

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE CNA CORPORATION RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1976
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE CNA CORPORATION 3003 WASHINGTON BOULEVARD ARLINGTON, VA 22201
2b	Employer Identification Number (EIN) 54-1558882
2c	Plan Sponsor's telephone number 703-824-2000
2d	Business code (see instructions) 813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/01/2023	JONATHAN MARKUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/05/2023	CHRISTINE PETERSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number 																				
4 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 plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: right;">1765</td> </tr> </table>	5	1765																		
5	1765																					
6 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). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;">6a(1)</td> <td style="border: 1px solid black; text-align: right;">665</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6a(2)</td> <td style="border: 1px solid black; text-align: right;">678</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6b</td> <td style="border: 1px solid black; text-align: right;">0</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6c</td> <td style="border: 1px solid black; text-align: right;">1017</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6d</td> <td style="border: 1px solid black; text-align: right;">1695</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6e</td> <td style="border: 1px solid black; text-align: right;">11</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6f</td> <td style="border: 1px solid black; text-align: right;">1706</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6g</td> <td style="border: 1px solid black; text-align: right;">1631</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6h</td> <td style="border: 1px solid black; text-align: right;">0</td> </tr> </table>			6a(1)	665	6a(2)	678	6b	0	6c	1017	6d	1695	6e	11	6f	1706	6g	1631	6h	0
6a(1)	665																					
6a(2)	678																					
6b	0																					
6c	1017																					
6d	1695																					
6e	11																					
6f	1706																					
6g	1631																					
6h	0																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black;"></td> </tr> </table>	7																			
7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2F 2G 2L 2M 2T																						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																						
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																					
10 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 (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)																					

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.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter 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 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan THE CNA CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CNA CORPORATION	D Employer Identification Number (EIN) 54-1558882

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.
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1 Coverage Information:

(a) Name of insurance carrier TIAA-CREF
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	103109	848	01/01/2022	12/31/2022

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
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(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	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(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	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end..... **4** 104478985**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 8874417**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** 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..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 103756729**c** Additions: (1) Contributions deposited during the year **7c(1)** 1694803(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 4163139(4) Transferred from separate account **7c(4)** 2048259(5) Other (specify below) **7c(5)** 170193

▶ OTHER

(6) Total additions **7c(6)** 8076394**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 111833123**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 5654416(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 1629722(4) Other (specify below) **7e(4)** 70000

▶ OTHER

(5) Total deductions **7e(5)** 7354138**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 104478985

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE CNA CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CNA CORPORATION	D Employer Identification Number (EIN) 54-1558882	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA-CREF
13-1624203

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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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)

SAGEVIEW ADVISORY GROUP

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	70000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 71 64 65	RECORDKEEPER	65057	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 37 65 52 71	RECORDKEEPER	19399	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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)

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	16590	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	8695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VARIOUS FUND COMPANIES 04-2647786	FIDELITY RECEIVES INDIRECT COMPENSATION FROM VARIOUS FUND COMPANIES. THE FORMULA VARIES WITH A RANGE OF 0.02% - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS. ON AVERAGE, THE RATE EARNED IS 0.27%.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(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) 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
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(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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE CNA CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE CNA CORPORATION	D Employer Identification Number (EIN) 54-1558882	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE ACCOUNT		
b Name of sponsor of entity listed in (a): TIAA CREF		
c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8874417
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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 at end of year (see instructions)

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

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>THE CNA CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE CNA CORPORATION</u>	D Employer Identification Number (EIN) <u>54-1558882</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	75000	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	13233230	13161107
(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)		
(8) Participant loans.....	1c(8)	542558	558825
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	8796218	8874417
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	460569268	361243465
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	103756729	104478985
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	586973003	488316799

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	586973003	488316799
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6359685	
(B) Participants	2a(1)(B)	6360208	
(C) Others (including rollovers)	2a(1)(C)	1505581	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		14225474
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	186746	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	20830	
(F) Other	2b(1)(F)	4163140	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4370716
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	10422980	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10422980
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		711147
(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)		-96862314
c Other income	2c		475289
d Total income. Add all income amounts in column (b) and enter total	2d		-66656708
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	29202446	
(2) To insurance carriers for the provision of benefits	2e(2)	2617399	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		31819845
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	25195	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	70000	
(4) Other	2i(4)	84456	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		179651
j Total expenses. Add all expense amounts in column (b) and enter total	2j		31999496
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-98656204
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		7500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan THE CNA CORPORATION RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE CNA CORPORATION		D Employer Identification Number (EIN) 54-1558882
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-2647786 13-1624203		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

The CNA Corporation Retirement Plan

**Report and Financial Statements as of
December 31, 2022 and 2021 and for the
Year Ended December 31, 2022 and
Supplemental Schedule Required
by ERISA as of December 31, 2022**

The CNA Corporation Retirement Plan

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Supplemental Schedule Required by ERISA*:

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*All other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of The CNA Corporation Retirement Plan

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

We were engaged to perform an audit of the financial statements of The CNA Corporate Retirement Plan (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 and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit 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 audit 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 qualified institutions as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

Basis for Disclaimer of Opinion

The Plan sponsor's accounting records for contracts and custodial accounts issued to current or former employees prior to January 1, 2009 do not provide sufficient evidence supporting investments, benefit payments, investment income, and net assets available for benefits to permit the application of adequate auditing procedures.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.



In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

Supplemental Schedule Required by ERISA

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

PriceWaterhouse LLP

Washington, D.C.
August 31, 2023

The CNA Corporation Retirement Plan

Statements of Net Assets Available for Benefits As of December 31, 2022 and 2021

Assets:	<u>2022</u>	<u>2021</u>
Investments, at fair value	\$ 469,557,033	\$ 569,092,329
Investments, at contract value	18,200,941	17,338,116
Notes receivable from participants	<u>558,825</u>	<u>542,558</u>
Net assets available for benefits	<u>\$ 488,316,799</u>	<u>\$ 586,973,003</u>

The accompanying notes are an integral part of these financial statements.

The CNA Corporation Retirement Plan

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2022

Additions (Reductions)

Investment income (loss):

Interest and dividends	\$ 14,772,866
Net depreciation in fair value of investments	(96,151,167)
Net investment loss	(81,378,301)

Contributions:

Employer contributions	6,359,685
Employee contributions	6,360,208
Total contributions	12,719,893

Interest on notes receivable	20,830
Other income	475,289
Rollovers	1,505,581
Other additions	2,001,700

Total Reductions	(66,656,708)
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Deductions

Benefit payments	31,819,845
Administrative fees	179,651
Total deductions	31,999,496

Net decrease	(98,656,204)
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Net assets available for benefits:

Beginning of year	586,973,003
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End of year	\$ 488,316,799
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The accompanying notes are an integral part of these financial statements.

The CNA Corporation Retirement Plan

Notes to the Financial Statements December 31, 2022 and 2021

1. Description of the Plan

The following description of The CNA Corporation Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan was established by the Center for Naval Analyses (CNA or the employer) on January 1, 1976; however, on January 1, 2009, January 1, 2012, January 1, 2017 and again on January 1, 2020, the Plan was amended and restated. CNA adopted the Fidelity Workplace Services LLC 403(b) Volume Submitter Plan document, which the IRS approved for 403(b) plans, effective January 1, 2020. The Plan is intended to enhance the retirement security of eligible Employees of the Employer. It also is intended to be a "tax sheltered annuity plan" and "custodial account plan" meeting the requirements of the applicable sections of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the requirements of the applicable sections of the Internal Revenue Code of 1986, as amended (including section 403(b) of the Internal Revenue Code); the Plan is so construed and administered. The Plan is a 403(b) defined contribution plan that provides retirement benefits to eligible employees on a contributory basis. Teachers' Insurance Annuity Association of America and College Retirement Equities Fund (TIAA-CREF) are the insurance companies and Fidelity Management Trust Company (Fidelity) is the custodian. TIAA, FSB is the directed custodian for the TIAA-CREF Institutional Funds. Employee and Employer contributions are invested in annuities issued by the Teachers' Insurance Annuity Association (TIAA), the TIAA Real Estate account, the various variable annuities offered by the College Retirement Equities Fund (CREF), the TIAA-CREF Institutional Mutual Funds, and the mutual funds held by Fidelity, as well as offering mutual fund investments through the brokerage link available with Fidelity. The investments in the TIAA-CREF Institutional Mutual Funds and Fidelity mutual funds are reported as "Interest in Registered Investment Companies"; the TIAA Real Estate Account is reported as "Interest in Real Estate Pooled Separate Account", and the TIAA non fully-benefit responsive Traditional Annuities are reported as "Unallocated Insurance Contracts".

Participation and Vesting

All employees are eligible to participate in the Plan on their date of hire. Participants initiate their contribution election in Dayforce, CNA's HR/Payroll system, and enroll in the Plan with TIAA-CREF and/or Fidelity on the first payroll period thereafter. Each person who is eligible to make salary reduction contributions, and who is at least age 50 (or who will attain age 50 during the calendar year), shall be eligible to make catch-up contributions.

Each Full-time Employee or part-time benefits-eligible Employee who normally is scheduled to work forty (40) or more hours per pay period, shall be eligible to participate in the Employer Matching Contribution feature of the Plan. Each part-time benefits-eligible Employee who completes 1,000 Hours of Service in any consecutive twelve-month period beginning on the Employee's date of hire shall be eligible to participate in the Employer Matching Contribution feature of the Plan. Each Participant shall immediately be 100% vested in their contributions and all employer contributions. All Plan contributions and benefits derived there from are immediately fully vested and non-forfeitable.

Contributions

A Participant's salary reduction contributions to the Plan during any calendar year may not exceed the dollar limit applicable to the Plan for that year under Code section 402(g) (\$20,500 for 2022). Participants may update their contribution election in Dayforce at any time. A Matching Contribution shall be made by the Employer to the Employer Matching Contribution Account of each Participant who makes a salary reduction contribution under the Plan and has satisfied the requirement of eligibility noted above. Effective January 1, 2020, the Employer Matching Contribution which shall be allocated on

The CNA Corporation Retirement Plan

Notes to the Financial Statements December 31, 2022 and 2021

behalf of each eligible Participant for a payroll period shall be made in accordance with the chart below:

Year(s) of Service	Salary Reduction Contribution (Percentage)	Employer Matching Contribution (Percentage)	Total of Employee and Employer Contributions (Percentage)
0 through 9	1	1.6	2.6
	2	3.2	5.2
	3	4.8	7.8
	4	6.4	10.4
	5*	8.0	13.0
10 through 19	1	2.3	3.3
	2	4.5	6.5
	3	6.8	9.8
	4*	9.0	13.0
20 or more	1	3.3	4.3
	2	6.7	8.7
	3*	10	13.0

**This number indicates the maximum salary reduction contribution percentage permitted under the Plan.*

Age 50 Catch-Up Contributions will be made to a tax-sheltered annuity contract purchased for the Participant or to a Code section 403(b) (7) custodial account maintained by TIAA-CREF and Fidelity for the Participant. Such Catch-Up Contributions shall not be taken into account for purposes of the provisions of the Plan implementing the required limitations of Code sections 402(g), 403(b) and 415. Each Participant shall be fully vested in his or her Catch-Up Contributions and in the tax-sheltered annuity contract(s) and/or custodial account interests purchased with such Catch-Up Contributions. Catch-Up Contributions are subject to the limitations of Code section 414(v) (\$6,500 for 2022).

Each participant's account is credited with the participant's contribution and allocation of (a) CNA's employer matching contribution and (b) Plan earnings (losses) and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

The Plan allows both pre-tax and Roth rollovers into the Plan.

Retirement

Each Participant who is an Employee on their attainment of Normal Retirement Date (age 65) or early retirement date (which shall be the first day of the month following a Participant's attainment of age 55), shall be entitled to receive the full amount of their Plan Accounts. Employees are not required to retire at age 65; they may continue to work and participate in the Retirement Plan. Early retirement; however, requires termination from CNA in order to receive a distribution.

The CNA Corporation Retirement Plan

Notes to the Financial Statements December 31, 2022 and 2021

Benefits

On termination of service or attainment of age 59-1/2, participants may elect to receive benefit payments, including annuities, available through TIAA-CREF and/or Fidelity, or they may maintain their accounts with TIAA-CREF and/or Fidelity. Account balances are based upon the value of the contributions made and the investment results. The participant elects the type of distribution as noted below with annuities available from TIAA while all other forms of distribution are available from both TIAA-CREF and Fidelity. Annuities are used to purchase a guaranteed amount of future benefits. The annuities are based upon the value of the investment results and the mortality and expense associated with specific annuities available through TIAA, which are selected by the Participant.

The normal form of benefit under the Plan is a lump sum distribution. As a result, the Plan shall only permit distributions to be made in the form of a lump sum with respect to accounts or contracts invested with Fidelity. With respect to accounts or contracts invested with TIAA-CREF, the available forms of distribution are unchanged, except that the lump sum is the normal form of benefit (so long as a married participant's spouse provides the required consent). In lieu of receiving the normal form of benefit above, subject to any limitations set forth in the applicable annuity contract or custodial account, a Participant may elect to receive their TIAA-CREF Plan Account payable in accordance with one of the following actuarially equivalent options: lump sum; monthly, quarterly or annual installments; a joint and 50%, 75% or 100% survivor annuity; a life annuity; or a life annuity with a fixed period certain (as set forth in the applicable annuity contract or custodial account).

Upon retirement, Participants may elect to transfer the accumulations in their TIAA Real Estate and CREF variable annuity accounts to a TIAA Retirement Annuity. Additionally, upon retirement Participants may elect to transfer the accumulations in their Fidelity accounts to a TIAA Retirement Annuity.

Notes Receivable from Participants

Loans to Participants are available from the Plan from Fidelity and TIAA-CREF. Loans from TIAA-CREF and Fidelity are classified as Notes Receivable from Participants in the Statements of Net Assets Available for Benefits and require assets within the Participant's account to be sold and issued as a loan from the Participant account. Notes receivable from participants are valued at their unpaid principal balance plus any accrued but unpaid interest. Loans are temporary distributions from the participant's account and are repaid directly to the record-keeper for credit to the participant's account. One loan is permitted at a time and all loan requests must be approved by the Plan Sponsor. The minimum Plan loan amount is \$1,000 while the maximum is \$50,000 or 50% of account balance, whichever is less. Participants may take up to five years to repay the loan, or ten years if it is to purchase a primary residence, and there are no penalties for early repayment. For TIAA participant loans, interest ranges from 4.25% to 6.50% based on the prime rate at the time of issuance and the range of maturity dates of loan are March 1, 2023 and May 1, 2027. TIAA plan loans initiated prior to January 1, 2020 will be repaid subject to the terms and conditions at the time of the loan. The interest rate on a Fidelity loan is the U.S. prime rate at the time of issuance and there is a \$35 non-refundable loan initiation fee in addition to a \$3.75 per quarter fee for Fidelity loan record-keeping. The interest rates range from 3.25% to 5.50% on the Fidelity loans maturing between May 3, 2023 and May 1, 2032.

The CNA Corporation Retirement Plan

Notes to the Financial Statements December 31, 2022 and 2021

Plan Loans

Loans initiated from TIAA before January 1, 2020 are Plan loans and are no longer available effective as of that date. Plan loans were borrowed directly from TIAA using a portion of the participant's plan account as security for the loan. To secure the loan, participants were required to pledge as collateral TIAA Traditional annuity value equal to 110% of the outstanding loan balance in the event of default. TIAA set the interest rate quarterly but was generally close to prime rate. For all Plan loans, interest is paid directly to TIAA and the interest rates paid associated with Plan loans obtained from TIAA by participants range from 4.22% to 5.95%. The range of maturity dates of loans taken by Plan participants is between September 1, 2007 and September 1, 2024. As of December 31, 2022 and 2021, participants had \$23,599 and \$28,896, respectively, of Plan loans with TIAA. Were the plan loan to go into default the collateral associated with the loan would not be distributed to TIAA unless the participant was otherwise eligible for a distribution.

Plan Expenses

Certain administrative expenses of the Plan are paid from the accounts of Plan participants for actions initiated by the participants, such as loan and origination fees. These administrative expenses are deducted directly from their account. Participants pay the investment costs of the mutual funds and annuities they use to invest their account balance, and for many of the Plan's designated investments, a portion of each mutual fund's and annuity's expense ratio is paid to Fidelity and/or TIAA-CREF for retirement plan and participant services and are included in the net appreciation (depreciation) in fair value of investments. Other administrative expenses, such as audit, tax and legal fees, are paid by the Employer or the Plan. If the Plan pays the expenses, it is generally limited to revenue sharing amounts received.

Other Income

The Plan has revenue sharing agreements with TIAA-CREF and Fidelity where the Plan receives an agreed amount from the service provider that can be used to pay for allowable Plan administration expenses. Any remaining revenue sharing balance, after expenses are paid, is allocated back to the participant accounts that generated the credit based on the respective account balances. The Plan received \$340,289 and \$135,000 from TIAA-CREF and Fidelity, respectively, for the year ended December 31, 2022. Amounts of \$70,656 and \$108,995 from TIAA and Fidelity respectively, offset administrative expenses, and the remaining \$269,633 and \$26,005 of other income from TIAA and Fidelity, respectively, was allocated back to the participants for the year ended December 31, 2022.

Plan Termination

CNA intends to continue the Plan indefinitely but reserves the right to amend, modify, terminate, or discontinue further contributions of payments under the Plan at any time. In the event of a complete or partial termination of the Plan or discontinuance of contributions, all individual accounts will become non-forfeitable to the extent funded.

2. Significant Accounting Policies

Method of Accounting

The Plan's accounting records are maintained on an accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America.

Benefit Payments

Benefit payments are recorded when paid.

Use of Estimates

The CNA Corporation Retirement Plan

Notes to the Financial Statements

December 31, 2022 and 2021

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results may differ from management's estimates.

Investment Valuation and Income Recognition

Investments are reflected at fair value, except for fully benefit-responsive investment contracts, which are reflected at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Plan management reviews and evaluates the values provided by TIAA-CREF and Fidelity and agrees with the valuation methods and assumptions used by the insurance companies and custodian. See Note 8, Fair Value Measurements, for a summary of the inputs used as of December 31, 2022 and 2021 in determining the fair value of the Plan's investments.

Purchases and sales of investment are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents in the statement of changes in net assets the net depreciation in fair value of its investments, which consists of realized gains (losses) and the unrealized appreciation (depreciation) on those investments.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Risks and Uncertainties

The Plan invests in securities that are exposed to various risks such as interest rate, market, and credit risks. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades or global events which could impact the value of securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect Participants' account balances and the amounts reported in the statements of net assets available for benefits.

3. Investments

Traditional Annuities

The TIAA Traditional Annuities are offered through the Retirement Annuity (RA), Supplemental Retirement Annuity (SRA), Group Supplemental Retirement Annuity (GSRA) and Retirement Choice Plus (RCP) contracts. The TIAA Traditional Annuity holdings within the RA contracts have liquidity restrictions and distributions, withdrawals, and transfers out of these contracts can only be made in 10 annual installments through Transfer Payout Annuities (TPAs). They are therefore considered "non

The CNA Corporation Retirement Plan

Notes to the Financial Statements December 31, 2022 and 2021

benefit-responsive” as contemplated by FASB ASC 962-325-35-5. The TIAA Traditional Annuity holdings within SRA, GSRA and RCP contracts contain no liquidity restrictions and are considered “benefit responsive”.

The TIAA Traditional (RA) Annuities are a guaranteed (by TIAA’s claim paying ability) annuity which guarantees principal and pays a guaranteed minimum interest. The guaranteed minimum interest is 3%. Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA Board of Trustees on a year-by-year basis. When declared, the additional amounts remain in effect for the declaration year that begins each March 1 and are not guaranteed for future years. Together the guaranteed minimum and additional amounts make up the crediting rate in the accumulation phase. TIAA groups premium dollars received over defined periods into vintages for the purposes of determining the crediting rate for the applicable declaration year during the accumulation period. During 2022, the average crediting rate for regular annuities was 3.93% for RA and 3.27% for SRA/GSRA annuities in the accumulation and payout phase, depending on the contract.

4. Information Certified by the Insurance Companies and Custodian

The insurance companies and custodian (TIAA-CREF and Fidelity, respectively) have certified that the amounts reflected for investment balances, notes receivable from participants, interest, dividends, and net appreciation (depreciation) in the fair value of investments and all other related investment information other than the leveling provided in Note 8 in the accompanying financial statements, notes to the financial statements, and supplemental schedule are complete and accurate.

The following information was certified complete and accurate by the insurance companies, TIAA-CREF as of December 31:

	<u>2022</u>	<u>2021</u>
CREF Variable Annuities	\$ 143,930,122	\$ 191,878,200
TIAA-CREF Institutional Mutual Funds	18,320,791	20,121,736
Real Estate Pooled Separate Account	8,874,417	8,796,218
TIAA Traditional Annuities: Non-Benefit Responsive	86,278,042	86,418,613
TIAA Traditional Annuities: Benefit Responsive	18,200,941	17,338,116
Notes Receivable from Participants	<u>127,073</u>	<u>159,860</u>
Net Assets Available for Benefits	<u>\$ 275,731,386</u>	<u>\$ 324,712,743</u>

The following information was certified complete and accurate by the insurance companies, TIAA-CREF for the year ended December 31, 2022:

	<u>Interest and Dividends</u>	<u>Net Appreciation (Depreciation)</u>	<u>Net Investment Income (Loss)</u>
Investment Income (loss)	<u>\$ 5,496,685</u>	<u>\$ (40,133,318)</u>	<u>\$ (34,636,633)</u>

Interest paid by participants on outstanding loans was \$6,019 for the year ended December 31, 2022.

The CNA Corporation Retirement Plan

Notes to the Financial Statements December 31, 2022 and 2021

The following information was certified complete and accurate by Fidelity, the custodian, for the year ended December 31:

	<u>2022</u>	<u>2021</u>
Registered Investment Companies	\$ 212,153,661	\$ 261,877,562
Notes Receivable from Participants	<u>431,752</u>	<u>382,698</u>
Net Assets Available for Benefits	<u>\$ 212,585,413</u>	<u>\$ 262,260,260</u>

The following information was certified complete and accurate by Fidelity, the custodian, for the year ended December 31, 2022:

	<u>Interest and Dividends</u>	<u>Net Appreciation (Depreciation)</u>	<u>Net Investment Income (Loss)</u>
Investment loss	<u>\$ 9,276,181</u>	<u>\$ (56,017,849)</u>	<u>\$ (46,741,668)</u>

Interest paid by participants on outstanding loans was \$14,811 for the year ended December 31, 2022.

5. Concentration of Credit Risk

Financial instruments that potentially subject the Plan to concentrations of credit risk consist primarily of investments. The Plan has offered Plan participants the ability to direct investments to various investment accounts. Certain funds invest in debt instruments. The issuer's abilities to meet these obligations may be affected by economic developments in their respective industries. The Plan has no formal policy regarding collateral to support the financial instruments subject to credit risk.

6. Tax Status

The Plan has been designed to qualify for tax-exempt status under Section 403(b) of the Internal Revenue Code (the "Code"). The terms of the Plan have been prepared to conform to the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Fidelity Workplace Services LLC Volume Submitter 403(b) Plan document was reviewed and approved by the IRS in their opinion letter dated August 7, 2017. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The plan administrator believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b) of the Code and, therefore, believes the Plan is qualified and the related custodial accounts and tax-deferred annuities are tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The CNA Corporation Retirement Plan

Notes to the Financial Statements December 31, 2022 and 2021

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has concluded that there are no tax positions of the Plan. Therefore, as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to December 31, 2019.

7. Related Party and Party-In-Interest Transactions

Certain Plan investments, including unallocated insured contracts and shares of registered investment companies and pooled separate accounts are managed by TIAA-CREF, the Insurance Companies, or Fidelity (as applicable), the custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The transactions in the revenue sharing accounts managed by TIAA-CREF and Fidelity are also party interest transactions.

8. Fair Value Measurements

In accordance with *Fair Value Measurements*, fair value is defined as the price that the Plan participant(s) would receive upon selling an investment or pay to transfer a liability in an orderly transaction between market participants at the measurement date to an independent buyer in the principal or most advantageous market of the investment. Fair Value Measurements established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement). The three levels of the fair value hierarchy under Fair Value Measurements are described below:

Level 1 – Quoted prices in active markets for identical assets or liabilities.

Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the same term of the assets or liabilities.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2022 and 2021:

Registered Investment Companies – Fidelity mutual funds and TIAA-CREF institutional mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan. Because these funds are traded daily on an active exchange and are valued primarily on the basis of market quotations, official closing prices, or on the basis of information furnished by a pricing service, they are classified as Level 1.

The CNA Corporation Retirement Plan

Notes to the Financial Statements December 31, 2022 and 2021

Brokerage Accounts: Plan participants are only permitted to invest in Fidelity mutual funds through their Brokerage Link accounts. The valuation of the mutual funds are performed at the net asset value ('NAV') of shares held by the Plan. Because these funds are traded daily on an active exchange and are valued primarily on the basis of market quotations, official closing prices, or on the basis of information furnished by a pricing service, they are classified as Level 1.

Variable Annuities – CREF: Valued at NAV of accumulation units held by the Plan at year end. NAV, calculated daily, is applied to daily purchase and sale transactions in addition to being used to value ending market values. Accumulation units are valued using market quotations to value securities and other instruments. If these are not readily available, securities will be valued using fair value, as determined in accordance with procedures adopted by CREF. These assets are classified as Level 2 because though the funds have a quoted price, they are not publicly traded and have certain restrictions impacting participant's ability to transact. Participants will be locked out of variable annuities for 90 days of purchase, sale and repurchases within that variable annuity is made within a 60-day period.

Insurance company pooled separate accounts – Real Estate: Valued at NAV of accumulation units held by the Plan at year end. NAV, calculated daily, is applied to daily purchase and sale transactions in addition to being used to value ending market values. Transfers out of this account are limited to once per quarter. These assets are classified as Level 2 because though the funds have a quoted price, they are not publicly traded and have certain restrictions impacting participant's ability to transact.

Effective March 31, 2011, internal transfers into the TIAA Real Estate Account were prohibited if the transfer causes the value of the Participant's total accumulation in the account to exceed \$150,000. The purpose of this limitation is to ensure more predictable account inflows and outflows, which is expected to facilitate efficient portfolio management over the long term.

Unallocated Insurance Contracts – TIAA Traditional Annuities Non Fully-Benefit Responsive: Valued at the contract value which approximates fair value and is the amount that would be received at the reporting date if amounts were withdrawn or funds transferred within the Plan prior to their maturity. A participant can withdraw from a TIAA Traditional annuity according to the predetermined installment plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses which approximates fair value. These assets are classified as Level 3 because the valuation methodology is not observable.

The preceding methods described may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2022, or transfers between levels.

The CNA Corporation Retirement Plan

Notes to the Financial Statements December 31, 2022 and 2021

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

Assets at Fair Value as of December 31, 2022

	Level 1	Level 2	Level 3	Total
Registered Investment Companies - Mutual Funds	\$ 213,820,247	\$ -	\$ -	\$ 213,820,247
Brokerage Link	16,654,205	-	-	16,654,205
Variable Annuities	-	143,930,122	-	143,930,122
Real Estate Pooled Separate Account	-	8,874,417	-	8,874,417
TIAA Traditional Annuity	-	-	86,278,042	86,278,042
	<u>\$ 230,474,452</u>	<u>\$ 152,804,539</u>	<u>\$ 86,278,042</u>	<u>\$ 469,557,033</u>

Assets at Fair Value as of December 31, 2021

	Level 1	Level 2	Level 3	Total
Registered Investment Companies - Mutual Funds	\$ 261,833,363	\$ -	\$ -	\$ 261,833,363
Brokerage Link	20,165,935	-	-	20,165,935
Variable Annuities	-	191,878,200	-	191,878,200
Real Estate Pooled Separate Account	-	8,796,218	-	8,796,218
TIAA Traditional Annuity	-	-	86,418,613	86,418,613
	<u>\$ 281,999,298</u>	<u>\$ 200,674,418</u>	<u>\$ 86,418,613</u>	<u>\$ 569,092,329</u>

The table below sets forth a summary of changes in the fair value of the Plan level 3 assets for the year ended December 31, 2022:

	<u>TIAA Traditional Annuity</u>
Beginning Balance	\$ 86,418,613
Interest Credited	3,581,652
Contributions/transfers in	2,290,658
Distributions/redemptions/transfers out	(6,012,881)
Ending Balance	<u>\$ 86,278,042</u>

The CNA Corporation Retirement Plan

Notes to the Financial Statements December 31, 2022 and 2021

TIAA non fully-benefit responsive amounts represent contracts issued by TIAA. The TIAA annuities are not available for sale or transfer in any securities exchange. Accordingly, transactions in similar investment instruments are not observable, and the investments are valued using unobservable inputs (level 3). While transactions involving the purchases/sales of individual TIAA annuity contracts are not observable in a public marketplace, contract value is an approximation of fair value.

The following table presents information about the valuation techniques used and approved by management to measure fair value, significant observable inputs and the range of values for those inputs related to the plans investments and assets categorized as Level 3 in the ASC 820 fair value hierarchy at December 31, 2022 and 2021:

Type	Fair Value	Range of Significant Input Value	Principal Valuation Technique	Significant Unobservable Inputs
TIAA Traditional Annuities:	<u>2022</u>			
Non fully-benefit responsive:	\$ 86,278,042	3.70% - 6.25%	Discounted cash flow	Risk-adjusted discount rate
RA	<u>2021</u>		Theoretical transfer (exit value)	applied*
	\$ 86,418,613	3.00% - 3.80%		

*Unobservable inputs include discount rate applied.

TIAA Traditional Annuities non fully-benefit responsive account balances are reported at contract value which approximates fair value. Contract value is the aggregation of contributions, plus interest, less withdrawals, if any. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. Additionally, the discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period.

Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with TIAA Traditional annuities historical crediting rates.

9. Subsequent Events

The Plan's management evaluated subsequent events through August 31, 2023, the date that the financial statements were available to be issued, noting no other matters requiring disclosure in the financial statements as of December 31, 2022.

The CNA Corporation
Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2022
EIN: 54-1558882

<u>Identity of Issue</u>	<u>Description</u>	<u>Number of Units</u>	<u>Cost*</u>	<u>Current Value</u>
Teachers' Insurance and Annuity Association of America				
TIAA Traditional Annuity Non Benefit Responsive:				
**Retirement Annuity (RA)	Unallocated Insurance Contracts	N/A	\$	86,278,042
**TIAA Traditional Annuity Benefit Responsive				
**Supplemental Retirement Annuity (SRA)	Unallocated Insurance Contracts	N/A		10,219,204
**Group Supplemental Retirement Annuity (GSRA)	Unallocated Insurance Contracts	N/A		7,981,008
**Retirement Choice Plus (RCP)	Unallocated Insurance Contracts	N/A		729
**TIAA Real Estate	Pooled Separate Account	15,935		8,874,417
College Retirement Equities Fund				
CREF Variable Annuities:				
**CREF STOCK R2	Variable Annuities	124,021		79,325,543
**CREF MONEY MARKET R2	Variable Annuities	115,874		3,116,001
**CREF SOCIAL CHOICE R2	Variable Annuities	15,664		4,606,336
**CREF BOND MARKET R2	Variable Annuities	44,479		5,478,525
**CREF GLOBAL EQUITIES R2	Variable Annuities	73,028		17,154,072
**CREF GROWTH R2	Variable Annuities	54,213		14,766,570
**CREF EQUITY INDEX R2	Variable Annuities	47,509		15,739,436
**CREF INFLATION-LINKED BOND R2	Variable Annuities	47,989		3,743,639
TIAA-CREF Institutional Mutual Funds				
**TIAA-CREF LIFECYCLE 2010-INST	Registered Investment Companies	90,891		834,379
**TIAA-CREF LIFECYCLE 2015-INST	Registered Investment Companies	114,187		935,189
**TIAA-CREF LIFECYCLE 2020-INST	Registered Investment Companies	350,673		2,956,174
**TIAA-CREF LIFECYCLE 2025-INST	Registered Investment Companies	139,968		1,219,121

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* Cost is omitted because it is not required for participant-directed accounts.

** Denotes a party-in-interest.

This schedule was prepared from data certified by TIAA and CREF, insurance companies, and Fidelity Management Trust Company, custodian, as complete and accurate.

The CNA Corporation
Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2022
EIN: 54-1558882

<u>Entity of Issue</u>	<u>Description</u>	<u>Number of Units</u>	<u>Cost*</u>	<u>Current Value</u>
**TIAA-CREF LIFECYCLE 2030-INST	Registered Investment Companies	135,914	\$	1,191,965
**TIAA-CREF LIFECYCLE 2035-INST	Registered Investment Companies	229,411		2,032,579
**TIAA-CREF LIFECYCLE 2040-INST	Registered Investment Companies	329,400		2,902,016
**TIAA-CREF LIFECYCLE 2045-INST	Registered Investment Companies	216,893		2,381,481
**TIAA-CREF LIFECYCLE 2050-INST	Registered Investment Companies	104,614		1,174,810
**TIAA-CREF LIFECYCLE 2055-INST	Registered Investment Companies	50,917		676,182
**TIAA-CREF LIFECYCLE 2060-INST	Registered Investment Companies	23,613		270,367
**TIAA-CREF LIFECYCLE 2065-INST	Registered Investment Companies	42		410
**TIAA-CREF MONEY MARKET -INST	Registered Investment Companies	1,746,118		1,746,118
**PARTICIPANT LOANS	Maturing from Mar 2023 - May 2027			127,073
	Interest rates of 4.25% to 6.50%			
Fidelity Management Trust Company				
Mutual Funds:				
BROKERAGELINK	Brokerage Account			16,654,205
DFA EMRG MKT CORE EQ	Registered Investment Companies	88,963		1,791,707
VANG TARGET RET 2055	Registered Investment Companies	107,945		4,552,053
VANG INST TR 2065	Registered Investment Companies	5,110		129,994
HTFD WORLD BOND R6	Registered Investment Companies	192,137		1,927,130
LOOMIS SM CP GRTH N	Registered Investment Companies	42,566		1,036,493
VANG TARGET RET 2020	Registered Investment Companies	344,360		8,732,970
VANG TARGET RET 2030	Registered Investment Companies	452,467		14,193,877
VANG TARGET RET 2040	Registered Investment Companies	443,475		15,078,160
VANG TARGET RET 2050	Registered Investment Companies	198,836		7,515,988
MFS VALUE R4	Registered Investment Companies	64,361		3,055,228
VANG TARGET RET 2070	Registered Investment Companies	776		15,530
VANG TARGET RET INC	Registered Investment Companies	670,446		8,206,260
VANG TARGET RET 2025	Registered Investment Companies	950,721		15,858,023
VANG TARGET RET 2035	Registered Investment Companies	619,315		11,983,747
VANG TARGET RET 2045	Registered Investment Companies	506,322		11,554,261
MFS MID CAP Value R6	Registered Investment Companies	119,060		3,347,980
METWEST TOT RTN BD P	Registered Investment Companies	522,987		4,434,932
VICTORY S SM CO OP I	Registered Investment Companies	47,055		2,182,433

* Cost is omitted because it is not required for participant-directed accounts.

** Denotes a party-in-interest.

This schedule was prepared from data certified by TIAA and CREF, insurance companies, and Fidelity Management Trust Company, custodian, as complete and accurate.

The CNA Corporation
Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2022
EIN: 54-1558882

<u>Identity of Issue</u>	<u>Description</u>	<u>Number of Units</u>	<u>Cost*</u>	<u>Current Value</u>
EV INC FND BOSTON R6	Registered Investment Companies	403,881		1,966,902
JPM MID CAP GRTH R6	Registered Investment Companies	34,848		1,360,820
VANG TARGET RET 2060	Registered Investment Companies	48,381		1,878,623
**FID GOVT MMKT	Registered Investment Companies	12,400,905		12,400,905
**FID CONTRAFUND K	Registered Investment Companies	1,261,533		15,302,396
**FID DIVERSIFD INTL K	Registered Investment Companies	98,390		3,578,427
**FID GROWTH CO K	Registered Investment Companies	765,801		17,314,764
**FID LOW PRICED STK K	Registered Investment Companies	121,411		5,599,481
**FID TOTAL MKT IDX	Registered Investment Companies	126,321		13,387,476
**FID INTL INDEX	Registered Investment Companies	99,261		4,088,580
**FID INFL PR BD IDX	Registered Investment Companies	335,290		3,024,316
**PARTICIPANT LOANS	Maturing from May 2023 - May 2032 Interest rates of 3.25% to 5.50%			431,752
				<u>\$ 488,316,799</u>

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The CNA Corporation Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2022

Plan Sponsor EIN: 54-1558882

Plan Number: 001

<u>Identity of Issue</u>	<u>Description</u>	<u>Number of Units</u>	<u>Cost*</u>	<u>Current Value</u>
Teachers' Insurance and Annuity Association of America				
TIAA Traditional Annuity Non Benefit Responsive:				
**Retirement Annuity (RA)	Unallocated Insurance Contracts	N/A	\$	86,278,042
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The CNA Corporation Retirement Plan
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Plan Sponsor EIN: 54-1558882

Plan Number: 001

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