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

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.)
- [X] 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:
- [X] 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
CNA 401K PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1978

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)
CONTINENTAL CASUALTY COMPANY

151 N FRANKLIN ST
18TH FLOOR
CHICAGO, IL 60606

2b Employer Identification Number (EIN) 36-2114545

2c Plan Sponsor's telephone number 312-822-5000

2d Business code (see instructions) 551112

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.	09/12/2023	VICTORIA GIURATO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	8580
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	**6a(1)**	4662
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4990
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	3946
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	8936
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	8936
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	8935
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	384
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3H

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)	[X]	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)	[X]	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)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶
CNA 401K PLAN	005

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CONTINENTAL CASUALTY COMPANY	36-2114545

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

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

ATLANTA CAPITAL MANAGAEMENT CO LLC

58-2236910

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

BLACKROCK TRUST COMPANY

94-3112180

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

EATON VANCE MANAGEMENT

04-3101341

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

NORTHERN TRUST CORPORATION

36-2723087

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

PACIFIC INVESTMENT MANAGEMENT CMPNY

33-0629048

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

PRUDENTIAL TRUST CO

23-6994310

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

SEI TRUST COMPANY

06-1271230

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

T. ROWE PRICE ASSOCIATES, INC.

52-0556948

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

WINSLOW CAPITAL MANAGEMENT LLC

90-0860898

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

THE VANGUARD GROUP, INC.

23-1945930

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

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)

ALIGHT SOLUTIONS, LLC

82-1061233

(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 26 50	NONE	1854794	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(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?
21 50 52	TRUSTEE	572626	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ATLANTA CAPITAL MANAGEMENT CO,LLC

58-2236910

(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 51 68 71	NONE	515193	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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)

INVESCO

58-1707262

(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 50 51 52 99	NONE	318687	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ]

(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
(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.	

(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

(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

(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

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.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CNA 401K PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CONTINENTAL CASUALTY COMPANY

D Employer Identification Number (EIN)
36-2114545

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: IGT DODGE & COX FIXED

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-244	C	15345855

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT INVESCO CORE FIXED INCOME FUND

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-225	C	15347659

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT INVESCO INT G/C

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-212	C	31351695

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT INVESCO SHRTTRM BOND

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-215	C	143409857

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT JENNISON INT G/C

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-218	C	31256257

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT LOOMIS SAYLES CORE

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-224	C	15297185

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT LOOMIS SAYLES INT

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
61-1246990-217	C	15850869

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT PIMCO CORE

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

c EIN-PN 61-1246990-219	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15301259

a Name of MTIA, CCT, PSA, or 103-12 IE: IGT PIMCO INT G/C

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

c EIN-PN 61-1246990-207	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15465415

a Name of MTIA, CCT, PSA, or 103-12 IE: NT ACWI EX-US IMI INDEX NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST CORPORATION

c EIN-PN 45-6138589-103	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108170800

a Name of MTIA, CCT, PSA, or 103-12 IE: NT AGGREGATE BOND INDEX FUND NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST CORPORATION

c EIN-PN 45-6138589-088	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64456254

a Name of MTIA, CCT, PSA, or 103-12 IE: NT EMERGING MARKET FUNDS

b Name of sponsor of entity listed in (a): NORTHERN TRUST COMPANY

c EIN-PN 45-6138589-101	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27709248

a Name of MTIA, CCT, PSA, or 103-12 IE: NT RUSSELL 2000 INDEX FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST CORPORATION

c EIN-PN 45-6138589-096	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84652361

a Name of MTIA, CCT, PSA, or 103-12 IE: NT S&P 400 INDEX FUND NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST CORPORATION

c EIN-PN 45-6138589-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96520196

a Name of MTIA, CCT, PSA, or 103-12 IE: NT S&P 500 INDEX FUND NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST CORPORATION

c EIN-PN 45-6138589-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336891206

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH IND2025 NL FND M

b Name of sponsor of entity listed in (a): BLACKROCK INC

c EIN-PN 81-3128643-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71740010

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH IND2030 NL FND M

b Name of sponsor of entity listed in (a): BLACKROCK INC

c EIN-PN 81-3148951-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96716056

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH IND2035 NL FND M

b Name of sponsor of entity listed in (a): BLACKROCK INC

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)
81-3168065-001	C	72977236

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH IND2040 NL FND M

b Name of sponsor of entity listed in (a): BLACKROCK INC

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)
81-3185003-001	C	59102986

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH IND2045 NL FND M

b Name of sponsor of entity listed in (a): BLACKROCK INC

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)
81-3196176-001	C	45700754

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH IND2050 NL FND M

b Name of sponsor of entity listed in (a): BLACKROCK INC

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)
81-3217294-001	C	30178769

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH IND2055 NL FND M

b Name of sponsor of entity listed in (a): BLACKROCK INC

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)
81-3223239-001	C	27872460

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH IND2060 NL FND M

b Name of sponsor of entity listed in (a): BLACKROCK INC

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)
81-3239005-001	C	10576598

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH IND2065 NL FND M

b Name of sponsor of entity listed in (a): BLACKROCK INC

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)
84-1957801-001	C	3512907

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL CORE PLUS BOND FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO

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)
23-6994310-165	C	118125675

a Name of MTIA, CCT, PSA, or 103-12 IE: WINSLOW LARGE CAP GROWTH FUND

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

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)
27-3441498-043	C	125324151

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH IND NL FND M

b Name of sponsor of entity listed in (a): BLACKROCK INC

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)
81-3250773-001	C	72627609

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

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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 01/01/2022 and ending 12/31/2022

A Name of plan
CNA 401K PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL CASUALTY COMPANY

D Employer Identification Number (EIN)
36-2114545

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1848000	2309000
(2) Participant contributions	1b(2)	2003000	2258000
(3) Other	1b(3)	182000	830000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15300000	12667000
(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)	178165000	152541000
(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)	9253000	8535000
(9) Value of interest in common/collective trusts	1c(9)	2133914000	1751482000
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	145482000	101606000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	2486147000	2032228000
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	614000	987000
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	614000	987000
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2485533000	2031241000

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)	59485000	
	(B) Participants	2a(1)(B)	70328000	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		129813000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	365000	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		365000
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	3092711	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2192289	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5285000
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	520923563	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	521564335	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-640772
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-14861121	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-14861121

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-316258036
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-76220071
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-272517000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	178523000	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		178523000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		-9000
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1854794	
(4) Other	2i(4)	1406206	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3261000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		181775000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-454292000
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) [X] 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) [X] 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: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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:

		Yes	No	Amount
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.)	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?	4e	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.)	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
CNA 401K PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
CONTINENTAL CASUALTY COMPANY

D Employer Identification Number (EIN)
36-2114545

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): 36-3046063 _____

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**

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

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_____

CNA 401k PLAN

EMPLOYER IDENTIFICATION NUMBER: 36-2114545

PLAN NUMBER: 005

FINANCIAL STATEMENTS AS OF DECEMBER 31, 2022 AND 2021 AND FOR THE YEAR ENDED DECEMBER 31, 2022, SUPPLEMENTAL SCHEDULE AS OF DECEMBER 31, 2022 AND INDEPENDENT AUDITOR'S REPORT

CNA 401k PLAN

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Form 5500, Schedule H, line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2022	16

Supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 not listed have been omitted as they are not applicable.

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of
CNA 401k Plan
Chicago, Illinois

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

We have performed audits of the financial statements of CNA 401k 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, and the related notes to the financial statements.

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

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

Opinion

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

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

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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 that 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, 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 a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter — Supplemental Schedule Required by ERISA

The supplemental 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. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Deloitte & Touche LLP

August 25, 2023

CNA 401k Plan
Statements of Net Assets Available for Benefits

December 31 (In thousands)	2022	2021
Assets		
Participant directed investments at contract value	$ 323,689	$ 323,454
Participant directed investments at fair value	1,719,669	2,143,131
Total investments	2,043,358	2,466,585
Receivables:		
Employer contributions	2,309	1,848
Participant contributions	2,258	2,003
Notes receivable from participants	8,605	9,332
Accrued interest	830	149
Receivable for securities sold	—	33
Total assets	2,057,360	2,479,950
Liabilities		
Accrued expenses	336	608
Payable for securities purchased	651	6
Total liabilities	987	614
Net assets available for benefits	$ 2,056,373	$ 2,479,336

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

CNA 401k Plan
Statement of Changes in Net Assets Available for Benefits

Year ended December 31		
(In thousands)		**2022**
Additions		
Contributions:		
Participants	$	70,328
Employer		59,485
Dividend and interest income		11,891
Net depreciation in fair value of investment in mutual funds, collective investment trusts and common stock		(383,248)
Interest income on notes receivable from participants		365
Total additions		(241,179)
Deductions		
Benefits paid to participants		178,523
Administrative expenses		3,261
Total deductions		181,784
Net change in net assets available for benefits		(422,963)
Net assets available for benefits, beginning of year		2,479,336
Net assets available for benefits, end of year	$	2,056,373

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

CNA 401k Plan
Notes to Financial Statements

Note A. Description of Plan

The following brief description of the CNA 401k Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

CNA Financial Corporation (CNA), a majority-owned subsidiary of Loews Corporation, established the Plan on January 1, 1978. Continental Casualty Company (CCC), an indirect wholly-owned subsidiary of CNA, is the Plan Sponsor. The Plan is a defined contribution plan and offers participants of certain subsidiaries of CNA an opportunity to save a portion of their current earnings, augmented by contributions from the Plan Sponsor. Full-time and part-time employees are eligible to participate in the Plan upon hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Northern Trust Company is the Trustee of the Plan and Alight Financial Solutions, LLC (Alight) is the recordkeeper for the Plan.

Although it has not expressed any intent to do so, CCC has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

The Plan Sponsor pays various administrative expenses on behalf of the Plan which are not reimbursed by the Plan. The Plan Sponsor is not obligated to continue paying such expenses, in which case, they will be paid entirely by the Plan.

Contributions

Participants can contribute up to 50% of their annual eligible compensation, as defined in the Plan, subject to certain Internal Revenue Code (IRC) limitations. Participants who are age 50 or older may elect to make additional pretax contributions (catch-up contributions), up to $6,500 in 2022, pursuant to IRC Section 414(v). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Plan permits participants to make Roth 401k contributions on an after-tax basis. Distributions of Roth 401k balances are entirely tax free, including the accumulated income that is distributed, provided the participants meet certain requirements.

The Plan Sponsor makes a fixed matching contribution to participant accounts amounting to 100% of the first 6% of annual eligible compensation that participants elect to contribute. In addition, participants also receive a contribution of 5% of their annual eligible compensation from the Plan Sponsor, referred to as a basic contribution. Contributions are subject to certain limitations.

Participant Accounts

Individual accounts are maintained for each plan participant. Each individual account is valued on a daily basis to reflect all plan activity including contributions made by the participants and the Plan Sponsor, withdrawals, loans, transfers, plan fees, forfeitures and investment gains or losses, as applicable. The participant is entitled to the value of the participant's vested account.

Vesting

Participants are immediately vested in their contributions and associated earnings. All contributions made by the Plan Sponsor (including basic and fixed matching contributions) and associated earnings vest at the rate of 20% per year of vested service and are 100% vested after five years of vested service. Employment that terminates because of death or permanent and total disability will result in automatic 100% vesting of all contributions made by the Plan Sponsor and associated earnings.

Investment Options

All participant contributions, Plan Sponsor contributions, rollover contributions, and all corresponding earnings are invested at the direction of plan participants.

Payment of Benefits

Upon retirement, termination of employment or disability, participants' accounts with a vested account balance of $1,000 or less are paid in a single lump sum, unless the participant specifically elects otherwise. The participant may elect to receive a partial distribution, a lump sum distribution or monthly, quarterly or annual installments. Participants also have the option of rolling their balance over to either an IRA or another qualified plan, or leaving the balance in the Plan until the attainment of age 72.

Withdrawals

The Plan allows certain in-service withdrawals from participant accounts. For after-tax contributions, participants may withdraw up to the full amount of their contributions and associated earnings and the available vested portion of the Plan Sponsor's matching contributions and associated earnings, subject to certain limitations stated in the Plan. Pretax contribution account withdrawals may be made only for qualified financial hardship after withdrawals have been made from all other savings options or if the participant is over age 59½.

Notes Receivable from Participants

Participants may borrow up to one-half of the vested balance of their account, limited to not less than $500 or greater than $50,000. Participants may select loan terms of any duration, in one month increments, from six months to five years. Loans are secured by the balance in the participant's account and bear interest at a fixed rate established at the time of the loan's inception. The loan is generally repaid with interest, through payroll deductions, subject to stipulations in the Plan. These loans are considered party-in-interest transactions.

Participants may have one loan outstanding at any time. The total amount of the loan may not exceed the lesser of one-half of the vested balance of their account or $50,000.

Forfeited Accounts

In 2022, employer contributions were reduced by $4,123 thousand from forfeited non-vested accounts. As of December 31, 2022 and 2021, forfeited non-vested accounts of $87 thousand and $125 thousand will reduce future employer contributions.

Exempt Party-In-Interest

The Plan has investments issued by the Northern Trust Company. The Northern Trust Company is the Trustee of the Plan and, therefore, transactions between the Plan and the Northern Trust Company qualify as exempt party-in-interest transactions. Alight is the recordkeeper for the Plan, and expenses paid for recordkeeping fees qualify as exempt party-in-interest transactions. Notes receivable from participants are also party-in-interest transactions that are exempt.

Note B. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP). The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts in the financial statements and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Under the terms of the Investment Management Agreement between Invesco Advisors, Inc. (Invesco) and the Plan, Invesco, on behalf of the Plan, invests in various pooled investment funds which are supported by wrapper contracts that guarantee a crediting rate not less than 0%. The wrapper contracts consist of investment contracts

issued by an insurance company or bank. These wrapper contracts typically provide that realized and unrealized gains and losses on the underlying assets are not immediately reflected in the contract value, but are amortized over time through adjustments to the future crediting rate. The crediting rate is reset periodically, typically on a quarterly basis, to reflect the expected return as well as historical performance of the invested assets. These investments are synthetic guaranteed investment contracts (GICs) and are fully benefit-responsive. These investments are included on the Statements of Net Assets Available for Benefits at contract value as reported to the Plan by the Northern Trust Company. Contract value represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expense. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value. Interest income and realized gains (losses) on these investments are reported in Dividend and interest income on the Statement of Changes in Net Assets Available for Benefits. Unrealized gains (losses) are not included in the Statement of Changes in Net Assets Available for Benefits for these investments as the contracts are recorded at contract value for purposes of the Net Assets Available for Benefits.

The average yields on the Invesco Stable Asset Fund are calculated by dividing the annual earnings of all investments before any fund expenses by the period-end fair value of all investments.

The crediting rate yields on the Invesco Stable Asset Fund are calculated by dividing the annual earnings of all investments (less fund expenses) credited to participants by the period-end fair value of all investments.

Management believes the occurrence of events, such as plan termination, a plan merger initiated by the plan sponsor or bankruptcy by the plan sponsor, that would cause the Plan to transact at less than contract value for the Invesco Stable Asset Fund is not probable.

The Plan's remaining investments are carried at fair value, as discussed in Note C. Purchases and sales of securities are recorded on the trade date. Interest income is recorded on an accrual basis. Realized and unrealized gains (losses) are reported in Net appreciation (depreciation) in fair value of investments in mutual funds, collective investment trusts and common stock on the Statement of Changes in Net Assets Available for Benefits. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment securities are exposed to various risks, such as interest rate, credit, and overall volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the Statements of Net Assets Available for Benefits. As each participant's account is credited with an investment return, any such changes in the values of investment securities could materially affect individual participant's account balances.

Management fees charged to the Plan for investments in the mutual funds, collective investment trusts and common stock are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees are a component of Net appreciation (depreciation) in fair value of investments in mutual funds, collective investment trusts and common stock.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefit payments are recorded when paid. As of December 31, 2022 and 2021, the total of participants' account balances for participants who had elected to withdraw from the Plan, but had not yet been paid, was $135 thousand and $106 thousand.

Note C. Fair Value

Fair value is the price that would be received upon sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The following fair value hierarchy is used in selecting inputs, with the highest priority given to Level 1, as these are the most transparent or reliable.

Level 1 - Quoted prices for identical instruments in active markets.

Level 2 - Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs are observable in active markets.

Level 3 - Valuations derived from valuation techniques in which one or more significant inputs are not observable.

Assets Measured at Fair Value

Assets measured or presented at fair value on a recurring basis are summarized below.

December 31, 2022

(In thousands)	Level 1	Level 2	Level 3	Total
Assets				
Investments in mutual funds	$ 101,606	$ —	$ —	$ 101,606
Investments in common stock	152,541	—	—	152,541
Short term investment fund	12,667	—	—	12,667
Total assets measured at fair value	$ 266,814	$ —	$ —	266,814
Total collective investment trusts measured at net asset value [(1)]				1,452,855
Total				$ 1,719,669

December 31, 2021

(In thousands)	Level 1	Level 2	Level 3	Total
Assets				
Investments in mutual funds	$ 145,482	$ —	$ —	$ 145,482
Investments in common stock	178,165	—	—	178,165
Short term investment fund	15,300	—	—	15,300
Total assets measured at fair value	$ 338,947	$ —	$ —	338,947
Total collective investment trusts measured at net asset value [(1)]				1,804,184
Total				$ 2,143,131

(1) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table for these investments are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

Valuation Methodologies and Inputs

The following section describes the valuation methodologies and relevant inputs used to measure different financial instruments at fair value, including an indication of the level in the fair value hierarchy in which the instruments are generally classified.

Investments in Mutual Funds and Common Stock

Mutual funds and common stock are classified as Level 1 as they are actively traded and valued at quoted market prices that represent the net asset values of the shares held by the Plan at year-end.

Collective Investment Trusts

Collective investment trusts are valued using the net asset value per share (or its equivalent) practical expedient. Participant transactions (purchases and sales) may occur daily. The Plan's collective investment trusts generate returns primarily through investing in marketable securities in the public fixed income and equity markets. Were the Plan to initiate a full redemption of a collective trust, the investment advisor may reserve the right to temporarily delay withdrawal from the trust for up to 30 days in order to ensure that securities liquidations will be carried out in an orderly business manner. As of December 31, 2022 and 2021 there were no unfunded commitments on collective investment trusts.

Short Term Investment Fund

The Short term investment fund is a money market fund which is actively traded and valued at net asset value, which approximates fair value.

Note D. Federal Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan Sponsor by letter dated August 7, 2017 that the Plan and related trust were designed in compliance with applicable sections of the IRC and, as such, the Plan and the trust continue to be tax exempt. No provision for income tax has been included in the Plan's financial statements, and there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The IRS is not currently examining the Plan.

Note E. Summary of Information Certified by the Trustee

All of the information in this note, as well as certain information in Note C, excluding level classification, and the Schedule of Assets (Held at End of Year), is unaudited and was prepared by the Trustee and furnished to the Plan Sponsor. The Plan Sponsor has obtained certifications from the Trustee that such information is complete and accurate. See accompanying Independent Auditor's Report.

December 31 (In thousands)	**2022**	**2021**
Participant directed investments at contract value	$ 323,689	$ 323,454
Participant directed investments at fair value	1,719,669	2,143,131
Notes receivable from participants	8,605	9,332
Accrued interest	830	149
Receivable for securities sold	—	33
Payable for securities purchased	651	6

Year ended December 31 (In thousands)	**2022**
Dividend and interest income	$ 11,891
Net appreciation (depreciation) in fair value of investments in mutual funds, collective investment trusts and common stock	(383,248)
Interest income on notes receivable from participants	365

Note F. Reconciliation to Form 5500

Certain amounts reported on the Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021 and the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022 differ from the amounts as reported on the Plan's Form 5500 for 2022 and 2021.

A reconciliation of the Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021 to the respective Form 5500 is presented in the table below.

December 31 (In thousands)	2022	2021
Net assets available for benefits as reported on the financial statements	$ 2,056,373	$ 2,479,336
Reduction of participant loan value due to deemed distribution	(70)	(79)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(25,062)	6,276
Net assets available for benefits as reported on the Form 5500	$ 2,031,241	$ 2,485,533

A reconciliation of the Net increase (decrease) in net assets available for benefits on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022 to the Form 5500 is presented in the table below.

December 31 (In thousands)	2022
Net change in net assets available for benefits as reported on the financial statements	$ (422,963)
Deemed distributions of participant loans	9
Change in adjustment from contract value to fair value for fully benefit-responsive investment contracts	(31,338)
Net change as reported on the Form 5500	$ (454,292)

A deemed distribution is a participant loan that has been deemed distributed during the plan year under the provisions of IRC section 72(p) and IRS Treasury § 1.72(p)-1 if (1) under the Plan, the participant loan is treated as a directed investment solely of the participant's individual account; and (2) as of the end of the plan year, the participant is not continuing repayment under the loan.

The accompanying financial statements present fully benefit-responsive investment contracts at contract value. The Form 5500 requires fully benefit-responsive investment contracts to be reported at fair value. Therefore, the adjustment from contract value to fair value for fully benefit-responsive investment contracts represents a reconciling item.

Note G. Contingencies

The Plan is subject to ERISA regulations, which allow participants to appeal the level of benefits received under the Plan. If participants do not receive a favorable reply to their appeal, they have the right to escalate their appeal to legal action.

The Plan and the Plan Sponsor may be parties to other litigation arising in the ordinary operation of the Plan. Based on the facts and circumstances currently known, such litigation will not, in the opinion of the Plan Sponsor, materially affect the Plan's financial statements.

Note H. Subsequent Events

Management has evaluated all subsequent events through August 25, 2023, the date the financial statements were available to be issued.

PLAN #005
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
(In thousands)
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Black Rock Lifepath Index 2025 Fund W	Collective Investment Trust	**	$ 71,740
	Black Rock Lifepath Index 2030 Fund W	Collective Investment Trust	**	96,716
	Black Rock Lifepath Index 2035 Fund W	Collective Investment Trust	**	72,977
	Black Rock Lifepath Index 2040 Fund W	Collective Investment Trust	**	59,103
	Black Rock Lifepath Index 2045 Fund W	Collective Investment Trust	**	45,701
	Black Rock Lifepath Index 2050 Fund W	Collective Investment Trust	**	30,179
	Black Rock Lifepath Index 2055 Fund W	Collective Investment Trust	**	27,872
	Black Rock Lifepath Index 2060 Fund W	Collective Investment Trust	**	10,577
	Black Rock Lifepath Index 2065 Fund W	Collective Investment Trust	**	3,513
	Black Rock Lifepath Index Retirement Fund W	Collective Investment Trust	**	72,628
*	Northern Trust ACWI - EX-US IMI Index	Collective Investment Trust	**	108,171
*	Northern Trust Aggregate Bond Index Fund	Collective Investment Trust	**	64,456
*	Northern Trust Emerging Market Funds	Collective Investment Trust	**	27,709
*	Northern Trust Russel 2000 Index Fund	Collective Investment Trust	**	84,652
*	Northern Trust S&P 400 Index Fund	Collective Investment Trust	**	96,520
*	Northern Trust S&P 500 Index Fund	Collective Investment Trust	**	336,891
	Prudential Core Plus Bond	Collective Investment Trust	**	118,126
	Winslow Large Cap Growth	Collective Investment Trust	**	125,324
	Abbvie Inc.	Common Stock	**	776
	Acuity Brands Inc.	Common Stock	**	914
	Advanced Drain Systems Inc.	Common Stock	**	295
	Affiliated Managers Group Inc.	Common Stock	**	1,429
	Aflac Inc.	Common Stock	**	1,094
	Agco Corp.	Common Stock	**	888
	Allison Transmission Holdings Inc.	Common Stock	**	520
	Allstate Corp.	Common Stock	**	746
	Ally Financial Inc.	Common Stock	**	386
	Amc Networks Inc.	Common Stock	**	160
	Amdocs Ltd.	Common Stock	**	491
	Ameriprise Financial Inc.	Common Stock	**	1,370
	Amgen Inc.	Common Stock	**	1,261
	Annaly Capital Management Inc.	Common Stock	**	272
	APA Corp.	Common Stock	**	756
	Applied Materials Inc.	Common Stock	**	497
	Aptargroup Inc.	Common Stock	**	1,426
	Aramark	Common Stock	**	2,401
	Arrow Electronics Inc.	Common Stock	**	491
	AT&T Inc.	Common Stock	**	1,362
	Avnet Inc.	Common Stock	**	366
	Bank Of America Corp.	Common Stock	**	553
	Bank Of New York Mellon Corp.	Common Stock	**	879
	Berkley W.R. Corp.	Common Stock	**	2,852
	Berry Global Group Inc.	Common Stock	**	396
	Best Buy Co Inc.	Common Stock	**	481
	Biogen Inc.	Common Stock	**	225

	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Bio-Techne Corp.	Common Stock	**	660
	Black Knight Inc.	Common Stock	**	821
	Blackbaud Inc.	Common Stock	**	863
	Bloomin' Brands Inc.	Common Stock	**	423
	Booz Allen Hamilton Holding Corp.	Common Stock	**	1,789
	Borgwarner Inc.	Common Stock	**	720
	Bristol-Myers Squibb Co.	Common Stock	**	1,676
	Brixmor Property Group Inc.	Common Stock	**	682
	Broadridge Financial Solutions Inc.	Common Stock	**	912
	Brown & Brown Inc.	Common Stock	**	1,497
	Brunswick Corp.	Common Stock	**	432
	Burlington Stores Inc.	Common Stock	**	1,233
	CACI International Inc.	Common Stock	**	1,984
	Capital One Financial Corp.	Common Stock	**	483
	Cardinal Health Inc.	Common Stock	**	769
	Carlisle Companies Inc.	Common Stock	**	1,874
	Carter's Inc.	Common Stock	**	328
	Caseys Gen Stores Inc.	Common Stock	**	778
	Celanese Corp.	Common Stock	**	429
	Choice Hotels International Inc.	Common Stock	**	1,176
	Cisco Systems Inc.	Common Stock	**	915
	Citigroup Inc.	Common Stock	**	1,239
	Citizens Financial Group Inc.	Common Stock	**	1,024
	CNO Financial Group Inc.	Common Stock	**	633
	Columbia Banking System Inc.	Common Stock	**	564
	Columbia Sportswear Co.	Common Stock	**	1,633
	Comcast Corp.	Common Stock	**	567
	Conagra Brands Inc.	Common Stock	**	735
	Crane Co.	Common Stock	**	402
	Cummins Inc.	Common Stock	**	1,236
	CVS Health Corp.	Common Stock	**	1,062
	Deckers Outdoor Corp.	Common Stock	**	674
	Dell Technologies Inc.	Common Stock	**	639
	Delta Air Lines Inc.	Common Stock	**	355
	Dick's Sporting Goods Inc.	Common Stock	**	613
	Discover Financial Services	Common Stock	**	626
	Dolby Laboratories Inc.	Common Stock	**	1,313
	DXC Technology Co.	Common Stock	**	231
	Eastman Chemical Co.	Common Stock	**	366
	Ebay Inc.	Common Stock	**	518
	Edgewell Personal Care Co.	Common Stock	**	335
	Energizer Holdings Inc.	Common Stock	**	329
	Envista Holdings Corp.	Common Stock	**	2,104
	Everest Re Group Ltd.	Common Stock	**	464
	Exxon Mobil Corp.	Common Stock	**	2,327
	Factset Research Systems Inc.	Common Stock	**	599
	Fedex Corp.	Common Stock	**	554
	First American Financial Corp.	Common Stock	**	544
	First Horizon Corp.	Common Stock	**	735
	Foot Locker Inc.	Common Stock	**	389

	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Fox Corp.	Common Stock	**	489
	FTI Consulting Inc.	Common Stock	**	753
	Gartner Inc.	Common Stock	**	624
	General Motors Co.	Common Stock	**	643
	Gilead Sciences Inc.	Common Stock	**	1,391
	GoDaddy Inc.	Common Stock	**	1,484
	Graco Inc.	Common Stock	**	658
	Gray Television Inc.	Common Stock	**	123
	Hanesbrands Inc.	Common Stock	**	147
	Harley-Davidson Inc.	Common Stock	**	570
	Hartford Financial Services Group Inc.	Common Stock	**	705
	HCA Healthcare Inc.	Common Stock	**	744
	Heidrick & Struggles International Inc.	Common Stock	**	274
	Henry Schein Inc.	Common Stock	**	438
	Hewlett Packard Enterprise Co.	Common Stock	**	493
	Hexcel Corp.	Common Stock	**	934
	HF Sinclair Corp.	Common Stock	**	1,085
	Homestreet Inc.	Common Stock	**	262
	Host Hotels & Resorts Inc.	Common Stock	**	356
	HP Inc.	Common Stock	**	760
	Hunt J.B. Transportation Services Inc.	Common Stock	**	1,369
	Huntington Ingalls Industries Inc.	Common Stock	**	600
	Idex Corp.	Common Stock	**	955
	Ingevity Corp.	Common Stock	**	376
	Ingredion Inc.	Common Stock	**	499
	Intel Corp.	Common Stock	**	1,213
	International Business Machines Corp.	Common Stock	**	662
	International Paper Co.	Common Stock	**	582
	Jabil Inc.	Common Stock	**	989
	Jack Henry & Associates Inc.	Common Stock	**	534
	Jazz Pharmaceuticals Plc	Common Stock	**	669
	Jones Lang Lasalle Inc.	Common Stock	**	989
	JM Smucker Co.	Common Stock	**	903
	KeyCorp	Common Stock	**	1,082
	Kirby Corp.	Common Stock	**	1,083
	Kohl's Corp.	Common Stock	**	169
	Kraft Heinz Co.	Common Stock	**	953
	Kroger Co.	Common Stock	**	990
	Lam Research Corp.	Common Stock	**	210
	Landstar System Inc.	Common Stock	**	1,541
	La-Z-Boy Inc.	Common Stock	**	269
	Lear Corp.	Common Stock	**	335
	Lennox International Inc.	Common Stock	**	1,141
	Lincoln National Corp.	Common Stock	**	378
	LKQ Corp.	Common Stock	**	1,591
	Louisiana-Pacific Corp.	Common Stock	**	403
	Lyondellbasell Industries N.V.	Common Stock	**	731
	Macy's Inc.	Common Stock	**	306
	Manhattan Associates Inc.	Common Stock	**	521
	ManpowerGroup Inc.	Common Stock	**	616
	Marathon Petroleum Corp.	Common Stock	**	838

	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Markel Corp Holding Co.	Common Stock	**	2,093
	Mckesson Corp.	Common Stock	**	1,238
	Medical Properties Trust Inc.	Common Stock	**	223
	Merck & Co Inc.	Common Stock	**	2,740
	Meta Platforms Inc.	Common Stock	**	325
	MGIC Investment Corp.	Common Stock	**	290
	Molson Coors Beverage Co.	Common Stock	**	685
	Moog Inc.	Common Stock	**	439
	Morgan Stanley	Common Stock	**	1,343
	Morningstar Inc.	Common Stock	**	966
	Mosaic Co.	Common Stock	**	502
	Nexstar Media Group Inc.	Common Stock	**	626
	Nordson Corp.	Common Stock	**	1,203
	Northrop Grumman	Common Stock	**	600
	NRG Energy Inc.	Common Stock	**	487
	Oracle Corp.	Common Stock	**	883
	Organon & Co.	Common Stock	**	45
	Oshkosh Corp.	Common Stock	**	247
	Owens Corning	Common Stock	**	623
	Paramount Global	Common Stock	**	179
	Pennymac Financial Services Inc.	Common Stock	**	442
	Penske Automotive Group Inc.	Common Stock	**	850
	Pfizer Inc.	Common Stock	**	2,705
	Phillips 66	Common Stock	**	833
	Pool Corp.	Common Stock	**	482
	Prosperity Bancshares Inc.	Common Stock	**	747
	Prudential Financial Inc.	Common Stock	**	219
	PulteGroup Inc.	Common Stock	**	733
	Qorvo Inc.	Common Stock	**	363
	Qualcomm Inc.	Common Stock	**	330
	Quest Diagnostics Inc.	Common Stock	**	673
	RB Global Inc.	Common Stock	**	1,076
	Regions Financial Corp.	Common Stock	**	1,121
	Reinsurance Group Of America Inc.	Common Stock	**	469
	Reliance Steel & Aluminum Co.	Common Stock	**	1,032
	Rent-A-Center Inc.	Common Stock	**	108
	RPM International Inc.	Common Stock	**	1,599
	Sabra Health Care REIT Inc.	Common Stock	**	250
	Seagate Technology	Common Stock	**	479
	SEI Investments Co.	Common Stock	**	1,612
	Service Corp. International	Common Stock	**	785
	Simon Property Group Inc.	Common Stock	**	458
	Snap-On Inc.	Common Stock	**	411
	Sprouts Farmers Market Inc.	Common Stock	**	469
	State Street Corp.	Common Stock	**	124
	Sylvamo Corp.	Common Stock	**	74
	Synchrony Financial	Common Stock	**	332
	Target Corp.	Common Stock	**	492
	Teleflex Inc.	Common Stock	**	1,831
	Textron Inc.	Common Stock	**	382
	Thor Industries Inc.	Common Stock	**	347

	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Trimble Inc.	Common Stock	**	813
	Tyson Foods Inc.	Common Stock	**	616
	Ulta Beauty Inc.	Common Stock	**	805
	United Airlines Holdings Inc.	Common Stock	**	305
	United Rentals Inc.	Common Stock	**	249
	Universal Health Services Inc.	Common Stock	**	620
	Unum Group	Common Stock	**	451
	Valero Energy Corp.	Common Stock	**	533
	Verizon Communications Inc.	Common Stock	**	1,411
	Viatris Inc.	Common Stock	**	66
	Vistra Corp.	Common Stock	**	485
	Voya Financial Inc.	Common Stock	**	473
	Walgreens Boots Alliance Inc.	Common Stock	**	687
	Warner Bros. Discovery Inc.	Common Stock	**	100
	Wells Fargo & Co.	Common Stock	**	805
	Westrock Co.	Common Stock	**	538
	Wex Inc.	Common Stock	**	1,294
	Whirlpool Corp.	Common Stock	**	608
	Woodward Inc.	Common Stock	**	492
	Zions Bancorp.	Common Stock	**	654
	MassMutual:			
	IGT Dodge & Cox Core Fixed Income Fund	Collective investment trust	**	3,053
	IGT Invesco Core Fixed Income Fund	Collective investment trust	**	2,624
	IGT Invesco Intermediate Fund	Collective investment trust	**	4,647
	IGT Invesco Short Term Bond Fund	Collective investment trust	**	20,817
	IGT Jennison Intermediate Fund	Collective investment trust	**	2,221
	IGT Loomis Sayles Core Fixed Income Fund	Collective investment trust	**	2,735
	IGT Loomis Sayles Intermediate Fund	Collective investment trust	**	2,853
	IGT PIMCO Core Fixed Income Fund	Collective investment trust	**	2,735
	IGT PIMCO Intermediate Fund	Collective investment trust	**	634
	Adjustment from fair value to contract value for interest in fully benefit-responsive contracts	Collective investment trust	**	3,645
	Nationwide Life Insurance			
	IGT Dodge & Cox Core Fixed Income Fund	Collective investment trust	**	3,026
	IGT Invesco Core Fixed Income Fund	Collective investment trust	**	2,602
	IGT Invesco Intermediate Fund	Collective investment trust	**	4,607
	IGT Invesco Short Term Bond Fund	Collective investment trust	**	20,637
	IGT Jennison Intermediate Fund	Collective investment trust	**	2,202
	IGT Loomis Sayles Core Fixed Income Fund	Collective investment trust	**	2,711
	IGT Loomis Sayles Intermediate Fund	Collective investment trust	**	2,828
	IGT PIMCO Core Fixed Income Fund	Collective investment trust	**	2,712
	IGT PIMCO Intermediate Fund	Collective investment trust	**	629
	Adjustment from fair value to contract value for interest in fully benefit-responsive contracts	Collective investment trust	**	3,629
	Prudential Insurance Company:			
	IGT Invesco Intermediate Fund	Collective investment trust	**	7,307
	IGT Invesco Short Term Bond Fund	Collective investment trust	**	13,471
	IGT Jennison Intermediate Fund	Collective investment trust	**	18,292
	IGT PIMCO Intermediate Fund	Collective investment trust	**	9,748
	Adjustment from fair value to contract value for interest in fully benefit-responsive contracts	Collective investment trust	**	4,154
	RGA:			
	IGT Dodge & Cox Core Fixed Income Fund	Collective investment trust	**	4,101

	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	IGT Invesco Core Fixed Income Fund	Collective investment trust	**	3,525
	IGT Invesco Intermediate Fund	Collective investment trust	**	6,243
	IGT Invesco Short Term Bond Fund	Collective investment trust	**	27,965
	IGT Jennison Intermediate Fund	Collective investment trust	**	2,983
	IGT Loomis Sayles Core Fixed Income Fund	Collective investment trust	**	3,674
	IGT Loomis Sayles Intermediate Fund	Collective investment trust	**	3,833
	IGT PIMCO Core Fixed Income Fund	Collective investment trust	**	3,675
	IGT PIMCO Intermediate Fund	Collective investment trust	**	852
	Adjustment from fair value to contract value for interest in fully benefit-responsive contracts	Collective investment trust	**	4,740
	Transamerica:			
	IGT Dodge & Cox Core Fixed Income Fund	Collective investment trust	**	3,761
	IGT Invesco Core Fixed Income Fund	Collective investment trust	**	3,233
	IGT Invesco Intermediate Fund	Collective investment trust	**	5,726
	IGT Invesco Short Term Bond Fund	Collective investment trust	**	25,648
	IGT Jennison Intermediate Fund	Collective investment trust	**	2,736
	IGT Loomis Sayles Core Fixed Income Fund	Collective investment trust	**	3,370
	IGT Loomis Sayles Intermediate Fund	Collective investment trust	**	3,515
	IGT PIMCO Core Fixed Income Fund	Collective investment trust	**	3,370
	IGT PIMCO Intermediate Fund	Collective investment trust	**	781
	Adjustment from fair value to contract value for interest in fully benefit-responsive contracts	Collective investment trust	**	4,342
	Voya Retirement & Annuity:			
	IGT Dodge & Cox Core Fixed Income Fund	Collective investment trust	**	1,405
	IGT Invesco Core Fixed Income Fund	Collective investment trust	**	3,363
	IGT Invesco Intermediate Fund	Collective investment trust	**	2,820
	IGT Invesco Short Term Bond Fund	Collective investment trust	**	34,875
	IGT Jennison Intermediate Fund	Collective investment trust	**	2,823
	IGT Loomis Sayles Core Fixed Income Fund	Collective investment trust	**	2,808
	IGT Loomis Sayles Intermediate Fund	Collective investment trust	**	2,821
	IGT PIMCO Core Fixed Income Fund	Collective investment trust	**	2,809
	IGT PIMCO Intermediate Fund	Collective investment trust	**	2,821
	Adjustment from fair value to contract value for interest in fully benefit-responsive contracts	Collective investment trust	**	4,552
*	Northern Trust Collective Short Term Investment Fund	Money market fund	**	12,667
	PIMCO All Asset Fund - Institutional	Mutual fund	**	13,833
	T. Rowe Price Instl. Emerging Market Equity Fund	Mutual fund	**	10,962
	Vanguard International Growth Fund	Mutual fund	**	76,811
*	CNA 401k Plan, participant loans	Notes receivable from participants with maturities through 2028 at interest rates ranging from 3.25% to 9.5%	N/A	8,605
	Total			**$ 2,051,963**

* Indicates a party-in-interest to the Plan.

** Cost information not provided as investments are participant-directed.

See accompanying Independent Auditor's Report.