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For calendar plan year 2023 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
 a single-employer plan  a DFE (specify) \_\_\_\_
- B** This return/report is:  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . .
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

<b>Part II</b>	<b>Basic Plan Information</b> enter all requested information
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<b>1a</b> Name of plan	<b>1b</b> Three-digit plan number (PN)	
	<b>1c</b> Effective date of plan	

**2a** \_\_\_\_\_ (employer, if for a single-employer plan)

<p><b>3a</b> <input type="checkbox"/> Same as Plan Sponsor</p>	<p><b>3b</b></p> <hr/> <p><b>3c</b> number</p>		
<p><b>4</b> 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, enter the name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b></p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <hr/> <p><b>4d</b> PN</p>		
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>5</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>5</b>	
<b>5</b>			
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> </table>		
<p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(1)</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6a(1)</b>	
<b>6a(1)</b>			
<p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(2)</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6a(2)</b>	
<b>6a(2)</b>			
<p><b>b</b> Retired or separated participants receiving benefits .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6b</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6b</b>	
<b>6b</b>			
<p><b>c</b> Other retired or separated participants entitled to future benefits .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6c</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6c</b>	
<b>6c</b>			
<p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>. .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6d</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6d</b>	
<b>6d</b>			
<p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6e</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6e</b>	
<b>6e</b>			
<p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b>. .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6f</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6f</b>	
<b>6f</b>			
<p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6g(1)</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6g(1)</b>	
<b>6g(1)</b>			
<p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6g(2)</b></td> <td style="width: 90%;"></td> </tr> </table>	<b>6g(2)</b>	
<b>6g(2)</b>			

**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-  
 Yes  No

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-  
 Yes  No

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

**SCHEDULE A  
(Form 5500)**

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.**

**2023**

**This Form is Open to Public  
Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

**A** Name of plan  
**LOCKHEED MARTIN SPECIALTY COMPONENTS, INC. DEPENDENT LIFE INSURANCE PLAN**

**B** Three-digit  
plan number (PN) **506**

**C** Employer shown on line 2a of Form 5500  
**LOCKHEED MARTIN CORPORATION**

**D** Employer Identification Number (EIN)  
**52-1747835**

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
13-5581829	65978	34259-G	74	06/01/2022	05/31/2023



<b>b</b>	Premiums paid to carrier .....	<b>6b</b>	
<b>c</b>	Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs	<b>6d</b>	

**e** Type of contract: (1) ind 1581 500.56 Td ( )TJET Q 131.66 497.08135 14.28e W\*h BT TT0 7.98f 162.62 500.56 Td [de

- (2) Administration charge made by carrier .....
- (3) Transferred to separate account.....
- (4) Other (specify below) .....

<b>7e(1)</b>		
<b>7e(2)</b>		
<b>7e(3)</b>		
<b>7e(4)</b>		

(5) Total deductions..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

X

0

0

0

20691

X