0
12	lf t	he ar	nswer to line 11 is "Yes," specify the informat	ion no	ot prov	vided.						

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

			ERISA section 103(a)(2)		lion	Inis For	m is Open to Public Inspection
For calendar plan year 20	18 or fiscal pla	an year beginning 01/01/2018		and er	nding 12/3	1/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEF	ITS PLAN			e-digit number (PN	N) •	594
C Plan sponsor's name a LOCKHEED MARTIN CO					oyer Identifica 1893632	ation Number	(EIN)
		erning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca PRUDENTIAL LIFE INSUR		PANY					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or c	ontract year
(b) EIN	code	identification number	policy or contrac		(f)	From	(g) To
22-1211670	68241	23748-1	50329		01/01/2018	3	12/31/2018
2 Insurance fee and com- descending order of the		nation. Enter the total fees and t	otal commissions paid. Li	st in line 3	the agents,	brokers, and o	ther persons in
		nmissions paid		(b) To	otal amount	of fees paid	
20414 0						0	
3 Persons receiving com	missions 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	
MERCER HEALTH & BEN	EFITS LLC		PAYSPHERE CIRCLE CAGO, IL 60674				
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code
	20414	0	SUPPLEMENTAL COMM	IISSIONS			3
	(a) Name	and address of the agent, broke	er, or other person to who	n commiss	sions or fees	were paid	
	(4)	a aga, 2.0	., s. cs. p. c.s cs.				
(b) Amount of sales ar	nd hase	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art	III Welfare Benefit Contract Informa	ition			
		If more than one contract covers the same of				
		the information may be combined for reporti employees, the entire group of such individu				
0	Dan		al contracts with each ca	iner may be	treated as a drift for purposes of	шіз тероті.
0	г	efit and contract type (check all applicable boxes)			L	· 🗆
	a	Health (other than dental or vision)	b Dental	c _	Vision	d X Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	у д _	Supplemental unemployment	h Prescription drug
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract	I Indemnity contract
	m	Other (specify)	_			_
	L	_				
9	Ехре	erience-rated contracts:				
		Premiums: (1) Amount received		9a(1)	14672377	7
		(2) Increase (decrease) in amount due but unpaid		9a(2)	(0
		(3) Increase (decrease) in unearned premium res		9a(3)	(0
		(4) Earned ((1) + (2) - (3))	-		9a(4)	14672377
	b	Benefit charges (1) Claims paid		9b(1)	10412622	2
		(2) Increase (decrease) in claim reserves		9b(2)	165817	7
		(3) Incurred claims (add (1) and (2))	······		9b(3)	10578439
		(4) Claims charged			9b(4)	
	С	Remainder of premium: (1) Retention charges (or	n an accrual basis)		7	
		(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)	282235	5
		(E) Taxes		9c(1)(E)	35730	7
		(F) Charges for risks or other contingencies		9c(1)(F)	167852	2
		(G) Other retention charges				\
		(H) Total retention	_	_		
		(2) Dividends or retroactive rate refunds. (These				2112774
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits after		
		(2) Claim reserves			· · · · · · · · · · · · · · · · · · ·	2183744
		(3) Other reserves				9730200
		Dividends or retroactive rate refunds due. (Do no	t include amount entered	in line 9c(2) .) 9e	
10	No	onexperience-rated contracts:				
	а	Total premiums or subscription charges paid to c				
	b	If the carrier, service, or other organization incurr				
	Sne	retention of the contract or policy, other than repo ecify nature of costs.	rted in Part I, line 2 above	e, report amo	unt 10b	
	Орс	ony flatare or occio.				
_	4	N/ Durantaion of later was the				
	art				——————————————————————————————————————	
11	Dio	d the insurance company fail to provide any inform	ation necessary to comple	ete Schedule	A? Yes	X No
12	lf t	he answer to line 11 is "Yes," specify the information	on not provided.			

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).					This Form is Open to Public Inspection	
For calendar plan year 2018 or fiscal p	plan year beginning 01/01/2018		and end	ding 12/31	/2018	
A Name of plan LOCKHEED MARTIN GROUP BENE	FITS PLAN		B Three plan	e-digit number (PN)) >	594
C Plan sponsor's name as shown on LOCKHEED MARTIN CORPORATIO				yer Identifica 1893632	tion Number	(EIN)
on a separate Schedul	cerning Insurance Contract e A. Individual contracts grouped as					
1 Coverage Information: (a) Name of insurance carrier PRUDENTIAL LIFE INSURANCE COM	лРАNY					
(c) NAIO	C (d) Contract or	(e) Approximate nun	-		Policy or	contract year
(b) EIN (c) NAIV	identification number	•	persons covered at end of policy or contract year		From	(g) To
22-1211670 68241	23749-1	8537		01/01/2018		12/31/2018
Insurance fee and commission info descending order of the amount pai		al commissions paid. List	t in line 3 t	the agents, b	rokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
	3260					0
3 Persons receiving commissions an	d fees. (Complete as many entries	as needed to report all pe	ersons).			
(a) Nam	e and address of the agent, broker,	or other person to whom	commissi	ons or fees v	vere paid	
MERCER HEALTH & BENEFITS LLC		AYSPHERE CIRCLE GO, IL 60674				
(b) Amount of sales and base	Fee	s and other commissions	paid			
commissions paid	(c) Amount	(d) Purpose				(e) Organization code
3260	0 SL	JPPLEMENTAL COMMIS	SSIONS			3
(a) Nam	e and address of the agent, broker,	or other person to whom	commissi	ons or fees v	vere paid	
		,			·	
(b) Amount of sales and base	Fee	s and other commissions	paid			
commissions paid	(c) Amount	(d	l) Purpose	•		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

Pa	art l	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such contemployees, the entire group of such individual contracts with each contemployees.	tracts are exp	erience-rated as a unit. V	Vhere contra	acts cover individual
8	Ben	nefit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision) b Dental	С	Vision	d	Life insurance
	еĒ	Temporary disability (accident and sickness) f Long-term disabil	<u></u>	Supplemental unemplo	_	Prescription drug
	. [. =	PPO contract	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	' F	☐ Stop loss (large deductible) j ☐ HMO contract	K_	PPO contract	'L	Indemnity contract
	m	Other (specify)				
^						
		perience-rated contracts:	0-(4)			
		Premiums: (1) Amount received				
		(2) Increase (decrease) in amount due but unpaid				
		(3) Increase (decrease) in unearned premium reserve	-		00(4)	
	_	(4) Earned ((1) + (2) - (3))			9a(4)	
		(2) Increase (decrease) in claim reserves			9b(3)	0
		(4) Claims charged			9b(4)	
					35(4)	
	C	(A) Commissions	9c(1)(A)			
		(B) Administrative service or other fees				
		(C) Other specific acquisition costs	0 (4)(0)			
		(D) Other expenses	9c(1)(D)			
		(E) Taxes	0-(4)(5)			
		(F) Charges for risks or other contingencies	- (1)(=)			
		(G) Other retention charges	1 1 1 1 1 1			
		(H) Total retention		g	c(1)(H)	C
		(2) Dividends or retroactive rate refunds. (These amounts were paid in	n cash, or	credited.)	9c(2)	
	d				9d(1)	
		(2) Claim reserves			9d(2)	
		(3) Other reserves			9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount entere	d in line 9c(2)	.)	9e	
10	No	onexperience-rated contracts:				
	а	Total premiums or subscription charges paid to carrier			10a	2758762
		retention of the contract or policy, other than reported in Part I, line 2 above			10b	
		ecify nature of costs.				
Pa	art I	IV Provision of Information				
<u>1</u> 1	Dic	id the insurance company fail to provide any information necessary to comp	lete Schedule	e A? Ye	es X	No
		the answer to line 11 is "Yes," specify the information not provided.		_		

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2018

		pursuant to Ef	RISA section 103(a)(2).				Inspection
For calendar plan year 20	118 or fiscal plar	n year beginning 01/01/2018		and en	ding 12/3	1/2018	
A Name of plan LOCKHEED MARTIN GR	ROUP BENEFIT	S PLAN		B Three plan	e-digit number (Pl	N) •	594
C Plan sponsor's name a		e 2a of Form 5500			yer Identific 1893632	ation Number (EIN)
		ning Insurance Contract . Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca		DF AMERICA					
/b) [IN]	(c) NAIC	(d) Contract or	(e) Approximate nun			Policy or co	ntract year
(b) EIN	code	identification number	persons covered at o		(f)	From	(g) To
22-1211670	68241	43406-2	122094		01/01/201	8	12/31/2018
2 Insurance fee and com descending order of the		ation. Enter the total fees and total	I commissions paid. List	t in line 3	the agents,	brokers, and ot	her persons in
(a) Total	amount of comr			(b) To	tal amount	of fees paid	
		14407					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all pe	ersons).			
		nd address of the agent, broker, o	<u> </u>	commissi	ions or fees	were paid	
MERCER HEALTH & BEN	IEFITS LLC		YSPHERE CIRCLE GO, IL 60674				
(b) Amount of sales a	nd base —	Fees	and other commissions	s paid			
commissions pa	nid	(c) Amount		d) Purpose	9		(e) Organization code
	14407	0 50	PPLEMENTAL COMMIS	SSIONS			3
	(a) Name a	nd address of the agent, broker, o	or other person to whom	commissi	ions or fees	were paid	
(b) Amount of sales a	nd base	Fees	and other commissions	paid			
commissions pa	aid	(c) Amount	(d	d) Purpose	e		(e) Organization code
<u> </u>	A-(N-C	and the Instructions for Form FF				0-1	Iula A (Farm 5500) 2049

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art II	Welfare Benefit Contract Informati If more than one contract covers the same gro the information may be combined for reporting employees, the entire group of such individual	oup of employees of the purposes if such con	tracts are expe	erience-rated as a uni	t. Where co	ontracts cover individual	
8	Bene	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	Dental	С	Vision		d Life insurance	
	e \Box	Temporary disability (accident and sickness) f	Long-term disabil	ity g	Supplemental unem	plovment	h Prescription drug	
	iΠ	Stop loss (large deductible)	HMO contract		PPO contract		I Indemnity contract	
	닏	<u> </u>	_ Tivio contract		117 0 contract		I I Indominity dominate	
	m X	Other (specify) ►AD&D						
a	Evnor	rience-rated contracts:						
•	•	Premiums: (1) Amount received		. 9a(1)			-	
		(2) Increase (decrease) in amount due but unpaid		— ` /				
		(3) Increase (decrease) in unearned premium reserv						
	,	(4) Earned ((1) + (2) - (3))				. 9a(4)		C
	,	Benefit charges (1) Claims paid						
	((2) Increase (decrease) in claim reserves		9b(2)				
	((3) Incurred claims (add (1) and (2))				. 9b(3)		0
	((4) Claims charged				. 9b(4)		
	C	Remainder of premium: (1) Retention charges (on a	an accrual basis)					
		(A) Commissions						
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs					_	
		(D) Other expenses		0-(4)(5)				
		(E) Taxes					_	
		(F) Charges for risks or other contingencies		9c(1)(F)			-	
		(G) Other retention charges(H) Total retention				. 9c(1)(H	1	
		(2) Dividends or retroactive rate refunds. (These ar	_	_			, <u> </u>	_
		Status of policyholder reserves at end of year: (1) A	L-1					
		(2) Claim reserves				9d(1)		
		(3) Other reserves				9d(3)		
		Dividends or retroactive rate refunds due. (Do not i						
10		nexperience-rated contracts:		,	,			
		Total premiums or subscription charges paid to carr	ier			. 10a	9607	558
	_	If the carrier, service, or other organization incurred retention of the contract or policy, other than reported cify nature of costs.				. 10b		
	a b	Total premiums or subscription charges paid to carr If the carrier, service, or other organization incurred retention of the contract or policy, other than reported in the city nature of costs.	any specific costs in	connection with	h the acquisition or			9607
				Jaka Cali - Ji I	A2	Voc	V No	_
		I the insurance company fail to provide any informati		lete Schedule	A?	Yes	X No	
12	If the	ne 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

2018

		pursuant to	LINIOA Section 105(a)(2)	•		inspection
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and en	nding 12/31/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (PN)	594
C Plan sponsor's name a	ıs shown on line	e 2a of Form 5500		D Emplo	oyer Identification Num	nber (EIN)
LOCKHEED MARTIN CO					1893632	
		ning Insurance Contrac . Individual contracts grouped a				
1 Coverage Information:						
(a) Name of insurance ca UNITED HEALTHCARE - I						
/L. \ _ [] N	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy	or contract year
(b) EIN	code	identification number	persons covered a policy or contrac		(f) From	(g) To
63-1036817	95716	65083	117	•	01/01/2018	12/31/2018
2 Insurance fee and com descending order of the		ntion. Enter the total fees and to	tal commissions paid. Li	ist in line 3	the agents, brokers, a	and other persons in
(a) Total a	amount of comm	nissions paid		(b) To	otal amount of fees pa	id
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).		
	(a) Name a	nd address of the agent, broker	, or other person to whor	m commiss	ions or fees were paid	I
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid		
commissions pa	id	(c) Amount		(d) Purpos	e	(e) Organization code
	(a) Name a	nd address of the agent, broker	, or other person to whor	m commiss	ions or fees were paid	I
(b) Amount of sales ar	nd hase	Fe	es and other commission	ns paid		
commissions pa		(c) Amount		(d) Purpos	e	(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art II	II Welfare Benefit Contract Informat If more than one contract covers the same gr the information may be combined for reportin employees, the entire group of such individual	roup of employees of thing purposes if such con	tracts are expe	erience-rated as a uni	t. Where co	ontracts cover individual	
8	Benef	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	eП	Temporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unem	ployment	h Prescription drug	
	iΠ		j X HMO contract		PPO contract		I Indemnity contract	
		Other (specify)	, Nime contract	•• _	1110001111001			
	m _	Other (specify)						
9	Fyner	rience-rated contracts:						
•	•	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid.					_	
		(3) Increase (decrease) in unearned premium rese						
	(.	(4) Earned ((1) + (2) - (3))				9a(4)		C
	b i	Benefit charges (1) Claims paid		. 9b(1)				
	(2	(2) Increase (decrease) in claim reserves		. 9b(2)				
	(:	(3) Incurred claims (add (1) and (2))				. 9b(3)		0
	(-	(4) Claims charged				9b(4)		
	C	Remainder of premium: (1) Retention charges (on	an accrual basis)					
		(A) Commissions						
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs					_	
		(D) Other expenses		0-(4)(5)			_	
		(E) Taxes					_	
		(F) Charges for risks or other contingencies		9c(1)(F)			_	
		(G) Other retention charges(H) Total retention				9c(1)(H	1	
	,	(2) Dividends or retroactive rate refunds. (These a	_				,	_
				L-1				
		Status of policyholder reserves at end of year: (1) (2) Claim reserves				9d(1) 9d(2)	_	
	,	(3) Other reserves				9d(2)		
	,	Dividends or retroactive rate refunds due. (Do not					-	
10		nexperience-rated contracts:	morac amount chiefe	<u>a iii iiile 30(2).</u>	.,			
		Total premiums or subscription charges paid to ca	rrier			. 10a	20439	988
	b 1	If the carrier, service, or other organization incurre retention of the contract or policy, other than repor	d any specific costs in	connection witl	h the acquisition or		2010	
P	b I	If the carrier, service, or other organization incurre retention of the contract or policy, other than reporcify nature of costs.	d any specific costs in	connection witl	h the acquisition or			
P	art I\	V Provision of Information						
11	Did	the insurance company fail to provide any informa	tion necessary to comp	lete Schedule	A?	Yes	X No	
12	If the	ne answer to line 11 is "Yes," specify the information	n not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2018

		paredantit	= 111 3 /130011011 130(a)(=)	•			ispection	
For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/2018		and er	nding 12/31/2018			
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN			e-digit number (PN)	•	594	
C Plan sponsor's name a	s shown on lin	ne 2a of Form 5500		D Emplo	yer Identification Nur	mber (E	IN)	
LOCKHEED MARTIN CO					1893632		,	
		rning Insurance Contract. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance ca UPMC HEALTH PLAN	rrier							
	(c) NAIC	(d) Contract or	(e) Approximate nu		Polic	y or con	tract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f) From		(g) To	
25-2813536	95216	8451	230)	01/01/2018		12/31/2018	
	2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.							
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all	persons).				
	(a) Name a	and address of the agent, broke	er, or other person to whor	n commiss	sions or fees were pai	id		
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pai	id	(c) Amount		(d) Purpos	e		(e) Organization code	
	(a) Name a	and address of the agent, broke	er, or other person to whor	n commiss	sions or fees were pai	id		
,,								
(b) Amount of sales ar	(b) Amount of sales and base Fees and other commissions paid							
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code	

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0)	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

Pa	art	III We	elfare Benefit Contract Inform	ation				
		the	nore than one contract covers the same information may be combined for repor ployees, the entire group of such individual control of the cont	ting purposes if such cont	racts are expe	erience-rated as a un	it. Where co	ontracts cover individual
8	Ben	efit and co	ontract type (check all applicable boxes)					
	а	Health	(other than dental or vision)	b Dental	С	Vision		d Life insurance
	еĪ	Tempo	rary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unem	plovment	h Prescription drug
	i [= '	ss (large deductible)	j X HMO contract	· - <u>-</u>	PPO contract		I Indemnity contract
	· [= ') N Timo contract	· _] I I O contract		I I Indemnity contract
	m	Other ((specify)					
9	Evn	orionno ro	ted contracts:					
			:: (1) Amount received		9a(1)			
	-		ase (decrease) in amount due but unpai					
			ase (decrease) in unearned premium re					
			ed ((1) + (2) - (3))				9a(4)	C
	b		harges (1) Claims paid				1 7	
		(2) Increa	ase (decrease) in claim reserves					
		(3) Incurr	red claims (add (1) and (2))				9b(3)	0
		(4) Claim	s charged				. 9b(4)	
	С	Remaind	der of premium: (1) Retention charges (on an accrual basis)				
		(A) C	Commissions		9c(1)(A)			
		(B) A	dministrative service or other fees					
		(C) C	Other specific acquisition costs					
			Other expenses					
		(E) T	axes		9C(1)(E)			
		(F) C	charges for risks or other contingencies.		9C(1)(F)			
			Other retention charges				9c(1)(H)	
		` '	otal retentionends or retroactive rate refunds. (These					
	a			—				
	d		f policyholder reserves at end of year: (* n reserves				9d(1) 9d(2)	
		` '	r reserves				9d(2)	
	е	` '	s or retroactive rate refunds due. (Do n					
10	_		nce-rated contracts:			,		
	а		emiums or subscription charges paid to	carrier			10a	3716487
	b		rier, service, or other organization incur of the contract or policy, other than rep	, .		•	10b	
	Spe	cify nature		orted iii i art i, iiile 2 abov	e, report amo	Junt	100	
Pa	art	IV Pi	rovision of Information					
11	Dio	d the insur	rance company fail to provide any inforn	nation necessary to compl	lete Schedule	A?	Yes	X No
			r to line 11 is "Yes," specify the informat					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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File as an attachment to Form 5500.

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

OMB No. 1210-0110

2018

		parodantio	=: :: e; : e e e :: : e e (a)(=)	-			nspection
For calendar plan year 20	18 or fiscal pla	in year beginning 01/01/2018		and er	nding 12/31/2018		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN			e-digit number (PN)	•	594
C Plan sponsor's name a	ıs shown on lir	ne 2a of Form 5500		D Emplo	yer Identification Nu	ımber (E	EIN)
LOCKHEED MARTIN CO				52-	1893632		,
		rning Insurance Contract A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca LIFE INSURANCE COMPA		ГН AMERICA					
	(c) NAIC	(d) Contract or	(e) Approximate nu		Polic	y or cor	ntract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From		(g) To
23-1503749	65498	SDJ007632	2034		01/01/2018		12/31/2018
2 Insurance fee and communication descending order of the		ation. Enter the total fees and to	otal commissions paid. Li	st in line 3	the agents, brokers,	and oth	ner persons in
(a) Total a	amount of com	missions paid		(b) To	otal amount of fees p	aid	
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	r, or other person to whor	n commiss	ions or fees were pa	iid	
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid			
commissions pai	id	(c) Amount	(d) Purpose			\longrightarrow	(e) Organization code
	(a) Name	and address of the agent, broke	r, or other person to whor	n commiss	sions or fees were pa	aid	
(b) Amount of sales ar	nd base	F ₍	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpos	e		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0)	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art II	II 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 individua	roup of employees of th	racts are expe	erience-rated as a unit	t. Where co	ontracts cover individual	,
8	Bene	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	e	Temporary disability (accident and sickness)	f X Long-term disabili	ity g	Supplemental unem	ployment	h Prescription drug	
	iΠ	Stop loss (large deductible)	j HMO contract	· - <u>-</u>	PPO contract	•	I Indemnity contract	
	m	Other (specify)	, 🗆]		-	
	∟	Cirie (specify)						
9	Exper	rience-rated contracts:						
		Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid.		- ` ' +				
		(3) Increase (decrease) in unearned premium rese						
	((4) Earned ((1) + (2) - (3))				9a(4)		C
	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)		C
	((4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on	an accrual basis)					
		(A) Commissions						
		(B) Administrative service or other fees					_	
		(C) Other specific acquisition costs					_	
		(D) Other expenses		0-/4\/5\			_	
		(E) Taxes					_	
		(F) Charges for risks or other contingencies		9c(1)(F)			_	
		(G) Other retention charges				9c(1)(H	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		(H) Total retention	_	_			<u>'</u>	
			<u> </u>	<u></u>				
		Status of policyholder reserves at end of year: (1)					_	
		(2) Claim reserves				9d(2) 9d(3)		
		Dividends or retroactive rate refunds due. (Do not						
10		nexperience-rated contracts:	i moidae amount entere	a III IIII 0 30(2).	.,,	1 00		
			rrier			10a	14	18792
	b	If the carrier, service, or other organization incurre retention of the contract or policy, other than repor	ed any specific costs in o	connection with	h the acquisition or			
	a b	Total premiums or subscription charges paid to call the carrier, service, or other organization incurre retention of the contract or policy, other than reporcify nature of costs.	ed any specific costs in o	connection with	h the acquisition or	10b		11
1	Did	the insurance company fail to provide any informa	ation necessary to comp	lete Schedule	А?	Yes	X No	
				iete Schedule	Λ:	103	<u>N</u> 110	
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

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OMB No. 1210-0110

2018

For calendar plan year 20°	18 or fiscal plar	year beginning 01/01/2018		and er	nding 12/31/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (PN)	594
C Plan sponsor's name a	s shown on line	e 2a of Form 5500		D Emplo	oyer Identification Number	er (EIN)
LOCKHEED MARTIN CO	RPORATION			52-	1893632	
Part I Informat	ion Concer	ning Insurance Contrac	t Coverage, Fees.	and Con	nmissions Provide in	formation for each contract
		. Individual contracts grouped a				
1 Coverage Information:						
(a) Name of insurance ca	rrier					
LIFE INSURANCE COMPA		H AMERICA				
	<u> </u>		(e) Approximate no	umbor of	Policy or	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	at end of	(f) From	(g) To
40.0550500			policy or contrac			
13-2556568	64548	NYD074268	8528	3	01/01/2018	12/31/2018
2 Insurance fee and communication descending order of the		ation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, brokers, and	l other persons in
(a) Total a	amount of comr	missions paid		(b) To	otal amount of fees paid	
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all	persons).		
	(a) Name a	nd address of the agent, broker	r, or other person to who	m commiss	sions or fees were paid	
(b) Amount of sales ar			es and other commissio			
commissions pai	d	(c) Amount		(d) Purpos	e	(e) Organization code
	(a) Name a	nd address of the agent, broker	r, or other person to who	m commiss	sions or fees were paid	
	(-)	····	,			_
(h) Amount of colors	nd book	 Fe	es and other commissio	ns paid		
(b) Amount of sales ar commissions pai		(c) Amount		(d) Purpos	e	(e) Organization code
•				-		
E. B	n Aat Natica	and the Instructions for Form	EEOO		Call	adula A (Farm FF00) 2040

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0)	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

ssion upplemental unemployment PO contract 9a(4) 9b(3) 9b(4)	d Life insurance h Prescription drug I Indemnity contract
upplemental unemployment PO contract 9a(4)	h Prescription drug
9a(4)	_
9a(4)	_
9a(4)	0
9b(3)	
9b(3)	
9b(3)	
9b(3)	C
9b(3)	C
9b(3)	C
21.40	_
21.40	
21.40	
9b(4)	0
	_
	_
	_
9c/1)/H	0
	7
	
10a	613668
ne acquisition or 10b	
ir	

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

2018

		parodantit	=: ((a) (=)				Ispection
For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/2018		and er	nding 12/31/2018		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN			e-digit number (PN)	•	594
C Plan sponsor's name a		e 2a of Form 5500			yer Identification Nu	mber (E	EIN)
LOCKHEED MARTIN CO	RPORATION			52-	1893632		
		rning Insurance Contract. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca							
	(c) NAIC	(d) Contract or	(e) Approximate nu		Polic	y or cor	ntract year
(b) EIN	code	identification number	persons covered at policy or contract		(f) From		(g) To
13-5581829	65978	1840000	23		01/01/2018		12/31/2018
2 Insurance fee and com descending order of the		ation. Enter the total fees and t	otal commissions paid. Li	st in line 3	the agents, brokers,	and oth	er persons in
(a) Total a	amount of com	missions paid		(b) To	otal amount of fees p	aid	
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all p	persons).			
	(a) Name a	and address of the agent, broke	er, or other person to whom	n commiss	sions or fees were pa	id	
(b) Amount of sales ar	nd base	F	ees and other commission	s paid			
commissions pa	id	(c) Amount	(d) Purpose				(e) Organization code
	(a) Name a	and address of the agent, broke	er, or other person to whom	n commiss	sions or fees were pa	id	
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	e		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art I	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group ting pu	of em	es if such	contra	acts are	expe	erience-rated as a unit	. Where	contrac	ts cover individual
8	Bene	efit a	nd contract type (check all applicable boxes)										
	а	He	ealth (other than dental or vision)	b 🗌	Den	tal			с 🗌	Vision		d X	Life insurance
	е	Te	emporary disability (accident and sickness)	f 🗌	Long	g-term dis	ability	y	gΠ	Supplemental unemp	oloyment	h	Prescription drug
	iΓ	St	op loss (large deductible)	i⊟	НМС	O contract			k∏	PPO contract		ıΠ	Indemnity contract
	m	_	ther (specify)	- Ц	l					I			•
	_	_											
9	Expe	eriend	ce-rated contracts:										
			iums: (1) Amount received				-	9a(1))				
			ncrease (decrease) in amount due but unpaid					9a(2)	_				
		` '	ncrease (decrease) in unearned premium res				-						
		. ,	Earned ((1) + (2) - (3))								9a(4)	C
			efit charges (1) Claims paid				_		_				
			ncrease (decrease) in claim reserves								01-70		
			ncurred claims (add (1) and (2))								9b(3		U
		` '	Claims charged								9b(4)	
	С		nainder of premium: (1) Retention charges (c			•	Г	9c(1)(۸۱				
			(A) Commissions (B) Administrative service or other fees				-	9c(1)(l	_				
			(C) Other specific acquisition costs					9c(1)(
			(D) Other expenses					9c(1)(I					
			(E) Taxes					9c(1)(I	_				
			(F) Charges for risks or other contingencies.										
			(G) Other retention charges					9c(1)(3)				
			(H) Total retention								9c(1)(H)	C
		(2) [Dividends or retroactive rate refunds. (These	e amou	unts w	ere pa	aid in	cash, or		credited.)	9c(2)	
	d	Stat	us of policyholder reserves at end of year: (1	I) Amo	ount h	eld to prov	vide b	enefits a	after	retirement			
			Claim reserves								9d(2)	
		(3)	Other reserves								9d(3)	
	е	Divi	dends or retroactive rate refunds due. (Do n	ot inclu	ude a	mount ent	tered	in line 9	c(2).	.)	9e		
10	No	nexp	erience-rated contracts:										
	а	Tota	al premiums or subscription charges paid to o	carrier							10a		2123
	_	rete	e carrier, service, or other organization incur ntion of the contract or policy, other than rep nature of costs.								10b		
P	art I	V	Provision of Information										
11	Dic	l the	insurance company fail to provide any inform	nation	neces	ssary to co	omple	ete Sche	dule	A?	Yes	X N	0
12	l If th	ne ar	nswer to line 11 is "Yes," specify the informat	ion no	t prov	rided.			_				

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

2018

For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/2018		and en	ding 12/31/2018	8		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN			e-digit number (PN)	•	594	
· ·	C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION D Employer Identification Number (EIN) 52-1893632							
		rning Insurance Contra A. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance ca MONUMENTAL LIFE INSU		IPANY						
/L) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu		Po	olicy or co	cy or contract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f) From		(g) To	
52-0419790	46866	1784/1937	62	?	01/01/2018		12/31/2018	
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.								
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons receiving com		ees. (Complete as many entrie	·					
	(a) Name	and address of the agent, broke	er, or other person to whor	m commiss	ions or fees were	paid		
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pai	id	(c) Amount	(d) Purpose				(e) Organization code	
	(a) Name	and address of the agent, broke	er, or other person to whor	m commiss	ions or fees were	paid		
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code	

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

d Life insurance h Prescription drug I Indemnity contract
h Prescription drug
<u>- </u>
<u>- </u>
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73400
70400

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

2018

			pursuant to E	ERISA section 103(a)(2).				Inspection
For calendar	plan year 201	18 or fiscal pla	an year beginning 01/01/2018		and en	ding 12/3	31/2018	
A Name of p LOCKHEED	lan MARTIN GR	OUP BENEFI	TS PLAN			e-digit number (Pl	N) •	594
	C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION D Employer Identification Number (EIN) 52-1893632							EIN)
Part I			rning Insurance Contract A. Individual contracts grouped as					
1 Coverage	Information:							
(a) Name of i			TH AMERICA					
(b) E	-INI	(c) NAIC	(d) Contract or	(e) Approximate nur persons covered at			Policy or co	ontract year
(D) E	IIN	code	identification number	policy or contract		(f)	From	(g) To
23-1503749		65498	LK 100000	78		01/01/201	8	12/31/2018
		mission inform amount paid.	nation. Enter the total fees and total	al commissions paid. Lis	st in line 3	the agents,	brokers, and of	her persons in
	(a) Total amount of commissions paid (b) Total amount of fees paid							
			65					0
3 Persons re	eceiving com	missions and	fees. (Complete as many entries	as needed to report all p	ersons).			
			and address of the agent, broker,		n commiss	ions or fees	were paid	
MERCER HEA	ALTH & BEN	EFITS		AYSPHERE CIRCLE GO, IL 60674				
(b) Amou	nt of sales an	nd base	Fee	es and other commission	s paid			
	missions pai	d	(c) Amount	(d) Purpose			(e) Organization code	
		65	0 St	JPPLEMENTAL COMMI	SSIONS			3
		(a) Name	and address of the agent, broker,	or other person to whom	n commiss	ions or fees	were paid	
			-					
(b) Amou	nt of sales an	nd base	Fee	es and other commissions	s paid			
	missions pai		(c) Amount	(0	(d) Purpose			(e) Organization code
For Donorwo		A - (N - ()	and the leaders for 5	500			0-1	hila A (Farma FF00) 2040

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0)	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

Pa	art l	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such contemployees, the entire group of such individual contracts with each contemployees.	tracts are exp	erience-rated as a unit.	Where co	ontracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision) b Dental	С	Vision		d Life insurance
	e D	Temporary disability (accident and sickness) f Long-term disabil	<u></u>	Supplemental unempl	ovment	h Prescription drug
	. [. =	PPO contract	Оуптепт	
	' F	☐ Stop loss (large deductible) ☐ HMO contract	K_	PPO contract		I Indemnity contract
	m	Other (specify)				
^		and a second of a solution				
		perience-rated contracts:	0-(4)			_
		Premiums: (1) Amount received				-
		(2) Increase (decrease) in amount due but unpaid				-
		(3) Increase (decrease) in unearned premium reserve	-	1	00(4)	
	_	(4) Earned ((1) + (2) - (3))			9a(4)	
						=
		(2) Increase (decrease) in claim reserves			9b(3)	0
		(4) Claims charged			9b(3) 9b(4)	
		Remainder of premium: (1) Retention charges (on an accrual basis)			35(4)	
	C	(A) Commissions	9c(1)(A)			=
		(B) Administrative service or other fees				7
		(C) Other specific acquisition costs	0 (4)(0)			
		(D) Other expenses	9c(1)(D)			
		(E) Taxes	0-(4)(5)			=
		(F) Charges for risks or other contingencies	- (1)(=)			
		(G) Other retention charges	1 1 1 1 1 1			7
		(H) Total retention			9c(1)(H)	C
		(2) Dividends or retroactive rate refunds. (These amounts were paid in	n cash, or	credited.)	9c(2)	
	d			-	9d(1)	
		(2) Claim reserves		-	9d(2)	
		(3) Other reserves			9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount entere	d in line 9c(2)	.)	9e	
10	No	onexperience-rated contracts:				
	а	Total premiums or subscription charges paid to carrier			10a	294974
		retention of the contract or policy, other than reported in Part I, line 2 above			10b	
		ecify nature of costs.	ve, report amo	unt	105	
Pa	art I	IV Provision of Information				
11	Dic	id the insurance company fail to provide any information necessary to comp	lete Schedule	e A?	Yes	X No
		the answer to line 11 is "Yes," specify the information not provided.		_		

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2018

This Form is Open to Public

		pursuant to	ERISA section 103(a)(2)				Inspection
For calendar plan year 20	18 or fiscal plar	n year beginning 01/01/2018		and en	ding 12/3	1/2018	
A Name of plan LOCKHEED MARTIN GR	ROUP BENEFIT	S PLAN			e-digit number (Pl	N) •	594
				·	,	,	
C Plan sponsor's name a		e 2a of Form 5500			yer Identific	ation Number	(EIN)
LOCKILED WARTIN CC	NI OKATION			02	1000002		
		rning Insurance Contract. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca		H AMERICA					
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or o	contract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
23-1503749	65498	TDI001120	159)	01/01/201	8	12/31/2018
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	brokers, and	other persons in
(a) Total	(a) Total amount of commissions paid (b) Total amount of fees paid						
Persons receiving com		ees. (Complete as many entries and address of the agent, broker		-	ions or fees	were naid	
	(-)	3	,				
(b) Amount of sales a	nd base	Fe	es and other commission	ns paid			
commissions pa	nid	(c) Amount	(d) Purpose				(e) Organization code
	(a) Name a	and address of the agent, broker	r, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales a	nd base	Fe	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	е		(e) Organization code
E D	A - (NI - ()	th btti f F	EEOO			0-1-	dula A (Farm FEOO) 2019

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		For any distribution and section and the section of	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ū	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

Life insurance Prescription drug Indemnity contract
Prescription drug
4 1
4 1
49624
4002-

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

2018

This Form is Open to Public Inspection

		pursuant to L	Trion section ros(a)(2).	·			Inspection
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and en	ding 12/31/201	8	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (PN)	•	594
C Plan sponsor's name a LOCKHEED MARTIN CO		e 2a of Form 5500			yer Identification 1893632	Number	(EIN)
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca		E COMPANY					
(1.) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu		Po	olicy or c	ontract year
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	1	(g) To
59-0781901	60534	G0846	3		01/01/2018		12/31/2018
2 Insurance fee and com- descending order of the		ation. Enter the total fees and total	al commissions paid. Li	st in line 3	the agents, broke	ers, and o	other persons in
(a) Total a	amount of comr	missions paid		(b) To	otal amount of fee	s paid	
3 Persons receiving com		ees. (Complete as many entries					
	(a) Name a	nd address of the agent, broker,	or other person to whom	n commiss	ions or fees were	paid	
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pa	id	(c) Amount	(d) Purpose		Э		(e) Organization code
	(a) Name a	nd address of the agent, broker,	or other person to whom	n commiss	ions or fees were	paid	
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid	-	-	
commissions pa		(c) Amount		(d) Purpose	е		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		For any distribution and section and the section of	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art	III	Welfare Benefit Contract Informal If more than one contract covers the same		same emplo	over(s) or members of	the same er	mplovee organizations(s)
			the information may be combined for repor employees, the entire group of such individ	ting purposes if such cont	racts are expe	erience-rated as a unit	. Where co	ntracts cover individual
8	Ben	efit a	and contract type (check all applicable boxes)					
	а	He	ealth (other than dental or vision)	b Dental	С	Vision		d X Life insurance
	е	Te	emporary disability (accident and sickness)	f Long-term disabilities	y g	Supplemental unemp	oloyment	h Prescription drug
	i [op loss (large deductible)	j HMO contract	k [PPO contract	·	I Indemnity contract
	m	0	ther (specify)		_	.		·
9			ce-rated contracts:					
	а		niums: (1) Amount received		9a(1)			
			ncrease (decrease) in amount due but unpai					
			ncrease (decrease) in unearned premium res				0-(4)	
	h		Earned ((1) + (2) - (3))				9a(4)	
	b		nefit charges (1) Claims paid					
		. ,	ncrease (decrease) in claim reserves				0b/2)	
			ncurred claims (add (1) and (2))				9b(3) 9b(4)	
	_	. ,	Claims chargednainder of premium: (1) Retention charges (c				3D(4)	
	С		, , , , , , , , , , , , , , , , , , , ,	· ·	9c(1)(A)			
			(A) Commissions (B) Administrative service or other fees		9c(1)(B)			
			(C) Other specific acquisition costs		9c(1)(C)			
			(D) Other expenses		9c(1)(D)			
			(E) Taxes		9c(1)(E)			
			(F) Charges for risks or other contingencies.		9c(1)(F)			
			(G) Other retention charges					
			(H) Total retention				9c(1)(H)	(
		(2)	Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)	
	d		tus of policyholder reserves at end of year: (1				9d(1)	
			Claim reserves	•			9d(2)	
		. ,	Other reserves				9d(3)	
	е	Divi	dends or retroactive rate refunds due. (Do n	ot include amount entered	in line 9c(2)	.)	9e	
10	No		perience-rated contracts:			•		
	а	Tota	al premiums or subscription charges paid to o	arrier			10a	1333
	b	If th	e carrier, service, or other organization incur	red any specific costs in c	onnection wit	h the acquisition or		
	Sno	rete	ntion of the contract or policy, other than rep				10b	
	Spe	еспу г	nature of costs.					
D	art	IV	Provision of Information					
					. 0	л П	Vaa	V No
			insurance company fail to provide any inform		ete Schedule	A?	Yes	X No
12	If t	he a	nswer to line 11 is "Yes," specify the informat	ion not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

pursuant to ERISA section 103(a)(2). Inspection						•	
For calendar plan year 20	18 or fiscal pla	an year beginning 01/01/2018		and en	ding 12/3	1/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN			e-digit number (PN	N) •	594
C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION D Employer Identification Number (EIN) 52-1893632						EIN)	
		rning Insurance Contract A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca DAVIS VISION	rrier						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co	ontract year I
(b) LIN	code	identification number	policy or contrac		(f)	From	(g) To
11-3051991	93440	001,002,C02,C0B	4037	,	01/01/2018	8	12/31/2018
2 Insurance fee and coming descending order of the		nation. Enter the total fees and to	otal commissions paid. Li	st in line 3	the agents,	brokers, and o	ther persons in
		nmissions paid		(b) To	otal amount	of fees paid	
		20098					0
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name	and address of the agent, broke	er, or other person to whor	n commiss	ions or fees	were paid	
L&L CONSULTING		C/O F	ROADHOLLOW ROAD PHIL PALMETTO VILLE, NY 11747				
(b) Amount of sales ar	nd base	Ę	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose		(e) Organization code	
	20098	0	SUPPLEMENTAL COMM	IISSIONS			3
	(a) Name	and address of the agent, broke	er, or other person to who	n commiss	ions or fees	were paid	
	(a)	ana aaa. ees er me agen, 2. ens	., s. s. s. p. s. s				
(b) Amount of sales ar	nd hase	F	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	e		(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		For any distribution and section and the section of	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part	Investment and Annuity Contract Information			
•	urt	Where individual contracts are provided, the entire group of such indivi	dual contracts with each of	arrier may be treated as a uni	t for purposes of
1	Cur	this report.	and	4	
		rent value of plan's interest under this contract in the general account at year or Tent value of plan's interest under this contract in separate accounts at year er			
_		tracts With Allocated Funds:	<u> </u>	J	
Ŭ	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• 🗆	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate accou	ints)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	. 7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	0
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		>			
		(5) Total deductions		7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			0

P	art III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group of employees of th	racts are expe	erience-rated as a unit	. Where co	ontracts cover individual
8	Benef	it and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	CX	Vision		d Life insurance
	e \square	Temporary disability (accident and sickness)	f Long-term disabili	ity g	Supplemental unemp	oloyment	h Prescription drug
	iΠ	Stop loss (large deductible)	j HMO contract	· - <u>-</u>	PPO contract	•	I Indemnity contract
	m□	Other (specify)	, 🗆		1		
	□	Other (specify)					
9	Experi	ence-rated contracts:					
	•	remiums: (1) Amount received		9a(1)			_
		2) Increase (decrease) in amount due but unpaid		- ` ' +			
		B) Increase (decrease) in unearned premium res					
	`	4) Earned ((1) + (2) - (3))				9a(4)	C
	b E	Benefit charges (1) Claims paid		9b(1)			
	(2	2) Increase (decrease) in claim reserves		9b(2)			
	(3	3) Incurred claims (add (1) and (2))				9b(3)	C
	(4	1) Claims charged				9b(4)	
	C F	Remainder of premium: (1) Retention charges (o	on an accrual basis)				
		(A) Commissions					
		(B) Administrative service or other fees					
		(C) Other specific acquisition costs					_
		(D) Other expenses		0-/4\/5\			
		(E) Taxes					
		(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	_	_			<u>'</u>
				<u></u>			
		Status of policyholder reserves at end of year: (1 2) Claim reserves				9d(1) 9d(2)	
	`	3) Other reserves				9d(3)	
	,	Dividends or retroactive rate refunds due. (Do n				9e	
10		experience-rated contracts:	ot morace amount entere	a III IIII 0 30(2).	.,	- 00	
. •		otal premiums or subscription charges paid to	carrier			10a	398165
	b 1	f the carrier, service, or other organization incur etention of the contract or policy, other than rep	red any specific costs in o	connection with	h the acquisition or	10b	000100
		etention of the contract of policy, other than rep	orted in Part I, line 2 abov	e, report amo	unt.	100	
Р	art IV	Provision of Information	-				
11	Did t	he insurance company fail to provide any inform	nation necessary to comp	lete Schedule	A?	Yes	X No
		e answer to line 11 is "Yes," specify the informat					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

		pursuant to E	RISA section 103(a)(2)).			Inspection
For calendar plan year 20	18 or fiscal plan	year beginning 01/01/2018		and en	iding 12/3	1/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (PN	1) 🕨	594
_							
C Plan sponsor's name a LOCKHEED MARTIN CO		e 2a of Form 5500		-	oyer Identifica 1893632	ation Number (EIN)
		ning Insurance Contract . Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca KAISER - NW	rrier						
(b) FINI	(c) NAIC	(d) Contract or	(e) Approximate no			Policy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
93-0798039	95540	21201	36	6	01/01/2018	3	12/31/2018
2 Insurance fee and communication descending order of the		ation. Enter the total fees and total	al commissions paid. L	ist in line 3	the agents,	brokers, and ot	her persons in
(a) Total a	amount of comn	·		(b) To	otal amount	of fees paid	
		1853					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
		nd address of the agent, broker,		m commiss	ions or fees	were paid	
CONDUENT CONSULTING	G, LLC		X 202617 S, TX 75320				
(b) Amount of sales ar	nd base	Fee	s and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code
	1853	0 00	ONSULTING				3
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	Fee	s and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code
Can Damamuant Daduatia	n Aat Natics	and the Imparison for Forms F	E00			Calaaa	Iula A /Farm FEOO) 2010

Schedule A (Form 5500) 2018 Page 2 – 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		For any distribution and section and the section of	(-)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
, ,	<u> </u>				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
•					
(a) Na	The standard of the stand business				
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(0)	(a) supers	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T		1		
(h) Amount of sales and hase		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code		
			Organization		

F	Part				
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each car	rier may be treated as a unit	for purposes of
4	Curr	this report. 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 el			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate account	s)	
	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	
	C	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		>			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).			0
		Deductions:			
	_	(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)		
		•			
		•			
				7./5\	
	£	(5) Total deductions		7e(5)	0
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such contemployees, the entire group of such individual contracts with each contemployees.	tracts are exp	erience-rated as a unit	. Where co	ontracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision)	С	Vision		d Life insurance
	еĪ	Temporary disability (accident and sickness) f Long-term disability	ity g	Supplemental unemp	olovment	h Prescription drug
	i [Stop loss (large deductible) j X HMO contract	., s_ k□	PPO contract	,	I Indemnity contract
	m [] • • •		
	L					
9	Expe	perience-rated contracts:				
		Premiums: (1) Amount received	. 9a(1)			
		(2) Increase (decrease) in amount due but unpaid	- · · ·			
		(3) Increase (decrease) in unearned premium reserve				
		(4) Earned ((1) + (2) - (3))			9a(4)	C
	b					
		(2) Increase (decrease) in claim reserves				
		(3) Incurred claims (add (1) and (2))			9b(3)	C
		(4) Claims charged			9b(4)	
	С	Remainder of premium: (1) Retention charges (on an accrual basis)				
		(A) Commissions	9c(1)(A)			
		(B) Administrative service or other fees	9c(1)(B)			
		(C) Other specific acquisition costs	9c(1)(C)			
		(D) Other expenses	9c(1)(D)			
		(E) Taxes				
		(F) Charges for risks or other contingencies				
		(G) Other retention charges	9c(1)(G)		r	
		(H) Total retention	<u></u>		9c(1)(H)	C
		(2) Dividends or retroactive rate refunds. (These amounts were paid in	n cash, or 📗 (credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)	
		(2) Claim reserves			9d(2)	
		(3) Other reserves			9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount entered	d in line 9c(2)	.)	9e	
10	No	onexperience-rated contracts:				
	а	Total premiums or subscription charges paid to carrier			10a	261703
	b Spe	If the carrier, service, or other organization incurred any specific costs in c retention of the contract or policy, other than reported in Part I, line 2 above ecify nature of costs.			10b	
Pa	art l	IV Provision of Information				
11	Dic	id the insurance company fail to provide any information necessary to comp	lete Schedule	A?	Yes	X No
		the answer to line 11 is "Yes," specify the information not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

		pursuant to El	RISA section 103(a)(2).				Inspection		
For calendar plan year 20	18 or fiscal plan	year beginning 01/01/2018		and en	ding 12/3	1/2018			
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (Pl	N) •	594		
C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION D Employer Identification Number (I							EIN)		
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.									
1 Coverage Information:									
(a) Name of insurance ca KAISER - GA	rrier								
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nur persons covered at			Policy or co	ontract year		
(b) EIN	code	identification number	policy or contract		(f)	From	(g) To		
58-1592076	96237	10306	57		01/01/201	8	12/31/2018		
2 Insurance fee and come descending order of the		ation. Enter the total fees and tota	I commissions paid. Lis	st in line 3	the agents,	brokers, and ot	her persons in		
(a) Total amount of commissions paid (b) Total amount of fees paid									
	7156 0								
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all p	ersons).					
COMPUENT CONOUNTING		nd address of the agent, broker, o	•	commiss	ions or fees	were paid			
CONDUENT CONSULTING	J, LLU		(202617 5, TX 75320						
(b) Amount of sales ar	nd base	Fees	s and other commissions	s paid					
commissions pai	d	(c) Amount		(d) Purpose			(e) Organization code		
	7156	0 CO	NSULTING				3		
	(a) Name a	nd address of the agent, broker, o	or other person to whom	commiss	ions or fees	were paid			
(b) Amount of sales ar	nd base	Fees	and other commission	s paid					
commissions pai	d	(c) Amount	(0	(d) Purpose			(e) Organization code		
<u> </u>	- A-(N-()-	and the Instructions for Forms 55				0-1	hulo A (Form FF00) 2049		

Schedule A (Form 5500) 2018 Page 2 – 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		For any distribution and section and the section of	(-)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
, ,	<u> </u>				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
•					
(a) Na	The standard of the stand business				
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(0)	(a) supers	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T		1		
(h) Amount of sales and hase		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code		
			Organization		

F	Part				
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each car	rier may be treated as a unit	for purposes of
4	Curr	this report. 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 el			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate account	s)	
	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	
	C	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		>			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).			0
		Deductions:			
	_	(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)		
		•			
		•			
				7./5\	
	£	(5) Total deductions		7e(5)	0
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art II	Welfare Benefit Contract Information If more than one contract covers the same the information may be combined for report employees, the entire group of such individual.	group of employees of th	tracts are expe	erience-rated as a unit	. Where co	ontracts cover individual	
8	Benef	it and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	eП	Temporary disability (accident and sickness)	f Long-term disabili	ity g	Supplemental unemp	oloyment	h Prescription drug	
	ıБ	Stop loss (large deductible)	j X HMO contract	· - <u>-</u>	PPO contract		I Indemnity contract	
	⊢	Other (specify)	, A Time contract		110001111401			
	m _	Other (specify)						
9	Fyner	ence-rated contracts:						
•		remiums: (1) Amount received		9a(1)				
		2) Increase (decrease) in amount due but unpaid		· · · · ·				
		B) Increase (decrease) in unearned premium res						
	,	4) Earned ((1) + (2) - (3))				9a(4)		C
	b E	Benefit charges (1) Claims paid		. 9b(1)				
	(2	2) Increase (decrease) in claim reserves		9b(2)				
	(;	3) Incurred claims (add (1) and (2))				9b(3)		C
	(4	1) Claims charged				9b(4)		
	C F	Remainder of premium: (1) Retention charges (c	on an accrual basis)					
		(A) Commissions						
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs					_	
		(D) Other expenses		0-/4\/5\				
		(E) Taxes					_	
		(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	_				<u>' </u>	_
				L-1			_	
		Status of policyholder reserves at end of year: (1 2) Claim reserves				9d(1) 9d(2)		
	,	3) Other reserves				9d(3)		_
	,	Dividends or retroactive rate refunds due. (Do n					+	_
10		experience-rated contracts:	or morade amount entere	a III IIII 0 00(2)	.,	- 00		
. •		otal premiums or subscription charges paid to o	carrier			10a	5942	242
	b 1	f the carrier, service, or other organization incur etention of the contract or policy, other than rep	red any specific costs in o	connection wit	h the acquisition or	10b		
B	r Speci	etention of the contract or policy, other than rep fy nature of costs.				10b		
	art I\							_
11	Did t	he insurance company fail to provide any inform	nation necessary to comp	lete Schedule	A?	Yes	X No	
12	If the	e answer to line 11 is "Yes," specify the informat	ion not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

		pursuant to El	RISA section 103(a)(2).				Inspection		
For calendar plan year 20°	18 or fiscal plan	year beginning 01/01/2018		and en	ding 12/3	1/2018			
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (PI	N) •	594		
C Plan sponsor's name as shown on line 2a of Form 5500 LOCKHEED MARTIN CORPORATION D Employer Identification Number (I							EIN)		
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.									
1 Coverage Information:									
(a) Name of insurance ca KAISER - MID-ATLANTIC	rrier								
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nul persons covered at			Policy or co	ntract year		
(b) EIN	code	identification number	policy or contract		(f)	From	(g) To		
52-0954463	95639	24776	397		01/01/2018	8	12/31/2018		
2 Insurance fee and communication descending order of the		tion. Enter the total fees and tota	l commissions paid. Lis	st in line 3	the agents,	brokers, and ot	her persons in		
(a) Total a	amount of comn			(b) To	otal amount	of fees paid			
		9188					0		
3 Persons receiving com	missions and fe	es. (Complete as many entries a	as needed to report all p	ersons).					
		nd address of the agent, broker, o	•	n commiss	ions or fees	were paid			
CONDUENT CONSULTING	G, LLC		(202617 S, TX 75320						
(b) Amount of sales ar	nd base	Fees	s and other commission	s paid					
commissions pai	id	(c) Amount		(d) Purpose			(e) Organization code		
	9188	0 CC	DNSULTING				3		
	(a) Name a	nd address of the agent, broker, o	or other person to whom	n commiss	ions or fees	were paid			
(b) Amount of sales ar	nd base	Fees	s and other commission	s paid					
commissions pai		(c) Amount	((d) Purpose			(e) Organization code		
For Bonney and Body die	n Aat Natis	and the Instructions for Forms 51	500			Call a	hulo A (Form FF00) 2049		

Schedule A (Form 5500) 2018 Page 2 – 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		From and other constitutions and	(-)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
, ,	<u> </u>				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
•					
(a) Na	The standard of the stand business				
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(0)	(a) supers	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T		1		
(h) Amount of sales and hase		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code		
			Organization		

F	Part				
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each car	rier may be treated as a unit	for purposes of
4	Curr	this report. 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 el			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate account	s)	
	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	
	C	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		>			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).		— · · · · ·	0
		Deductions:			
	_	(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)		
		•			
		•			
				7./5\	
	£	(5) Total deductions		7e(5)	0
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art I	II	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individuals.	group	p of e	oses i	if such o	contracts	are exp	sec	rience-rated as a uni	t. Where c	contrac	ts cover individual	
8	Bene	efit a	nd contract type (check all applicable boxes)												
	а	He	ealth (other than dental or vision)	b	De	ental			С		Vision		d	Life insurance	
	е	Te	emporary disability (accident and sickness)	f	Lc	ong-te	erm disa	ability	g	Ī	Supplemental unem	ployment	hΠ	Prescription drug	
	ιĒ	_	op loss (large deductible)	i 🛚		_	ontract	·	k [PPO contract		ıĦ	Indemnity contract	
	L	_	ther (specify)	,	<u>,</u>		ontraot		٠. ٢		T T O COMMON		- □	maominy contract	
	m		mer (specify)												
9	Eyne	rien	ce-rated contracts:												
•	•		niums: (1) Amount received					9	a(1)						
			ncrease (decrease) in amount due but unpaid						a(2)						
			ncrease (decrease) in unearned premium res						a(3)						
		(4) E	Earned ((1) + (2) - (3))									. 9a(4)			C
	b	Ben	nefit charges (1) Claims paid					9	b(1)						
		(2) I	ncrease (decrease) in claim reserves					9	b(2)						
		(3) I	ncurred claims (add (1) and (2))									. 9b(3)			C
		(4) (Claims charged									. 9b(4)			
	С	Ren	nainder of premium: (1) Retention charges (c	n an	accr	rual b	oasis)								
			(A) Commissions						(1)(A)						
			(B) Administrative service or other fees						(1)(B)						
			(C) Other specific acquisition costs						(1)(C)						
			(D) Other expenses					0-	(1)(D)						
			(E) Taxes						(1)(E)						
			(F) Charges for risks or other contingencies.				•••••	ac	(1)(F) (1)(G)	-			_		
			(G) Other retention charges(H) Total retention							<u> </u>		. 9c(1)(H	ı\		
			Dividends or retroactive rate refunds. (These				_		_				''		
	a														
	d		tus of policyholder reserves at end of year: (1 Claim reserves									. 9d(1) . 9d(2)			
		` '	Other reserves												
	е	` '	dends or retroactive rate refunds due. (Do n												
10				Ot IIIO	naac	, arric	Jane One	orou iii i	110 00(2	· / ·/		., 00			
. •				carrier	r							. 10a		2732	640
	b	If th	e carrier, service, or other organization incur- ention of the contract or policy, other than rep	red ar	ny sp	pecifi	ic costs	in conne	ection wi	ith	the acquisition or			21.02	<u> </u>
P	a b Spec	Total	Provision of Information	red ar	ny sp	pecifi	ic costs line 2 a	in conne	ection wi	ith	the acquisition or unt	. 10b			2732
11	Dic	l the	insurance company fail to provide any inform	nation	n nec	cessa	ary to co	mplete	Schedul	e A	Α?	Yes	X N	0	
			nswer to line 11 is "Yes," specify the informat					•			<u></u>				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

		pa.oua		-		ilispection	
For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/2018		and er	nding 12/31/2018		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN		B Thre	e-digit number (PN)	594	
C Plan sponsor's name a LOCKHEED MARTIN CO		e 2a of Form 5500			oyer Identification Num 1893632	ber (EIN)	
		rning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
(c) NAIC (d) Contract or			(e) Approximate nu		Policy	or contract year	
(b) EIN	code	identification number	persons covered a policy or contrac		(f) From	(g) To	
59-1031071	67369	2500544/3341110	5209		01/01/2018	12/31/2018	
2 Insurance fee and com- descending order of the		ation. Enter the total fees and t	otal commissions paid. Li	st in line 3	the agents, brokers, a	nd other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid							
2.5		(0.1)					
Persons receiving com		ees. (Complete as many entried and address of the agent, broke			ions or fees were naid		
	,	<u> </u>			·		
(b) Amount of sales ar				ees and other commissions paid			
commissions pa	id	(c) Amount		(d) Purpos	<u>e</u>	(e) Organization code	
	(a) Nama	and address of the agent, broke	or other person to when	m commiss	ions or foos wore paid		
	(a) Name a	and address or the agent, broke	er, or other person to whor	II COITIITISS	ions or rees were paid		
(b) Amount of sales ar	nd base	Ę	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	е	(e) Organization code	

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0)	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part				
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each car	rier may be treated as a unit	for purposes of
4	Curr	this report. 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 el			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate account	s)	
	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	
	C	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		>			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).		— · · · · ·	0
		Deductions:			
	_	(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)		
		•			
		•			
				7./5\	
	£	(5) Total deductions		7e(5)	0
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art l	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such con employees, the entire group of such individual contracts with each of	tracts are exp	erience-rated as a unit.	Where co	ontracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision) b X Dental	С	Vision		d Life insurance
	еĒ	Temporary disability (accident and sickness) f Long-term disabil	_	Supplemental unempl	lovment	h Prescription drug
	i [Stop loss (large deductible) j HMO contract	y g_ k□	PPO contract	Юуппопі	I Indemnity contract
	m∫		``_	110 contract		I I Indemnity contract
	···· L	Unter (specify)				
a	Evne	perience-rated contracts:				
		Premiums: (1) Amount received	. 9a(1)			_
		(2) Increase (decrease) in amount due but unpaid				_
		(3) Increase (decrease) in unearned premium reserve				-
		(4) Earned ((1) + (2) - (3))			9a(4)	
	_				Ju(+)	
		(2) Increase (decrease) in claim reserves				
		(3) Incurred claims (add (1) and (2))			9b(3)	0
		(4) Claims charged			9b(4)	
		Remainder of premium: (1) Retention charges (on an accrual basis)			05(4)	
	•	(A) Commissions	9c(1)(A)			
		(B) Administrative service or other fees				_
		(C) Other specific acquisition costs	0 (4)(0)			
		(D) Other expenses	2 (1)(2)			_
		(E) Taxes	0-(4)(5)			
		(F) Charges for risks or other contingencies	a (1)(=)			_
		(G) Other retention charges				_
		(H) Total retention			9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These amounts were paid i	_	F	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide		-	9d(1)	
	u	(2) Claim reserves		-	9d(2)	
		(3) Other reserves			9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not include amount entere		F	9e	
10		onexperience-rated contracts:	<u> </u>	.,		
. •		Total premiums or subscription charges paid to carrier		Γ	10a	2064866
	_	If the carrier, service, or other organization incurred any specific costs in o				2001000
		retention of the contract or policy, other than reported in Part I, line 2 aborecify nature of costs.			10b	
	art I	'		_		
11	Dic	id the insurance company fail to provide any information necessary to comp	lete Schedule	A?	Yes	X No
12	If ti	the answer to line 11 is "Yes," specify the information not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

		pa.oua		-		ilispection
For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/2018		and er	nding 12/31/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN		B Thre	e-digit number (PN)	594
C Plan sponsor's name a		ne 2a of Form 5500			oyer Identification Numl 1893632	per (EIN)
		rning Insurance Contra A. Individual contracts grouped				
1 Coverage Information:		<u> </u>			,	
(a) Name of insurance ca	rrier					
	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy	or contract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To
23-7089668	53031	30077627	63118		01/01/2018	12/31/2018
2 Insurance fee and com- descending order of the		ation. Enter the total fees and t	otal commissions paid. Li	st in line 3	the agents, brokers, ar	nd other persons in
(a) Total a	amount of com	missions paid		(b) To	otal amount of fees paid	d
0.0						
3 Persons receiving com		ees. (Complete as many entrie			sions or foos wore paid	
	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(b) Amount of sales ar			ees and other commission			
commissions pa	id	(c) Amount		(d) Purpos	e	(e) Organization code
	(a) Name	and address of the agent, broke	er, or other person to whor	n commiss	sions or fees were paid	
(b) Amount of sales ar			ees and other commission			
commissions pa	id	(c) Amount		(d) Purpos	e	(e) Organization code

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part				
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each car	rier may be treated as a unit	for purposes of
4	Curr	this report. 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 el			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate account	s)	
	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	
	C	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		>			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).		— · · · · ·	0
		Deductions:			
	_	(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)		
		•			
		•			
				7./5\	
	£	(5) Total deductions		7e(5)	0
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Р	art	III Welfare Benefit Contract Informa	ition				
		If more than one contract covers the same of the information may be combined for reportion employees, the entire group of such individual	ng purposes if such conti	acts are expe	erience-rated as a unit	. Where co	ontracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)			·	<u>'</u>	
•	a	Health (other than dental or vision)	b Dental	c×	Vision		d Life insurance
	L T		- 📙				=
	е	Temporary disability (accident and sickness)	f Long-term disabilit		Supplemental unemp	oloyment	h Prescription drug
	i	Stop loss (large deductible)	j HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Exp	erience-rated contracts:	,				
	а	Premiums: (1) Amount received		9a(1)			_
		(2) Increase (decrease) in amount due but unpaid		9a(2)			
		(3) Increase (decrease) in unearned premium res	erve	9a(3)		1	
		(4) Earned ((1) + (2) - (3))	ī			9a(4)	C
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves	L.			1	
		(3) Incurred claims (add (1) and (2))				9b(3)	0
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (or	·	0 (4)(4)			_
		(A) Commissions		9c(1)(A)			_
		(B) Administrative service or other fees		9c(1)(B)			_
		(C) Other specific acquisition costs	ľ	9c(1)(C) 9c(1)(D)			_
		(D) Other expenses					_
		(E) Taxes(F) Charges for risks or other contingencies		9c(1)(F)			
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These					
	d	Status of policyholder reserves at end of year: (1)	_			9d(1)	
	u	(2) Claim reserves				9d(2)	_
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no					
10	_	onexperience-rated contracts:			,		
	а	Total premiums or subscription charges paid to ca	arrier			10a	9893209
	b	If the carrier, service, or other organization incurre	ed any specific costs in co	onnection with	n the acquisition or		
		retention of the contract or policy, other than repo	, .		•	10b	
	Spe	ecify nature of costs.					
P	art	IV Provision of Information					
11	Di	d the insurance company fail to provide any informa	ation necessary to compl	ete Schedule	A?	Yes	X No
12	lf t	the answer to line 11 is "Yes," specify the information	on not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

		pursuant to El	RISA section 103(a)(2).				Inspection
For calendar plan year 20	18 or fiscal plan	year beginning 01/01/2018		and en	ding 12/3	31/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (Pl	N) •	594
C Plan sponsor's name a LOCKHEED MARTIN CO		e 2a of Form 5500			yer Identific 1893632	ation Number (EIN)
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca KAISER - NORTHERN CA							
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered at			Policy or co	ntract year
(b) LIN	code	identification number	policy or contract		(f)	From	(g) To
94-1340523	00000	605635	1269		01/01/201	8	12/31/2018
2 Insurance fee and com- descending order of the		ation. Enter the total fees and tota	l commissions paid. Li	st in line 3	the agents,	brokers, and ot	her persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
		50806					0
3 Persons receiving com		ees. (Complete as many entries a					
CONDUENT CONSULTIN		nd address of the agent, broker, or BOX 202	-	n commiss	ions or fees	were paid	
OCNEDENT GONOGETH	O, LLO		S, TX 75320				
(b) Amount of sales ar	nd base	Fees	s and other commission	ns paid			
commissions pa	id	(c) Amount		(d) Purpose (e) Organization code			
	50806	0 50	PPLEMENTAL COMM	1551UN5			3
	(a) Name a	nd address of the agent, broker, o	or other person to whom	n commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	Fees	s and other commission	ns paid			
commissions pa	id	(c) Amount	((d) Purpose	e		(e) Organization code
		and the Instructions for Forms 51				0-1	Iula A (Farm 5500) 2049

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part				
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each car	rier may be treated as a unit	for purposes of
4	Curr	this report. 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 el			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate account	s)	
	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	
	C	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		>			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).		— · · · · ·	0
		Deductions:			
	_	(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)		
		•			
		•			
				7./5\	
	£	(5) Total deductions		7e(5)	0
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art	Ш	Welfare Benefit Contract Informa	ation				
			If more than one contract covers the same the information may be combined for report employees, the entire group of such individ	ting purposes if such cont	racts are expe	erience-rated as a un	it. Where co	ontracts cover individual
8	Ben	efit a	nd contract type (check all applicable boxes)					
	а	Не	ealth (other than dental or vision)	b Dental	С	Vision		d Life insurance
	еĪ	=	emporary disability (accident and sickness)	f Long-term disabili	<u>-</u> -	Supplemental unem	nlovment	h Prescription drug
	. [=	op loss (large deductible)	j X HMO contract	· - <u>-</u>	PPO contract	.p.o/	I Indemnity contract
	' [[I INIO CONTIACT	Λ_	FFO contract		
	m		ther (specify)					
Δ.								
			ce-rated contracts: niums: (1) Amount received		00/1)			
	а		ncrease (decrease) in amount due but unpaid		9a(1) 9a(2)			
			ncrease (decrease) in amount due but unpaid ncrease (decrease) in unearned premium res					
			Earned ((1) + (2) - (3))				9a(4)	(
	b	. ,	efit charges (1) Claims paid				•••(1)	
			ncrease (decrease) in claim reserves					
		` '	ncurred claims (add (1) and (2))				9b(3)	(
			Claims charged				9b(4)	
	С	Ren	nainder of premium: (1) Retention charges (c	n an accrual basis)				
			(A) Commissions		9c(1)(A)			
			(B) Administrative service or other fees					
			(C) Other specific acquisition costs					
			(D) Other expenses					
			(E) Taxes		9C(1)(E)			
			(F) Charges for risks or other contingencies.		9C(1)(F)			
			(G) Other retention charges				0c/1\/\	
			(H) Total retention				9c(1)(H)	
	۵.		Dividends or retroactive rate refunds. (These	—	_			
	d		tus of policyholder reserves at end of year: (1					
		` '	Claim reserves Other reserves				9d(2) 9d(3)	
	е	` '	dends or retroactive rate refunds due. (Do n					
10	_		perience-rated contracts:	or morado amount ontoros	<u> </u>	.,		
	а		al premiums or subscription charges paid to o	carrier			10a	13957345
	b		e carrier, service, or other organization incur					
		rete	ntion of the contract or policy, other than repnature of costs.	, .		•	10b	
	Spe	ecity r	nature of costs.					
P	art	IV	Provision of Information					
						🗆		₩ N-
			insurance company fail to provide any inform		lete Schedule	A?	Yes	X No
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	ion not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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 El	RISA section 103(a)(2).				Inspection
For calendar plan year 20°	18 or fiscal plan	year beginning 01/01/2018		and en	ding 12/3	1/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN		B Three	e-digit number (Pl	N) •	594
C Plan sponsor's name a LOCKHEED MARTIN CO		2a of Form 5500			yer Identific 1893632	ation Number (EIN)
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance car KAISER - SOUTHERN CA	rrier						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nul persons covered at			Policy or co	ntract year
(b) LIN	code	identification number	policy or contract		(f)	From	(g) To
94-1340523	00000	233619	698		01/01/201	8	12/31/2018
2 Insurance fee and communication descending order of the		tion. Enter the total fees and tota	I commissions paid. Lis	st in line 3	the agents,	brokers, and ot	her persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
		25844					0
3 Persons receiving com		es. (Complete as many entries a	'				
CONDUENT CONSULTING		nd address of the agent, broker, or BOX 202	•	n commissi	ions or fees	were paid	
OCHECENT CONCOLLING	3, LLO		5, TX 75320				
(b) Amount of sales an	id base	Fees	and other commission	s paid			
commissions pai	d	(c) Amount		d) Purpose	9		(e) Organization code
	25844	0 50	PPLEMENTAL COMMI	1551UN5			3
	(a) Name a	nd address of the agent, broker, o	or other person to whom	n commissi	ions or fees	were paid	
(b) Amount of sales an	id base	Fees	and other commission	s paid			
commissions pai		(c) Amount	(1	d) Purpose	9		(e) Organization code
For Bonney and Body of	n Ant Notice	and the Instructions for Form 55				0-1	Iula A (Farm 5500) 2049

Schedule A (Form 5500) 2018 Page 2 - 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		For any distribution and section and the section of	(-)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
, ,	<u> </u>				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
•					
(a) Na	The standard of the stand business				
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(0)	(a) supers	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T		1		
(h) Amount of sales and hase		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code		
			Organization		

F	Part				
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each car	rier may be treated as a unit	for purposes of
4	Curr	this report. 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 el			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate account	s)	
	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	
	C	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		>			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).		— · · · · ·	0
		Deductions:			
	_	(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)		
		•			
		•			
				7./5\	
	£	(5) Total deductions		7e(5)	0
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	art	Welfare Benefit Contract Information If more than one contract covers the same group of employees of the information may be combined for reporting purposes if such con employees, the entire group of such individual contracts with each contracts.	tracts are exp	erience-rated as a unit.	Where co	ontracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision) b Dental	С	Vision		d Life insurance
	еĪ	Temporary disability (accident and sickness) f Long-term disabil	<u> </u>	Supplemental unemp	lovment	h Prescription drug
	i [Stop loss (large deductible) j X HMO contract	y g_ k□	PPO contract	Юуппопі	I Indemnity contract
	m∫		``_	110 contract		I Indemnity contract
	L	United (specify)				
a	Evne	perience-rated contracts:				
		Premiums: (1) Amount received	. 9a(1)			_
	u i	(2) Increase (decrease) in amount due but unpaid	 			_
		(3) Increase (decrease) in unearned premium reserve				_
		(4) Earned ((1) + (2) - (3))			9a(4)	
	b				σα(. /	
		(2) Increase (decrease) in claim reserves				
		(3) Incurred claims (add (1) and (2))			9b(3)	C
		(4) Claims charged		T T	9b(4)	
					(-/	
	_	(A) Commissions	9c(1)(A)			
		(B) Administrative service or other fees				
		(C) Other specific acquisition costs	0 (4)(0)			
		(D) Other expenses	2 (1)(2)			
		(E) Taxes	0-(4)(5)			
		(F) Charges for risks or other contingencies	a (1)(=)			
		(G) Other retention charges				
		(H) Total retention			9c(1)(H)	C
		(2) Dividends or retroactive rate refunds. (These amounts were paid in	_	F	9c(2)	
	d			l l	9d(1)	
	•	(2) Claim reserves		F	9d(2)	
		(3) Other reserves		T T	9d(3)	
	е			F	9e	
10		lonexperience-rated contracts:	<u> </u>	,		
	а	Total premiums or subscription charges paid to carrier			10a	7240008
	b					
		retention of the contract or policy, other than reported in Part I, line 2 above cify nature of costs.			10b	
	art l					
11	Dic	id the insurance company fail to provide any information necessary to comp	lete Schedule	A?	Yes	X No
12	lf tl	the answer to line 11 is "Yes," specify the information not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2018

pursuant to ERISA section 103(a)(2).							rm is Open to Public Inspection
For calendar plan year 20°	18 or fiscal pla	in year beginning 01/01/2018		and en	nding 12/31	1/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN			e-digit number (PN) •	594
C Plan sponsor's name a LOCKHEED MARTIN CO	RPORATION			52-	oyer Identifica		
		rning Insurance Contract A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca	rrier		(a) Approximate puri	umbor of	T	Policy or o	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered a policy or contract	t end of	(f)	From	(g) To
59-0781901	60534	93714	10000		01/01/2018		12/31/2018
2 Insurance fee and coming descending order of the		ation. Enter the total fees and to	otal commissions paid. Li	st in line 3	the agents, b	orokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
871538						0	
3 Persons receiving com	missions and f	fees. (Complete as many entrie	es as needed to report all	persons).			
	(a) Name a	and address of the agent, broke	er, or other person to whor	n commiss	ions or fees	were paid	
BUCK GLOBAL LLC			207640 AS, TX 75320				
(b) Amount of sales ar	nd hase	Fe	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose			(e) Organization code
	871538	0	SUPPLEMENTAL COMMISSIONS				3
	(a) Name a	and address of the agent, broke	er, or other person to whor	n commiss	ions or fees	were paid	
(b) Amount of sales ar			ees and other commission		-		
commissions pai	d	(c) Amount	1	(d) Purpose	e		(e) Organization code

Schedule A (Form 5500) 2018 Page 2 - 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		For any distribution and section and the section of	(-)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
, ,	<u> </u>				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
•					
(a) Na	The standard of the stand business				
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(0)	(a) supers	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T		1		
(h) Amount of sales and hase		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code		
			Organization		

F	Part				
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each car	rier may be treated as a unit	for purposes of
4	Curr	this report. 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 el			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate account	s)	
	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	
	C	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		>			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).		— · · · · ·	0
		Deductions:			
	_	(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)		
		•			
		•			
				7./5\	
	£	(5) Total deductions		7e(5)	0
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Ш	Welfare Benefit Contract Inform	ation				
			If more than one contract covers the same the information may be combined for repor employees, the entire group of such individ	ting purposes if such con	tracts are expe	erience-rated as a un	it. Where co	ontracts cover individual
8	Ben	efit a	and contract type (check all applicable boxes))				
	а	Не	ealth (other than dental or vision)	b Dental	с	Vision		d Life insurance
	еĪ		emporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unem	plovment	h Prescription drug
	i [=	op loss (large deductible)	j HMO contract		PPO contract		I X Indemnity contract
	. [) [] Third contract	``_	110 contract		I M Indemnity contract
	m		ther (specify)					
9	Evn	orion	ce-rated contracts:					
3			niums: (1) Amount received		. 9a(1)			
	۳.		ncrease (decrease) in amount due but unpai					
			ncrease (decrease) in unearned premium res					
			Earned ((1) + (2) - (3))				. 9a(4)	0
	b		nefit charges (1) Claims paid					
		(2) I	ncrease (decrease) in claim reserves					
		(3) I	ncurred claims (add (1) and (2))				. 9b(3)	0
		(4) (Claims charged				. 9b(4)	
	С	Ren	nainder of premium: (1) Retention charges (on an accrual basis)				
			(A) Commissions		9c(1)(A)			
			(B) Administrative service or other fees					
			(C) Other specific acquisition costs					
			(D) Other expenses					
			(E) Taxes		9C(1)(E)			
			(F) Charges for risks or other contingencies.		9c(1)(F)			
			(G) Other retention charges				9c(1)(H)	<u> </u>
			(H) Total retention Dividends or retroactive rate refunds. (These					
	a			<u>—</u>	_		` ` `	
	d		tus of policyholder reserves at end of year: (1					
		` '	Claim reserves Other reserves				9d(2) 9d(3)	
	е	` '	dends or retroactive rate refunds due. (Do n					
10	_		perience-rated contracts:	of molade amount entere	a iii iiiic 30(2)	.)	. 30	
. •	a		al premiums or subscription charges paid to o	carrier			. 10a	4347743
	b		e carrier, service, or other organization incur					
		rete	ention of the contract or policy, other than repnature of costs.	, ,			. 10b	
	art		Provision of Information			🗆		□ v
			insurance company fail to provide any inform		lete Schedule	A?	Yes	X No
12	If t	the ar	nswer to line 11 is "Yes," specify the informat	ion not provided.				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

2018

pursuant to ERISA section 103(a)(2).							orm is Open to Public Inspection
For calendar plan year 20°	18 or fiscal pla	n year beginning 01/01/2018		and en	nding 12/31	1/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN			e-digit number (PN	ı) •	594
C Plan sponsor's name a LOCKHEED MARTIN CO	RPORATION			52-	1893632	ation Number	
on a separa		rning Insurance Contract A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca	rrier		(a) Approximate pu	mb or of	T	Policy or	oontroot voor
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered a policy or contract	end of	(f)	From	(g) To
59-0781901	60534	G0846	30919	•	01/01/2018	}	12/31/2018
2 Insurance fee and coming descending order of the		ation. Enter the total fees and to	otal commissions paid. Li	st in line 3	the agents, b	orokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
5490729 5						501276	
3 Persons receiving com	missions and f	fees. (Complete as many entrie	s as needed to report all	persons).			
	(a) Name a	and address of the agent, broke	er, or other person to whor	n commiss	ions or fees	were paid	
BUCK GLOBAL LLC			207640 AS, TX 75320				
(b) Amount of sales ar	nd hase	F	ees and other commissior	ns paid			
commissions pai		(c) Amount		(d) Purpose			(e) Organization code
	5490729	501276	SUPPLEMENTAL COMM	ISSIONS			3
	(a) Name a	and address of the agent, broke	er, or other person to whor	n commiss	ions or fees	were paid	
(b) Amount of sales ar	nd hase	F	ees and other commissior	s paid			
commissions pai		(c) Amount		(d) Purpose			

Schedule A (Form 5500) 2018 Page 2 - 1					
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
		For any distribution and section and the section of	(-)		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
, ,	<u> </u>				
		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code		
•					
(a) Na	The standard of the stand business				
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
		Fees and other commissions paid	(e)		
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization		
commissions paid	(0,1	(a) supers	code		
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid			
	T		1		
(h) Amount of sales and hase		Fees and other commissions paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code		
			Organization		

F	Part				
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each car	rier may be treated as a unit	for purposes of
4	Curr	this report. 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 el			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate account	s)	
	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	
	C	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		>			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).		— · · · · ·	0
		Deductions:			
	_	(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)		
		•			
		•			
				7./5\	
	£	(5) Total deductions		7e(5)	0
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art I	II	Welfare Benefit Contract Inform If more than one contract covers the same the information may be combined for repor employees, the entire group of such indivice	group	p of e	oses if su	ch con	tracts are	exp	erience-rated as a ur	nit. Where o	contract	ts cover individual	
8	Bene	efit a	and contract type (check all applicable boxes)						-		· · ·			_
	аГ	Тне	ealth (other than dental or vision)	b	7 D	ental			С	Vision		d□	Life insurance	
	e l	=	emporary disability (accident and sickness)		=	ong-term	disahil	itv	g	Supplemental uner	mnlovment	h∏		
		=		·	_	•		ity		_	прюуттотк	- =		
	' <u> </u>		op loss (large deductible)	J L		MO contr	act		k _	PPO contract		<u>' </u>	Indemnity contract	
	m	(O	ther (specify) CRITICAL ILLNESS & ACC	IDEN	Т									
^			to do to to to											
9			ce-rated contracts:					0-/4	,			_		
			niums: (1) Amount received					•	_			_		
			ncrease (decrease) in amount due but unpai						-					
		` '	ncrease (decrease) in unearned premium res Earned ((1) + (2) - (3))								9a(4)			_
	_	. ,	nefit charges (1) Claims paid								3a(4)			Ť
			ncrease (decrease) in claim reserves						_					
			ncurred claims (add (1) and (2))								9b(3)			C
			Claims charged											Ť
		` '	nainder of premium: (1) Retention charges ((-/			Г
			(A) Commissions				•	9c(1)(A)					
			(B) Administrative service or other fees						_					
			(C) Other specific acquisition costs					0 (4)/						
			(D) Other expenses					9c(1)(D)					
			(E) Taxes											
			(F) Charges for risks or other contingencies.					9c(1)(F)					
			(G) Other retention charges					9c(1)(G)					
			(H) Total retention								9c(1)(H	l)		C
		(2) I	Dividends or retroactive rate refunds. (These	e amo	ounts	s were	paid i	n cash, o	r∐ (credited.)	··· 9c(2)			
	d	Stat	tus of policyholder reserves at end of year: (1	I) Am	ount	t held to p	orovide	benefits	after	retirement	9d(1)			
		(2)	Claim reserves								9d(2)			
		` '	Other reserves											
			dends or retroactive rate refunds due. (Do n	ot inc	lude	amount	entere	d in line 9)c(2)	.)	9e			_
10			perience-rated contracts:											
	а	Tota	al premiums or subscription charges paid to o	carrie	r				•••••		<u>10a</u>		1082876	37
	_	rete	e carrier, service, or other organization incurention of the contract or policy, other than repnature of costs.								10b			_
P	a b Spec	Total	al premiums or subscription charges paid to de carrier, service, or other organization incurention of the contract or policy, other than repnature of costs. Provision of Information	red al	ny sp	pecific co	ests in G	connectio ve, report	n wit	h the acquisition or ount	10b			82876
11	Did	the	insurance company fail to provide any inforn	nation	n nec	cessary to	o comp	lete Sche	edule	A?	Yes	X N	0	
			nswer to line 11 is "Yes," specify the informat							<u> </u>				_

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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File as an attachment to Form 5500.

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

		paredantit					IIISPECTION	
For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/2018		and en	ding 12/31/2018			
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN	E	3 Three plan	e-digit number (PN)	<u> </u>	594	
C Plan sponsor's name a	as shown on lin	ne 2a of Form 5500		E mplo	yer Identification N	umber (EIN)	
LOCKHEED MARTIN CO					1893632		,	
		rning Insurance Contract A. Individual contracts grouped						
1 Coverage Information:		aaaa. ooao.e g.oapoa		u 50 .01	50.100 01. 0 01.1g.0 0	20110441	· · · · · · · · · · · · · · · · · · ·	
(a) Name of insurance ca PRUDENTIAL INSURANC		OF AMERICA						
	(c) NAIC	(d) Contract or	(e) Approximate num		Poli	icy or co	ontract year	
(b) EIN	code	identification number	persons covered at e policy or contract ye		(f) From		(g) To	
22-1211670	68241	43406-1	1	1			12/31/2018	
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. List	in line 3	the agents, brokers	s, and o	ther persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all pe	rsons).				
	(a) Name a	and address of the agent, broke	er, or other person to whom o	commiss	ions or fees were pa	aid		
(b) Amount of sales ar		(c) Amount	Fees and other commissions paid (d) Purpose				(e) Organization code	
commissions pa	iu	(c) Amount	(u)	ruipose	-		(e) Organization code	
	(a) Name a	and address of the agent, broke	er, or other person to whom o	commiss	ions or fees were pa	aid		
	. ,	, , , , , , , , , , , , , , , , , , ,	,		•		•	
	T	F	ees and other commissions	naid				
(b) Amount of sales ar commissions pa		(c) Amount	(d) Purpose				(e) Organization code	
-1.			,	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part				
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each car	rier may be treated as a unit	for purposes of
4	Curr	this report. 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 el			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate account	s)	
	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	
	C	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		>			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).		— · · · · ·	0
		Deductions:			
	_	(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)		
		•			
		•			
				7./5\	
	£	(5) Total deductions		7e(5)	0
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	Ш	Welfare Benefit Contract Inform	ation						
			If more than one contract covers the same the information may be combined for repor employees, the entire group of such individ	ing purpo	ses if such con	tracts are exp	erience-rated as	a unit. Where co	ontracts cover	
8	Ben	efit a	nd contract type (check all applicable boxes)							
	а	Не	ealth (other than dental or vision)	b De	ental	С	Vision		d Life ins	surance
	еĪ	_ Te	emporary disability (accident and sickness)	f ☐ Lo	ng-term disabil	ity g	ີ່ Supplemental ເ	unemployment	h Prescr	iption drug
	i [=	op loss (large deductible)	<u> </u>	//O contract		PPO contract		<u> </u>	nity contract
	. [, 🗆	no contract] 110 contract			my contract
	m	X	ther (specify) TRAVEL AD&D							
a	Evn	orion	ce-rated contracts:							
3			niums: (1) Amount received			. 9a(1)				
	-		ncrease (decrease) in amount due but unpai							
			ncrease (decrease) in unearned premium res							
			Earned ((1) + (2) - (3))					9a(4)		0
	b	. ,	efit charges (1) Claims paid							
		(2) li	ncrease (decrease) in claim reserves			. 9b(2)				
		(3) lı	ncurred claims (add (1) and (2))					9b(3)		0
		(4) (Claims charged					9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (n an accr	ual basis)		T			
			(A) Commissions							
			(B) Administrative service or other fees			A (4)(A)				
			(C) Other specific acquisition costs			0 (4)(D)				
			(D) Other expenses						_	
			(E) Taxes		•••••	9c(1)(E)				
			(F) Charges for risks or other contingencies.(G) Other retention charges			9c(1)(G)			_	
			(H) Total retention(H)					9c(1)(H)	C
			Dividends or retroactive rate refunds. (These						,	
	d		tus of policyholder reserves at end of year: (1							-
	u		Claim reserves							
		` '	Other reserves							
	е	` '	dends or retroactive rate refunds due. (Do n							
10	No	nexp	perience-rated contracts:							
	а	Tota	al premiums or subscription charges paid to o	arrier				10a		1134842
	b Spe	rete	e carrier, service, or other organization incur ntion of the contract or policy, other than rep nature of costs.	, ,						
Pa	art	ΙV	Provision of Information							
11	Die	d the	insurance company fail to provide any inform	nation nec	essary to comp	lete Schedule	e A?	Yes	X No	
			nswer to line 11 is "Yes," specify the informat							

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2018

		pursuant to El	RISA section 103(a)(2).				Inspection
For calendar plan year 20	18 or fiscal plan	year beginning 01/01/2018		and en	ding 12/3	1/2018	
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (PI	N) •	594
C Plan sponsor's name a LOCKHEED MARTIN CO	EIN)						
		ning Insurance Contract . Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca PRUDENTIAL INSURANCE		DF AMERICA					
(b) FIN	(c) NAIC	(d) Contract or	(e) Approximate nui			Policy or co	ntract year
(b) EIN	code	identification number	persons covered at policy or contract		(f)	From	(g) To
22-1211670	68241	24444-1	63712		01/01/2018	8	12/31/2018
2 Insurance fee and com- descending order of the		ation. Enter the total fees and tota	l commissions paid. Lis	st in line 3	the agents,	brokers, and ot	her persons in
(a) Total a	amount of comm			(b) To	otal amount	of fees paid	
	96320 0						
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all p	ersons).			
MEDOED HEALTH A DEN		nd address of the agent, broker, o	· · · · · · · · · · · · · · · · · · ·		ions or fees	were paid	
MERCER HEALTH & BEN	EFIIS LLC		ΓAWA AVENUE NW ST GO, IL 60674	E 400			
(b) Amount of sales ar	nd base	Fees	and other commission	s paid			
commissions pa	id	(c) Amount		d) Purpose	9		(e) Organization code
	96320	0 50	PPLEMENTAL COMMI	SSIONS			3
	(a) Name a	nd address of the agent, broker, o	or other person to whom	n commissi	ions or fees	were paid	
	.,	_				·	
(b) Amount of sales ar	nd base	Fees	and other commission	s paid			
commissions pa		(c) Amount	(d) Purpose	e		(e) Organization code
For Boundary Body die	n Ant Notice	and the Instructions for Form 55				Call a	Iula A (Farm FF00) 2049

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part				
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each car	rier may be treated as a unit	for purposes of
4	Curr	this report. 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 el			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate account	s)	
	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	
	C	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		>			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).		— · · · · ·	0
		Deductions:			
	_	(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)		
		•			
		•			
				7./5\	
	£	(5) Total deductions		7e(5)	0
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art	III	Welfare Benefit Contract Inform If more than one contract covers the same the information may be combined for repor employees, the entire group of such individual	group ting pu	of en	es if such co	ontracts are	expe	erience-rated as a uni	t. Where co	ontract	ts cover individual
8	Ben	efit a	nd contract type (check all applicable boxes)	1								
	а	He	ealth (other than dental or vision)	b	Den	ntal		С	Vision		d X	Life insurance
	е	Τe	emporary disability (accident and sickness)	f	Lon	g-term disal	bility	gΠ	Supplemental unem	ployment	h	Prescription drug
	ιİ	St	op loss (large deductible)	iΓ	Īнм	O contract		k	PPO contract		ıΠ	Indemnity contract
	m		ther (specify)	, _	J			<u> </u>]			,
9	Exp	erien	ce-rated contracts:									
	a	Prem	iums: (1) Amount received				9a(1)		67787167	7	
		(2) li	ncrease (decrease) in amount due but unpai	d			9a(2)				
		(3) li	ncrease (decrease) in unearned premium res	serve .			9a(3)				
		(4) E	Earned ((1) + (2) - (3))				<u></u>			. 9a(4)		67787167
	b	Ben	efit charges (1) Claims paid				9b(1)		63347144	1	
		(2) li	ncrease (decrease) in claim reserves				9b(2)		-91017		
		(3) li	ncurred claims (add (1) and (2))							. 9b(3)		62436973
		(4) (Claims charged							. 9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (on an a	accrua	al basis)						
			(A) Commissions									
			(B) Administrative service or other fees	•••••						1280094	1	
			(C) Other specific acquisition costs									
			(D) Other expenses				0-/4\/	_		1224496		
			(E) Taxes							2059960		
			(F) Charges for risks or other contingencies.				0-/41/			516990)	
			(G) Other retention charges							00/11/14		E001E40
			(H) Total retention			_		_		9c(1)(H	,	5081540
			Dividends or retroactive rate refunds. (These									
	d		us of policyholder reserves at end of year: (1									05404500
		` '	Claim reserves							9d(2)		35404598
	_	` '	Other reservesdends or retroactive rate refunds due. (Do n									35749403
10	e Na		erience-rated contracts:	OL INCI	lude a	amount ente	rea in line s	(Z).	.)	. 9e		
10	a		al premiums or subscription charges paid to	carriar						. 10a		
										. 10a		
	b	rete	e carrier, service, or other organization incur ntion of the contract or policy, other than rep							. 10b		
	Spe		nature of costs.	oned i		i i, iii 6 2 as	ove, report	amo		. 193	1	
P	art	IV	Provision of Information									
11	Di	d the	insurance company fail to provide any inforn	nation	nece	ssary to cor	nplete Sche	dule	A?	Yes	X No	0
12	If t	he ar	nswer to line 11 is "Yes," specify the informat	ion no	ot prov	vided.						

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

2018

This Form is Open to Public Inspection

		pa.oua		-		ilispection	
For calendar plan year 20	18 or fiscal pla	n year beginning 01/01/2018		and en	nding 12/31/2018		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFI	TS PLAN		B Thre	e-digit number (PN)	594	
C Plan sponsor's name a LOCKHEED MARTIN CO		e 2a of Form 5500			oyer Identification Numb 1893632	per (EIN)	
		rning Insurance Contra . Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca		MPANY					
	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy	or contract year	
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	(g) To	
01-0233346	65838	28260	5665		01/01/2018	12/31/2018	
descending order of the	amount paid.	ation. Enter the total fees and t	otal commissions paid. Li				
(a) Total amount of commissions paid (b) Total amount of fees paid							
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all i	persons).			
<u> </u>		and address of the agent, broke			sions or fees were paid		
(b) Amount of sales ar	nd base _	F	ees and other commission	ns paid			
commissions pa	id	(c) Amount		(d) Purpos	е	(e) Organization code	
	(a) Name a	and address of the agent, broke	er, or other person to whor	n commiss	sions or fees were paid		
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpos	е	(e) Organization code	

Schedule A (Form 5500) 2018	Page 2 – 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
		From and other constitutions and	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
, ,	<u> </u>		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
•			
(a) Na	The standard of the stand business		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(0,1	(a) supers	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
	T		1
(h) Amount of sales and hase		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
			Organization

F	Part				
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each car	rier may be treated as a unit	for purposes of
4	Curr	this report. 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 el			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate account	s)	
	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	
	C	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		>			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).		— · · · · ·	0
		Deductions:			
	_	(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)		
		•			
		•			
				7./5\	
	£	(5) Total deductions		7e(5)	0
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

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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

2018

This Form is Open to Public Inspection

		pursuant to	EINIOA Section 105(a)(z)	•			Inspection	
For calendar plan year 20	18 or fiscal plar	year beginning 01/01/2018		and en	nding 12/31/201	8		
A Name of plan LOCKHEED MARTIN GR	OUP BENEFIT	S PLAN			e-digit number (PN)	•	594	
C Plan sponsor's name a LOCKHEED MARTIN CO		e 2a of Form 5500			oyer Identification 1893632	Number	(EIN)	
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.								
1 Coverage Information:								
(a) Name of insurance ca								
(L) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu		Po	olicy or c	ontract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	1	(g) To	
13-5581829	65978	35512	1353	1	01/01/2018		12/31/2018	
2 Insurance fee and com- descending order of the		ation. Enter the total fees and to	tal commissions paid. Li	ist in line 3	the agents, broke	rs, and o	ther persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).				
	(a) Name a	nd address of the agent, broker	, or other person to whor	m commiss	ions or fees were	paid		
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid				
commissions pa	id	(c) Amount		(d) Purpos	e		(e) Organization code	
	(a) Name a	nd address of the agent, broker	, or other person to whor	m commiss	ions or fees were	paid		
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid				
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code	
							• • • • • • • • • • • • • • • • • • • 	

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(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
			(5)	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
	T			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
, ,				
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
·				
(a) Na				
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization	
commissions paid	(0)	(4) - 3-1-2-3	code	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were paid		
	T			
	•	Fees and other commissions paid		
(b) Amount of sales and base		·	(e) Organization	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code	
		·	Organization	

F	Part				
		Where individual contracts are provided, the entire group of such indivi	dual contracts with each car	rier may be treated as a unit	for purposes of
4	Curr	this report. 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 el			
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred			
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate account	s)	
	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	
	C	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		>			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).		— · · · · ·	0
		Deductions:			
	_	(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)		
		•			
		•			
				7./5\	
	£	(5) Total deductions		7e(5)	0
	T	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

P	art II	Welfare Benefit Contract Informati If more than one contract covers the same group the information may be combined for reporting employees, the entire group of such individual	oup of employees of the purposes if such con	tracts are expe	erience-rated as a uni	t. Where co	ontracts cover individual	
8	Bene	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	Dental	С	Vision		d Life insurance	
	e 🗀	- · · · · · · · · · · · · · · · · · · ·	Long-term disabi	lity g	Supplemental unem	nlovment	h Prescription drug	
	i \Box	<u>-</u>	HMO contract		PPO contract	p.07	- 	
		Stop loss (large deductible)	I HIVIO CONTIACT	<u> </u>	PPO contract		I Indemnity contract	
	m X	Other (specify) ►LONG TERM CARE						
0		winner rated contracts:						
9		rience-rated contracts: Premiums: (1) Amount received		9a(1)			_	
		(2) Increase (decrease) in amount due but unpaid		- ` ' +			_	
		(3) Increase (decrease) in unearned premium reserv					_	
	`	(4) Earned ((1) + (2) - (3))				. 9a(4)		C
	_ `	Benefit charges (1) Claims paid				1 5(.)		
		(2) Increase (decrease) in claim reserves						
		(3) Incurred claims (add (1) and (2))				. 9b(3)		C
		(4) Claims charged				. 9b(4)		
	C	Remainder of premium: (1) Retention charges (on a	an accrual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs						
		(D) Other expenses					_	
		(E) Taxes					_	
		(F) Charges for risks or other contingencies		9C(1)(F)			_	
		(G) Other retention charges				0o/1\/LI	\	
		(H) Total retention	_	_		9c(1)(H)	,	
		(2) Dividends or retroactive rate refunds. (These are	<u></u>	L-1				
		(2) Claim reserves						
						. 9d(2) . 9d(3)		
		(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2) .)						
10		,	moldae amount entere		.,,	. 00		
						10a	1246	6977
	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						3011	
P	b Spec	If the carrier, service, or other organization incurred retention of the contract or policy, other than reported the contract or policy and the contract of the contract of the contract or policy and the contract of the contract or policy and the contract of the contract or policy and the contract of the contract of the contract or policy and the contract or polic	d any specific costs in ed in Part I, line 2 abo	connection witl	h the acquisition or ount	. 10b		246
11	Did	I the insurance company fail to provide any informati	ion necessary to com	olete Schedule	А?П	Yes	X No	
		ne answer to line 11 is "Yes," specify the information		note outleadle	Λ:		<u></u>	
14	n m	ie answei to line i i is i res, specity the information	i not provided. ▼					