Form 5500	Annual Return/Report of Employee Bene This form is required to be filed for employee benefit plans under s	1210-0089
Department of the Treasury Internal Revenue Service	and 4065 of the Employee Retirement Income Security Act of 1974 sections 6057(b) and 6058(a) of the Internal Revenue Code (the	(ERISA) and
Department of Labor Employee Benefits Security Administration	( Complete all entries in accordance with the instructions to the Form 5500.	
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection
Part I Annual Report Ide	entification Information	
For calendar plan year 2022 or fisca	l plan year beginning and e	nding
A This return/report is for:		Filers checking this box must attach a list of mation in accordance with the form instructions.)
<b>D</b> Check box if filing under:	Form 5558       automatic extension         special extension (enter description)	the DFVC program
E If this is a retroactively adopted p	lan permitted by SECURE Act section 201, check here	
Part II Basic Plan Inform	ation—enter all requested information	
1a Name of plan		<b>1b</b> Three-digit plan number (PN) (
		<b>1c</b> Effective date of plan
	; if for a single-employer plan) apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code (if foreign, see instructions)	<b>2b</b> Employer Identification Number (EIN)

	Form 5500 (2022)	Page <b>2</b>		
3a	Plan administrator's name and address	Same as Plan Sponsor	3b /	Administrator's EIN
				Administrator's telephone number
4		r or the plan name has changed since the last return/report filed for this plan,	4b	EIN
а	enter the plan sponsor's name, EIN, the p Sponsor's name	lan name and the plan number from the last return/report:	4d	
C	Plan Name			
5	Total number of participants at the beginn	ing of the plan year	5	
6	Number of participants as of the end of the 6a(2), 6b, 6c, and 6d).	e plan year unless otherwise stated (welfare plans complete only lines 6a(1),		
a(	1) Total number of active participants at the	ne beginning of the plan year	6a(1	)
a(	2) Total number of active participants at the	ne end of the plan year	6a(2	2)
b	Retired or separated participants receiving	g benefits	6b	
С	Other retired or separated participants ent	itled to future benefits	<b>6c</b>	
d	Subtotal. Add lines 6a(2), 6b, and 6c		<b>6d</b>	
е	Deceased participants whose beneficiarie	s are receiving or are entitled to receive benefits.	<b>6e</b>	
f	Total. Add lines 6d and 6e		6f	

g

Page **3** 

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)				
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)					
lf "Ye	es" is checked, complete lines 11b and 11c.				
<b>11b</b> Is the	e plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)				
Rece	r the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the ipt 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 ipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)				

Receipt Confirmation Code\_\_\_\_\_



Part II	Investment and Annuity Contract Information		
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<b>b</b> Pł⁄	{ ἐ` { ● ]æåå c[ &æ¦lå^¦	6b	



Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information		
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Part II	Investment and Annuity Contract Information			
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Part II	Investment and Annuity Contract Information			
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Part II	Investment and Annuity Contract Information			
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Part II	Investment and Annuity Contract Information			
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6 C[}clæ&	6 C[}c!æ&c• Wǎc@ A  [&æc^å F`}å∙:			
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Part II	Investment and Annuity Contract Information			
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6 C[}clæ&	6 C[}c!æ&c• Wǎc@ A  [&æc^å F`}å∙:			
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<b>b</b> Pł⁄	{ ἐ` { ● ]æåå c[ &æ¦lå^¦	6b		



Part II	Investment and Annuity Contract Information			
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<b>b</b> Pł⁄	{ ἐ` { ● ]æåå c[ &æ¦lå^¦	6b		

SCHEDULE C	Service Provider Information         This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). <b>(</b> File as an attachment to Form 5500.		OMB No. 1210-0110 2022 This Form is Open to Public		
(Form 5500)					
Department of the Treasury Internal Revenue Service					
Department of Labor Employee Benefits Security Administration					
Pension Benefit Guaranty Corporation					Inspection.
For calendar plan year 2022 or fiscal pla	an year beginning		and ending		
A Name of plan		в	Three-digit	(	
			plan number (PN)	(	
C Plan sponsor's name as shown on li	ne 2a of Form 5500	D	Employer Identificati		nber (EIN)

**only**eligible indirect compensation for which answer line 1 but are not required to include that person when completing the remainder of t (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

Page **3 -**

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b)(c)(d)(e)ServiceRelationship toEnter directDid service providerCode(s)employer, employeecompensation paidDid service providerorganization, orby the plan. If none,person known to beenter -0-.a party-in-interesta party-in-interestenter -0-.

Page **3 -**

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b)(c)(d)(e)ServiceRelationship toEnter directDid service providerCode(s)employer, employeecompensation paidDid service providerorganization, orby the plan. If none,person known to beenter -0-.a party-in-interesta party-in-interestenter -0-.

#### Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide

a Name:

**b** EIN:

# SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

am

EIN-PN	<b>d</b> Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	3-12 IE:	
<b>b</b> Name of sponsor of entity listed in	n (a):	
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	3-12 IE:	
<b>b</b> Name of sponsor of entity listed in	n (a):	
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	3-12 IE:	
<b>b</b> Name of sponsor of entity listed in	n (a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103	3-12 IE:	
<b>b</b> Name of sponsor of entity listed in	n (a):	
C EIN-PN	d Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

	Schedule D (Form 5500) 20	22	Page 2 -			
а	Name of MTIA, CCT, PSA, or 103-	12 IE:				
b	Name of sponsor of entity listed in	(a):				
С	EIN-PN	<b>d</b> Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
а	Name of MTIA, CCT, PSA, or 103-	12 IE:				
b	Name of sponsor of entity listed in	(a):				
с	EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
а	Name of MTIA, CCT, PSA, or 103-	12 IE:				
b	Name of sponsor of entity listed in	(a):				
			Dollar value of interest in MTIA_CCT_PSA_or			
			103-12 IE at end of year (see instructions)			
a Name of MTIA, CCT, PSA, or 103-12 IE:						
b	b       Name of sponsor of entity listed in (a):         c       EIN-PN       d       Entity code       e       Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE is end of year (see instructions)         a       Name of MTIA, CCT, PSA, or 103-12 IE:       b       Name of sponsor of entity listed in (a):         c       EIN-PN       d       Entity code       e       Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE:         b       Name of sponsor of entity listed in (a):       e       Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE:         c       EIN-PN       d       Entity code       e       Dollar value of year (see instructions)         a       Name of MTIA, CCT, PSA, or 103-12 IE:       b       Name of sponsor of entity listed in (a):         b       Name of sponsor of entity listed in (a):       e       Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE:         b       Name of sponsor of entity listed in (a):       e       Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
С	EIN-PN					
а	Name of MTIA, CCT, PSA, or 103-	12 IE:				
c       EIN-PN       d       Entity code       e       Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         a       Name of MTIA, CCT, PSA, or 103-12 IE:       b       Name of sponsor of entity listed in (a):         c       EIN-PN       d       Entity code       e       Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE:						
С	EIN-PN					
а	Name of MTIA, CCT, PSA, or 103-	12 IE:				
b	Name of sponsor of entity listed in	(a):				
с	EIN-PN					
а	Name of MTIA, CCT, PSA, or 103-	12 IE:				
b	EIN-PN       d       Entity code       e       Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         Name of MTIA, CCT, PSA, or 103-12 IE:       E         Name of MTIA, CCT, PSA, or 103-12 IE:       e         Name of MTIA, CCT, PSA, or 103-12 IE:       Image: Code         Name of MTIA, CCT, PSA, or 103-12 IE:       Image: Code         Name of MTIA, CCT, PSA, or 103-12 IE:       Image: Code         Name of Sponsor of entity listed in (a):       e         Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         Name of MTIA, CCT, PSA, or 103-12 IE:         Name of Sponsor of entity listed in (a):         EIN-PN       d         OB Entity code       e         Dolar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         Name of Sponsor of entity listed in (a):         EIN-PN       d         OB Entity code       e         Dolar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         Name of Sponsor of entity listed in (a):       e         EIN-PN					
С	EIN-PN					
а	Name of MTIA, CCT, PSA, or 103-	12 IE:				
b	Name of sponsor of entity listed in	(a):				
С	EIN-PN		e			

Part II Information on Participating Plans (to be completed by DFEs)

# **SCHEDULE H** (Form 5500)

# **Financial Information**

r

This schedule is required to be file re

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN)
Part I Asset x samet Pla v )	S	

	1b(2)	
(3) Other	1b(3)	
<b>C</b> General investments:		
<ol> <li>Interest-bearing cash (include money market accounts &amp; certificates of deposit)</li> </ol>	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	

### **1d** Employer-related investments:

		(a) Amount	<b>(b)</b> Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
C Other income	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total	2d		
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		

(4)

Yes No Amount	
b	
4c	
d	
4e 4e	
4h	

## LOCKHEED MARTIN CORPORATION GROUP INSURANCE PLAN FOR RETIRED EMPLOYEES

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

## Lockheed Martin Corporation Group Insurance Plan for Retired Employees

#### **Financial Statements**

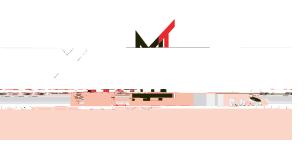
Year Ended December 31, 2022

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Independent Auditor's Report

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# INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of Lockheed Martin Corporation Group Insurance Plan for Retired Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

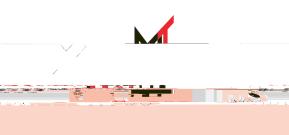
## Opinion

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

 The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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misrepresentations, or the override of internal control. Misstatements are considered material if

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

					December 31,							
					202	22 2021						
Ass- >> BDC	0 g	B12 Tf291g	B12ET	EMC	Q	/P <> BDC	q	454.54 6				

### 1. Description of the Plan

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

#### General

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

The assets of the Plan, excluding the "Retiree contributions receivable" and "Income tax receivable" are held and invested on a commingled basis in the Lockheed Martin Corporation Benefit Trust (the Trust) and the Lockheed Martin Corporation Benefit Trust for Collectively Bargained Employees (the Collectively Bargained Trust), as well as in the Lockheed Martin Corporation Salaried Employee Retirement Program

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

### Contributions

The Corporation makes actuarially determined contributions to the 401(h) accounts and Trusts that are used

Claims payments are recorded when paid by the Corporation. Amounts due to the Corporation for claims

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

#### Subsequent Events

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

#### 3. Benefit Obligations

The actuarial present value of the estimated postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money and the probability of payment between the valuation date and the expected date of payment, and to reflect

The change in the Pla postretireme benefit obligations i as follows (in thousa ()3Ids):

Year Ended December 31, 2022 5 b09 665.46 6.3

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

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

6. Income Tax Status