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
THE HARTFORD INVESTMENT AND SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 100

1c Effective date of plan 12/19/1995

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)
HARTFORD FIRE INSURANCE COMPANY

ONE HARTFORD PLAZA, T-1-173-1R
HARTFORD, CT 06115

2b Employer Identification Number (EIN) 06-0383750

2c Plan Sponsor's telephone number 860-547-5000

2d Business code (see instructions) 524290

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.	10/16/2023	JOSEPH MEAD
	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**	31239
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)**	17724
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	18377
b	Retired or separated participants receiving benefits	**6b**	1074
c	Other retired or separated participants entitled to future benefits	**6c**	11822
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	31273
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	130
f	Total. Add lines **6d** and **6e**.	**6f**	31403
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	31324
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	695
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:

2F 2G 2I 2J 2K 2O 2S 2T 3F 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)** [X] 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)** [X] 6 **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan
THE HARTFORD INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
HARTFORD FIRE INSURANCE COMPANY

D Employer Identification Number (EIN)
06-0383750

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
39-0989781	86231	MDA01097TR	31403	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ SYNTHETIC GIC

b	Balance at the end of the previous year			7b	234192000
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4450000		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	4450000
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	238642000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	341000		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ WITHDRAWAL	7e(4)	9100000		
	(5) Total deductions			7e(5)	9441000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	229201000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan
THE HARTFORD INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
HARTFORD FIRE INSURANCE COMPANY

D Employer Identification Number (EIN)
06-0383750

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA29021	31403	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	94027000

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan
THE HARTFORD INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
HARTFORD FIRE INSURANCE COMPANY

D Employer Identification Number (EIN)
06-0383750

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	GA62433	31403	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ SYNTHETIC GIC

b	Balance at the end of the previous year		7b	193188000
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	3699000	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6) Total additions		7c(6)	3699000
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	196887000
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)	284000	
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶ CASH	7e(4)	7600000	
	(5) Total deductions		7e(5)	7884000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	189003000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan
THE HARTFORD INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
HARTFORD FIRE INSURANCE COMPANY

D Employer Identification Number (EIN)
06-0383750

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN GENERAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0598210	60488	1635582	31403	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ SYNTHETIC GIC

b	Balance at the end of the previous year			7b	83018000
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	991000		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	991000
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	84009000
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	123000		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	123000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	83886000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan
THE HARTFORD INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
HARTFORD FIRE INSURANCE COMPANY

D Employer Identification Number (EIN)
06-0383750

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN GENERAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0598210	60488	1646368	31403	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ SYNTHETIC GIC

b	Balance at the end of the previous year		7b	110190000
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	1828000	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6) Total additions		7c(6)	1828000
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	112018000
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)	166000	
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶ WITHDRAWAL	7e(4)	4500000	
	(5) Total deductions		7e(5)	4666000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	107352000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)	Insurance 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.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**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) ▶	
THE HARTFORD INVESTMENT AND SAVINGS PLAN		100
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
HARTFORD FIRE INSURANCE COMPANY	06-0383750	

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

1 Coverage Information:

(a) Name of insurance carrier

RGA REINSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
43-1235868	93572	RGA00058	31403	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ SYNTHETIC GIC

b	Balance at the end of the previous year		7b	99989000
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	1447000	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below) ▶	7c(5)		
	(6) Total additions		7c(6)	1447000
d	Total of balance and additions (add lines **7b** and **7c(6)**)		7d	101436000
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)	149000	
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below) ▶ WITHDRAWAL	7e(4)	4400000	
	(5) Total deductions		7e(5)	4549000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	96887000

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
THE HARTFORD INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
HARTFORD FIRE INSURANCE COMPANY

D Employer Identification Number (EIN)
06-0383750

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

FIDELITY INVESTMENTS INSTITUTIONAL

98-0399967

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

HARTFORD FUNDS MANAGEMENT CO

46-1470670

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

NEW YORK LIFE INSURANCE COMPANY

13-5582869

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

PRUDENTIAL TRUST COMPANY

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

SPRUCEGROVE INVESTMENT MGMT LTD

98-0399967

(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

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

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

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

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 60 64 65	NONE	2403237	Yes [X] No [ ]	Yes [ ] No [X]	2696671	Yes [X] No [ ]

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

EDELMAN FINANCIAL ENGINES, LLC

77-0473565

(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 28 50 51	NONE	2037523	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(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 68	NONE	1269723	Yes [X] No [ ]	Yes [X] No [ ]	20885	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)

CHARTWELL INVESTMENT PARTNERS

36-4776242

(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 31 51 68	NONE	581816	Yes [X] No [ ]	Yes [ ] No [X]	22593	Yes [ ] No [X]

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

INSIGHT NORTH AMERICA, LLC

82-0983489

(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	NONE	501221	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

T. ROWE PRICE ASSOCIATES, INC.

52-0556948

(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 68	NONE	415368	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

LEEWARD INVESTMENTS, LLC

37-2005153

(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 68	NONE	396951	Yes [X] No [ ]	Yes [ ] No [X]	814	Yes [ ] No [X]

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

CALLAN HOLDINGS, INC.

82-2748926

(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	NONE	270153	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

J.P. MORGAN INVESTMENT MGMT INC

13-3200244

(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 27 50 51	NONE	234564	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

STATE STREET BANK AND TRUST COMPANY

04-1867445

(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 25 28 50 62 63 99	NONE	105034	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LMCG INVESTMENTS, LLC

27-0282607

(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 68	NONE	87667	Yes [X] No [ ]	Yes [ ] No [X]	813	Yes [ ] No [X]

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
18 19 50 51 52	NONE	61968	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

NORTHEAST RETIREMENT SERVICES

04-2686260

(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?
50 51	NONE	53036	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTITUTIONAL TRUST

94-3112180

(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	NONE	35150	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD TTL RTRN HLS IA-HARTFORD 41-0679409	0.25%

(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
THE HARTFORD INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HARTFORD FIRE INSURANCE COMPANY

D Employer Identification Number (EIN)
06-0383750

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: VFTC TARGET RETIREMENT INCOME TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY 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)
90-0735883-001	C	98538000

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2020 TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY 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)
90-0735899-001	C	77795000

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2025 TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY 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)
90-0735963-001	C	301324000

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2030 TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY 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)
90-0735964-001	C	207075000

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2035 TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY 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)
90-0735965-001	C	406209000

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2040 TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY 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)
90-0735971-001	C	178091000

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2045 TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY 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)
90-0735972-001	C	311121000

a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT 2050 TRUST		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735976-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	181066000
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT 2055 TRUST		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735978-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	118215000
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT 2060 TRUST		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 45-3799736-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	60688000
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT 2065 TRUST		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 82-6204383-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9533000
a Name of MTIA, CCT, PSA, or 103-12 IE:	VFTC TARGET RETIREMENT 2070 TRUST		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 88-6098744-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	234000
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRU CORE CONSERV INTL BD FD		
b Name of sponsor of entity listed in (a):	PRUDENTIAL TRUST CO.		
c EIN-PN 23-6994310-156	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	166345000
a Name of MTIA, CCT, PSA, or 103-12 IE:	SEPARATE ACCOUNT 45-003		
b Name of sponsor of entity listed in (a):	NEW YORK LIFE INSURANCE COMPANY		
c EIN-PN 13-5582869-209	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	94027000
a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERMEDIATE TERM CREDIT BOND INDEX		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3118549-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27767000
a Name of MTIA, CCT, PSA, or 103-12 IE:	COMMERCIAL MORTGAGE-BACKED SECURIT		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3333402-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11728000
a Name of MTIA, CCT, PSA, or 103-12 IE:	MORTGAGE-BACKED SECURITIES INDEX FU		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-6581672-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31682000

a Name of MTIA, CCT, PSA, or 103-12 IE:	1-3 YEAR GOVERNMENT BOND INDEX FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-6052283-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	49134000
a Name of MTIA, CCT, PSA, or 103-12 IE:	ASSET BACKED SECURITIES INDEX FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3149402-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30031000
a Name of MTIA, CCT, PSA, or 103-12 IE:	1-3 YEAR CREDIT BOND INDEX FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 27-0382964-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	36776000
a Name of MTIA, CCT, PSA, or 103-12 IE:	REAL ASSET NL SF CLASS C		
b Name of sponsor of entity listed in (a):	STATE STREET GLOBAL ADVISORS		
c EIN-PN 90-0337987-280	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28847000
a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERMEDIATE GOVERNMENT BOND INDEX		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3118548-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	S&P 500(R) INDEX NL SF CL K		
b Name of sponsor of entity listed in (a):	STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-388	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	828390000
a Name of MTIA, CCT, PSA, or 103-12 IE:	LONG TERM GOVERNMENT BOND INDEX FD		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 26-3774476-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30000
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPRUCEGROVE INTERNATIONAL CIT		
b Name of sponsor of entity listed in (a):	SEI TRUST COMPANY		
c EIN-PN 82-3743187-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	84695000
a Name of MTIA, CCT, PSA, or 103-12 IE:	SHORT TERM INVESTMENT FUND		
b Name of sponsor of entity listed in (a):	STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-155	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16052000
a Name of MTIA, CCT, PSA, or 103-12 IE:	RUSSELL SMALL/MID CAP INDEX NL SF		
b Name of sponsor of entity listed in (a):	STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-461	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	114072000

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL ALL CAP EQUITY EX US INDX NL

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-456	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183886000

a Name of MTIA, CCT, PSA, or 103-12 IE: CIT LG CAP GROWTH TRUST- CLASS B

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

c EIN-PN 84-6391546-806	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 292364000

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
THE HARTFORD INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
HARTFORD FIRE INSURANCE COMPANY

D Employer Identification Number (EIN)
06-0383750

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2952000	3164000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	-2724000	6276000
(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)	318054000	257789000
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	326012000	371784000
(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)	71013000	69790000
(9) Value of interest in common/collective trusts	1c(9)	4555301000	3871688000
(10) Value of interest in pooled separate accounts	1c(10)	106976000	94027000
(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)	964033000	706326000
(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)	219001000	234159000
(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	6560618000	5615003000
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	975000	1096000
k Total liabilities (add all amounts in lines 1g through1j)	1k	975000	1096000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6559643000	5613907000

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)	141677000	
(B) Participants	2a(1)(B)	191765000	
(C) Others (including rollovers)	2a(1)(C)	29588000	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		363030000
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)	3356000	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3356000
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	4890000	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	10621000	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		15511000
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	-28254000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-28254000
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	10056000	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		10056000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-629742000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		171000
(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)		-208938000
c Other income	2c		-77964000
d Total income. Add all **income** amounts in column (b) and enter total	2d		-552774000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	389612000	
(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)		389612000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		190000
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)	2932000	
(4) Other	2i(4)	228000	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3160000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		392962000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-945736000
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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		100000000
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
THE HARTFORD INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500
HARTFORD FIRE INSURANCE COMPANY

D Employer Identification Number (EIN)
06-0383750

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

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_____

Table of Contents

The Hartford Investment and Savings Plan

Employer ID No:06-0383750
Plan Number: 100

Financial Statements as of and for the Years
Ended December 31, 2022 and 2021,
Supplemental Schedule as of December 31, 2022,
and Independent Auditor's Report

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

The Hartford Investment and Savings Plan
TABLE OF CONTENTS
December 31, 2022 and 2021

	Page No(s).
Independent Auditor's Report	F-3-F-5
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021	F-6
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2022	F-7
Notes to Financial Statements as of December 31, 2022 and 2021 and for the year ended December 31, 2022	F-8 - F-17
Supplemental Schedule:	
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022	F-18 - F-62

All other 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 have been omitted because they are not applicable.

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

Deloitte.

Deloitte & Touche LLP

City Place I, 33rd Floor
185 Asylum Street
Hartford, CT 06103-3402
USA

Tel: +1 860 725 3000
Fax: +1 860 725 3500

INDEPENDENT AUDITOR'S REPORT

To the Plan Participants and Plan Administrator of
The Hartford Investment and Savings Plan
Hartford, Connecticut

Opinion

We have audited the financial statements of The Hartford Investment and Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022, and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

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 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.

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 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

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

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

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.

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.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Deloitte & Touche LLP

June 14, 2023

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750
Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2022 AND 2021
($ IN THOUSANDS)

	2022	2021
Assets		
Investments:		
Investments, at fair value (Note 4)	$ 4,816,739	$ 5,658,514
Investments, at contract value (Note 3)	790,489	815,354
Total investments	5,607,228	6,473,868
Receivables:		
Notes receivable from Members	69,790	71,013
Dividends, interest and investment receivable	3,164	2,952
Total receivables	72,954	73,965
Total assets	5,680,182	6,547,833
Liabilities		
Investment management expenses payable	1,096	975
Total liabilities	1,096	975
Net assets available for benefits	$ 5,679,086	$ 6,546,858

See Notes to Financial Statements.

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750
Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022
($ IN THOUSANDS)

		2022
Changes in net assets attributed to:		
Contributions:		
Member contributions	$	191,765
Employer contributions		141,677
Rollover contributions		29,588
Total contributions		363,030
Investment income (loss):		
Net depreciation in fair value of investments		(856,707)
Dividends		15,511
Total investment loss, net		(841,196)
Interest income on notes receivable from Members		3,356
Total contributions, investment income (loss) and interest income on notes receivable from Members		(474,810)
Deductions from net assets attributed to:		
Benefits paid to Members		389,802
Investment management fees		2,932
Administrative expenses		228
Total deductions		392,962
Net decrease in net assets		(867,772)
Net assets available for benefits:		
Beginning of year		6,546,858
End of year	$	5,679,086

See Notes to Financial Statements.

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

THE HARTFORD INVESTMENT AND SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2022 AND 2021
AND FOR THE YEAR ENDED DECEMBER 31, 2022
($ IN THOUSANDS)

Note 1. Description of the Plan

The following description of The Hartford Investment and Savings Plan (the "Plan" or "ISP") is provided for general information purposes only. "Members," eligible participants of the Plan, should refer to the Plan document for more complete information.

The Hartford Financial Services Group, Inc. ("HFSG", together with its subsidiaries, "The Hartford", or the "Company") is an insurance and financial services company. The Hartford, headquartered in Connecticut, is among the largest providers of property and casualty insurance and group life and disability products to individual and business customers in the United States of America. The Hartford is also a provider of mutual funds and exchange traded products to investors. The Plan Sponsor, Hartford Fire Insurance Company, is a wholly owned subsidiary of The Hartford.

Information with regard to eligibility, contributions, distributions, vesting, trustees, withdrawals, loans, fund redistribution and certain definitions are contained in the Plan document. A Summary Plan Description ("SPD") setting forth the highlights of the Plan is available to Members on the Fidelity Net Benefits website. Fidelity Workplace Services LLC serves as the record keeper of the Plan.

Plan Changes

See Note 9 for a general description of amendments made to the Plan document during 2022 and 2021.

General

The Plan is a defined contribution plan covering substantially all full-time and part-time employees of the Company. The Pension Administration Committee of the Company controls and manages the operation and administration of the Plan, subject to certain exemptions that are specified in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The trust, as defined in the Plan document, is comprised of the aggregate funds held by the trustee, State Street Bank and Trust Company (the "Trustee"), under the trust agreement established for the purposes of the Plan. The Investment and Savings Plan Investment Committee ("ISPIC") is responsible for the management of Plan assets except with respect to matters that are the responsibility of Newport Trust Company as fiduciary with respect to the common stock of HFSG ("Hartford Stock") held in The Hartford Stock Fund. The ISPIC may from time to time add investment funds to or eliminate investment funds from the group of investment funds available under the Plan, provided, however, that the ISPIC has no authority with respect to the Hartford Stock in The Hartford Stock Fund.

Contributions

Members may elect to contribute a percentage of their eligible compensation (including overtime and certain annual bonuses and sales incentives) and may designate their contributions as before-tax, Roth 401(k), after-tax or a combination thereof. Generally, Members may contribute 1% to 50% of eligible compensation, except that Members who are highly compensated employees may have contribution limits of less than 50% due to the operation of certain tests required under the Internal Revenue Code of 1986, as amended (the "IRC"). If Members do not elect otherwise, they are automatically enrolled to make before-tax contributions equal to 6% of eligible compensation.

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

Note 1. Description of the Plan (continued)

The Company's contributions include a non-elective contribution of 2% of eligible compensation ("Non-elective Company contributions") and a dollar-for-dollar matching contribution of up to 6% of eligible compensation contributed by the Member each pay period ("Matching Company contributions"). Prior to January 1, 2013, in addition to matching company contributions, the Company made floor company contributions equal to 0.5% of highly compensated eligible employees' base salary and 1.5% of all other eligible employees' base salary.

Member contributions in excess of 6% of the eligible compensation are supplemental savings that are not matched by the Company. Member contributions, Matching Company contributions and Non-elective Company contributions are recorded when earned.

Administrative Costs

The trust pays certain administrative expenses of the Plan out of the assets of the trust. Expenses not paid by the trust are borne by the Company.

Member Accounts

Individual accounts are maintained for each Member of the Plan. Each Member's account is credited with that Member's contributions and allocations of the associated Matching Company contributions, Non-Elective Company contributions and any investment earnings for the Member's account, and is charged with withdrawals and an allocation of administrative expenses and investment losses for the Member's account. Allocations are based on Member account balances, as defined in the Plan document. The benefit to which a Member is entitled is the benefit that can be provided from that Member's vested account balance.

Vesting

Members are 100% vested at all times with respect to Member contributions and earnings thereon. Members first hired prior to January 1, 2016 are 100% vested in Matching Company and Non-Elective Company contributions made after January 1, 2013 after two years of service. Effective January 1, 2016, Members first hired on or after January 1, 2016 are 100% vested in Matching Company contributions and Non-Elective Company contributions after three years of service.

Members are vested 20% in Matching Company contributions made prior to January 1, 2013 for each completed year of service, until five years of service at which time the Members are 100% vested. Members are fully vested in floor company contributions made prior to January 1, 2013.

Notwithstanding the foregoing statement, a Member becomes fully vested in such Member's Matching and Non-Elective Company contribution account upon retirement (for retirement eligible Members), disability, death, reaching age 65, or upon the complete discontinuance of Company contributions or termination of the Plan.

Investment Options

Members may direct the investment of their future contributions and/or existing account balances into various investment options offered by the Plan and may change investments and transfer amounts between funds daily. Member contributions, Matching Company contributions and Non-Elective Company contributions may be invested in any of the various investment options of the Plan in multiples of 1%, as elected or deemed elected by the Member ("Member directed investments").

Certain investment options are parties-in-interest with The Hartford. See Note 8 for further discussion.

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

Note 1. Description of the Plan (continued)

Notes Receivable from Members

Members may borrow from their accounts to a maximum equal to the lesser of $50 or 50% of their vested account balance, reduced by any pre-existing outstanding loan amounts during the last 12 months. Loan transactions are treated as transfers between the investment funds and the loan fund. Loan terms range from one to five years, or up to 15 years for the purchase of a primary residence. The loan is secured by the balance in the Member's account. The interest rate on a loan in a calendar quarter is set on the last business day of the prior February, May, August or November based on the prime rate provided by Thomson Reuters on that date plus one percentage point and is fixed for the term of the loan. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to retirement, death, disability, or certain other reasons, Members or their designated beneficiaries may elect to receive either a lump sum amount equal to the value of their vested account balance, or, in the case of Members meeting certain requirements, periodic payments of a fixed amount, a fixed percent, or a fixed timeframe, or over their life expectancy. If a Member was receiving periodic payments, upon the Member's death, the designated beneficiary has the option of receiving the remaining value either in a lump sum or over a period not to exceed ten years for a non-spouse beneficiary (or over the spouse's lifetime).

Distributions may be paid in cash or, with respect to The Hartford Stock Fund, in stock distributions. Members or their designated beneficiaries may also elect to defer distributions subject to certain conditions.

Forfeitures

When a Member terminates employment before he or she has vested in his or her Matching Company and Non-Elective Company contributions, the non-vested portion of the Member's account as defined by the Plan, represents a forfeiture. The Plan document permits the use of forfeitures to either reduce future Company contributions or Plan administrative expenses for the Plan year. However, if a participant is re-employed and fulfills certain requirements, as defined in the Plan document, the account will be reinstated. At December 31, 2022 and 2021, forfeited non-vested account balances totaled $6 and $1,306, respectively, that had not been applied yet to future contributions or expenses.

These forfeitures are applied to reduce future Matching Company contributions. During the year ended December 31, 2022, Matching Company contributions were reduced by $5,205 from forfeitures.

Note 2. Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") and the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management of the Plan to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, 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 could differ from those estimates.

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

Note 2. Accounting Policies (continued)

Risks and Uncertainties

The Plan provides various investment options to its Members. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is possible that changes in the values of investment securities, which are reflected in the Statement of Changes in Net Assets Available for Benefits, may occur in the near term and such changes could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for fully benefit-responsive guaranteed investment contracts ("GICs"), which are reported at contract value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the amount Members would receive if they were to initiate permitted transactions under the terms of the Plan (see Note 3). See Note 4 for discussion on fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. 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 expenses charged to the Plan for investments in mutual funds and collective investment trusts are charged directly against the assets of the fund and are not separately reflected. Consequently, investment expenses are reflected as a reduction of investment gain (loss) for such investments. For investments other than mutual funds and collective investment trusts, investment expenses are recognized as expenses of the Plan as incurred.

Payment of Benefits

Benefits paid to Members are recorded when distributed.

Contributions

Member and Matching and Non-Elective Company contributions are recorded in the period during which the Company makes payroll deductions from Members' compensation.

Excess Contribution Payable

The Plan is required to return contributions received during the Plan year in excess of the IRC limits. There were no such excess contributions in 2022 or 2021.

Notes Receivable from Members

Notes receivable from Members are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from Member loans are recorded as deemed distributions based on the terms of the Plan document.

Administrative Expenses

Generally, recordkeeping and trustee/custodian fees of the Plan are paid by the Plan Sponsor. Certain administrative expenses of the Plan are paid by the Plan. Certain transaction fees may be assessed against a Member's account if the Member elects to engage in specific types of transactions with respect to their account.

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

Note 2. Accounting Policies (continued)

Investment Management Fees

Investment management fees and trading fees directly related to the Plan investments are paid by the Plan. These expenses are netted against the Plan's investments net asset value.

Note 3. Fully Benefit-Responsive Investment Contracts with Financial Institutions

The Plan's stable value fund ("the Fund") available to Members as an investment option is a separately managed account, managed solely for the Plan, with a stable value fund investment strategy. Members who transferred money out of the Fund prior to January 1, 2021 could not move that money into the Hartford Total Return Bond HLS Fund or the Vanguard Federal Money Market Fund for 90 days. Members who transfer money out of the Fund on or after January 1, 2021 cannot move that money into the Vanguard Federal Money Market Fund for 90 days. The investment contracts within the stable value fund meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by Members if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings based on crediting rates, less Member withdrawals and less administrative expenses. The following represents the disaggregation of contract value between types of investment contracts held by the Plan:

Contract Issuer	Contract Number	Major Credit Ratings	As of 12/31/2022 Investments at Contract Value	As of 12/31/2021 Investments at Contract Value
Synthetic GIC Contracts:				
Transamerica Premier Life	MDA01097TR	AA- / Aa2	$ 221,852	$ 226,460
American General Life	1646368	AA / Aa2	107,981	110,725
American General Life	1635582	AA+ / Aa2	76,509	84,449
RGA	RGA00058	AA / Aa2	96,043	99,019
Prudential	GA62433	AA / Aal	185,619	189,634
Traditional GIC Contract:				
New York Life	GA29021	AA+ / Aaa	102,485	105,067
Total			$ 790,489	$ 815,354

The key difference between a synthetic guaranteed investment contract ("GIC") and a traditional GIC is that the Plan owns the underlying assets of the synthetic GIC. A synthetic GIC includes a wrapper contract, which is an agreement with the wrap issuer, such as a bank or insurance company, to make payments to the Plan in certain circumstances. The wrapper contract typically includes certain conditions and limitations on the underlying assets owned by the Plan. Synthetic and traditional GICs are designed to accrue interest based on crediting rates established by the contract issuers.

The synthetic GICs held by the Plan includes wrapper contracts that provide a guarantee that the crediting rate with respect to the applicable underlying assets will not fall below 0%. Cash flow volatility (for example, timing of benefit payments) as well as asset underperformance can be passed through to the Plan through adjustments to future contract crediting rates. Formulas are provided in the contract that adjusts renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets. Crediting rates are reviewed quarterly for resetting.

The Plan also holds a traditional GIC. The contract issuer is contractually obligated to repay the principal and interest at a specific interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on a quarterly basis for resetting. The contract can be terminated at any time at market value.

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

Note 3. Fully Benefit-Responsive Investment Contracts with Financial Institutions (continued)

The Plan's ability to receive amounts due in accordance with the traditional and the synthetic GIC is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the traditional GIC contract or the synthetic GIC contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

The Plan Sponsor does not believe that any such events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer or that would limit the ability of the Plan to transact at contract value with the Members.

In addition, certain events allow the issuer to terminate the GIC contracts with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of a material obligation under the contract by the Plan Sponsor
3. A material misrepresentation by the Plan Sponsor
4. A material amendment to the agreements without the consent of the issuer.

Note 4. Fair Value Measurements

The Plan estimates of fair value are based on ASC 820, *Fair Value Measurements and Disclosures*, which provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value and requires that observable inputs be used in valuations when available.

The disclosure of fair value estimates in the fair value accounting guidance hierarchy is based on whether the significant inputs into the valuation are observable. In determining the level of the hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs that reflect the Plan's significant market assumptions. The level in the fair value hierarchy within which the fair value measurement is reported is based on the level of the input that is least observable to the measurement in its entirety. The three levels of the hierarchy are as follows:

- Level 1 **-** Fair values based primarily on unadjusted quoted prices for identical assets, or liabilities, in active markets that the Plan has the ability to access at the measurement date.

- Level 2 **-** Fair values primarily based on observable inputs, other than quoted prices included in Level 1, or based on prices for similar assets and liabilities.

- Level 3 **-** Fair values derived when one or more of the significant inputs are unobservable (including assumptions about risk). With little or no observable market, the determination of fair values uses considerable judgment and represents the Plan's best estimate of an amount that could be realized in a market exchange for the asset or liability. Also included are securities that are traded within illiquid markets and/or priced by independent brokers.

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

Note 4. Fair Value Measurements (continued)

Asset Valuation Techniques - Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used during 2022 or 2021.

Short-term Investments - Valued at quoted prices.

Mutual Funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Equity Securities - Valued at the closing price reported on the active market on which the individual securities are traded.

Collective Investment Trusts - Valued at the NAV of units of a collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Member transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the investment advisor reserves the right to temporarily delay withdrawal from the trusts 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 or redemption restrictions on collective investment trusts.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2022 and 2021.

	Investment Assets at Fair Value December 31, 2022			
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Invested Assets				
Short Term Investments	$ 6,277	$ —	$ —	$ 6,277
Mutual Funds	706,324	—	—	706,324
Equity Securities	605,943	—	—	605,943
Total Investments at fair value	$ 1,318,544	$ —	$ —	$ 1,318,544
Investments at net asset value:				
Collective investment trusts				3,498,195
Total investments				$ 4,816,739

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

Note 4. Fair Value Measurements (continued)

	Investment Assets at Fair Value December 31, 2021			
	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Invested Assets				
Short Term Investments	$ (2,724)	$ —	$ —	$ (2,724)
Mutual Funds	964,033	—	—	964,033
Equity Securities	545,016	—	—	545,016
Total Investments at fair value	$ 1,506,325	$ —	$ —	$ 1,506,325
Investments at net asset value:				
Collective investment trusts				4,152,189
Total investments				$ 5,658,514

The Plan Sponsor's Investment and Savings Plan Investment Committee, which oversees the Plan's menu of investments, works with an unaffiliated investment consultant to monitor the performance of Plan investments, periodically reviews the Plan's menu of investments and, when appropriate, makes changes.

The valuation methods described in Note 2 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 5. Federal Income Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by letter dated June 13, 2017 that the Plan and related Trust are designed in accordance with the applicable regulations of the IRC. While the Plan has been amended since receiving the determination letter, the Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related Trust continue to be tax-exempt. No provision for income taxes has been included in the Plan's financial statements.

Note 6. Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to suspend, reduce, or partially or completely discontinue its contributions at any time and to terminate the Plan, the Trust agreement and the Trust hereunder, subject to the provisions of ERISA. In the event of termination or partial termination of the Plan or complete discontinuance of contributions, affected Members automatically become fully vested in their accounts.

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

Note 7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits between the accompanying financial statements and the amounts reflected in Form 5500 as of December 31, 2022 and 2021:

	2022	2021
Net assets available for benefits per accompanying financial statements	$ 5,679,086	$ 6,546,858
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(65,179)	12,785
Net assets per Form 5500	$ 5,613,907	$ 6,559,643

The following is a reconciliation of total investment income/loss, contributions and interest income on notes receivable on the accompanying financial statements and the amount reflected in Form 5500 for the year ended December 31, 2022:

Total contributions, investment income (loss) and interest income on notes receivable from Members per accompanying financial statements	$ (474,810)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts at beginning of the year	(12,785)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts at end of the year	(65,179)
Total loss per Form 5500	$ (552,774)

The following is a reconciliation of benefits paid to Members between the accompanying financial statements and the amount reflected in Form 5500 for the year ended December 31, 2022:

Benefits paid to Members per accompanying financial statements	$ 389,802
Deduct amounts allocated to deemed loan distributions	(190)
Benefits paid to Members per Form 5500	$ 389,612

Note 8. Exempt Party-in-Interest Transactions

Certain Plan investments include shares of mutual funds that are advised and distributed by a subsidiary and shares of Hartford Stock. At December 31, 2022 and 2021, the fair value of affiliated mutual funds held by the Plan was $592,195 and $851,268, respectively. At December 31, 2022 and 2021, the Plan held 3,087,941 shares and 3,189,323 shares of Hartford Stock with a cost basis of $106,017 and $108,221, respectively. The shares of Hartford Stock had a fair value of $234,159 and $220,191 at December 31, 2022 and 2021, respectively. During the years ended December 31, 2022 and 2021, purchases of shares by the Plan totaled $2,544 and $1,233, respectively, and sales of shares by the Plan totaled $9,897 and $20,525, respectively. During the year ended December 31, 2022, the Plan recorded dividend income from Hartford Stock and The Hartford's mutual funds of $6,627.

The Plan also issues loans to Members, which are secured by the vested balances in the Members' accounts.

Note 9. Plan Amendments and Other Changes

Effective January 1, 2021, the Plan was amended to remove the 90-day limitation on transferring funds from the Stable Value Fund to the Hartford Total Return Bond HLS Fund.

Effective July 1, 2021, the Plan was amended to reflect that the share class of the Vanguard Target Retirement Trust funds, the Plan's default funds, changed from the Vanguard Target Retirement Trust Plus to the Vanguard Target Retirement Trust Select.

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

Note 9. Plan Amendments and Other Changes (continued)

Effective July 1, 2021, the Plan was amended to add new fixed percent, fixed amount, and life expectancy periodic payment options, and expand the fixed time frame periodic payment option for participants who (i) are age 55 or older and are no longer employed at the Company, (ii) terminate employment before reaching age 55 due to Retirement, provided such participant has an original hire date before January 1, 2002, or (iii) terminate employment before reaching age 55 due to disability.

Effective May 16, 2022, the Plan replaced the Hartford MidCap HLS Fund with the J.P. Morgan MidCap Growth Fund.

Effective July 1, 2022, the Plan removed the Vanguard Target Retirement 2015 Trust Select Fund and added the Vanguard Target Retirement 2070 Trust Select Fund.

Effective August 12, 2022, the Plan was amended to name the Assistant Vice President, Employee Benefits, as the Plan Administrator.

Note 10. Subsequent Events

Effective January 1, 2023, the Plan was amended to:

- Change the maximum contribution for participants age 50 or older from 75% to 50% of salary; and
- Add a year-end Matching Company contribution equal to the difference between the Matching Company contributions actually received by the participant for the Plan Year and the maximum Matching Company contribution that could have been received by the participant for the Plan Year if the Matching Company contribution was made at the end of the Plan Year instead of at the end of each payroll period.

Management has evaluated events subsequent to December 31, 2022, through the date the financial statements were issued, noting there are no other subsequent events requiring adjustment or disclosure in the financial statements.

******

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Chartwell Equity Securities			
	AAR CORP		***	$ 1,546
	ADAPTHEALTH CORP		***	917
	AMERICAN EQUITY INVT LIFE HL		***	1,217
	BLACK HILLS CORP		***	711
	CACTUS INC A		***	1,583
	CHAMPIONX CORP		***	1,515
	CHEESECAKE FACTORY INC/THE		***	801
	COLUMBIA BANKING SYSTEM INC		***	700
	COLUMBUS MCKINNON CORP/NY		***	1,225
	COMMVAULT SYSTEMS INC		***	1,495
	CTS CORP		***	1,286
	CVB FINANCIAL CORP		***	809
	DENNY S CORP		***	825
	DIODES INC		***	763
	DYCOM INDUSTRIES INC		***	1,556
	EAGLE MATERIALS INC		***	1,323
	ENOVIS CORP		***	746
	ENPRO INDUSTRIES INC		***	1,084
	FABRINET		***	1,295
	FIRST FINANCIAL BANCORP		***	825
	FIRST INDUSTRIAL REALTY TR		***	699
	FNB CORP		***	1,011
	FOUR CORNERS PROPERTY TRUST		***	688
	G III APPAREL GROUP LTD		***	556
	GSTIF 25 BPS		***	1,441
	HAIN CELESTIAL GROUP INC		***	346
	HARSCO CORP		***	464
	HOSTESS BRANDS INC		***	1,510
	HUB GROUP INC CL A		***	1,179
	INDEPENDENT BANK GROUP INC		***	1,007
	INTEGER HOLDINGS CORP		***	1,550

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Chartwell Equity Securities			
	JACK IN THE BOX INC		***	$ 1,189
	KEMPER CORP		***	816
	KITE REALTY GROUP TRUST		***	1,269
	KORN FERRY		***	1,001
	MASONITE INTERNATIONAL CORP		***	574
	MCGRATH RENTCORP		***	1,049
	MINERALS TECHNOLOGIES INC		***	969
	MOOG INC CLASS A		***	1,202
	MUELLER WATER PRODUCTS INC A		***	976
	NORTHWESTERN CORP		***	1,076
	NVENT ELECTRIC PLC		***	1,203
	OLD NATIONAL BANCORP		***	1,026
	OXFORD INDUSTRIES INC		***	763
	PACIFIC PREMIER BANCORP INC		***	1,001
	PARSONS CORP		***	1,516
	PATRICK INDUSTRIES INC		***	761
	PATTERSON COS INC		***	1,041
	PDC ENERGY INC		***	1,057
	PEBBLEBROOK HOTEL TRUST		***	586
	PIEDMONT OFFICE REALTY TRU A		***	429
	PLEXUS CORP		***	1,518
	PNM RESOURCES INC		***	1,363
	PRA GROUP INC		***	851
	PROGRESS SOFTWARE CORP		***	1,045
	RENASANT CORP		***	923
	RUSH ENTERPRISES INC CL A		***	1,439
	RYMAN HOSPITALITY PROPERTIES		***	928
	SANDY SPRING BANCORP INC		***	975
	SELECTIVE INSURANCE GROUP		***	1,840
	SIX FLAGS ENTERTAINMENT CORP		***	1,368
	STAG INDUSTRIAL INC		***	1,024

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Chartwell Equity Securities			
	TOWNE BANK		***	1,091
	TRI POINTE HOMES INC		***	$ 1,059
	TRIMAS CORP		***	915
	TRUEBLUE INC		***	718
	UMB FINANCIAL CORP		***	1,096
	UMPQUA HOLDINGS CORP		***	698
	UNIFIRST CORP/MA		***	1,099
	UNITED BANKSHARES INC		***	650
	UNITED COMMUNITY BANKS/GA		***	1,439
	VISTEON CORP		***	1,610
	Chartwell Equity Securities Total		**$**	**75,826**

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value
	Clearing Account				
	State Street Bank and Trust		***	$	51
	Clearing Account Total			**$**	**51**

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value
	Collective Investment Trusts				
	SSGA	SSGA Real Asset Fund	***	$	28,847
	SPRUCEGROVE	INTERNATIONAL STOCK FUND	***		84,695
	State Street	SSGA S&P 500 INDEX NON LENDING	***		828,390
	State Street	STATE STREET	***		114,072
	State Street	STATE STREET	***		183,886
	TARGET RETIREMENT 2050	VANGUARD GROUP	***		181,066
	TARGET RETIREMENT 2045	VANGUARD GROUP	***		311,121
	TARGET RETIREMENT 2040	VANGUARD GROUP	***		178,091
	TARGET RETIREMENT 2035	VANGUARD GROUP	***		406,209
	TARGET RETIREMENT 2030	VANGUARD GROUP	***		207,075
	TARGET RETIREMENT 2025	VANGUARD GROUP	***		301,324
	TARGET RETIREMENT 2020	VANGUARD GROUP	***		77,795
	TARGET RETIREMENT 2070	VANGUARD GROUP	***		234
	TARGET RETIREMENT INCOME FUND	VANGUARD GROUP	***		98,538
	TARGET RETIREMENT 2055	VANGUARD GROUP	***		118,215
	TARGET RETIREMENT 2060	VANGUARD GROUP	***		60,688
	TARGET RETIREMENT 2065	VANGUARD GROUP, THE	***		9,533
	Collective Investment Trusts Total			**$**	**3,189,779**

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value
	Loomis Sayles Growth Fund				
	LOOMIS SAYLES TR CO LLC		***	$	292,364
	(b) Identity of issue, borrower, lessor, or similar party Total			**$**	**292,364**

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Lee Munder Equity Securities			
	AERCAP HOLDINGS NV		***	$ 1,460
	AKAMAI TECHNOLOGIES INC		***	1,604
	ALEXANDRIA REAL ESTATE EQUIT		***	1,693
	ALLSTATE CORP		***	2,299
	AMERICAN INTERNATIONAL GROUP		***	2,455
	AMERIPRISE FINANCIAL INC		***	2,630
	AMERISOURCEBERGEN CORP		***	2,044
	AXALTA COATING SYSTEMS LTD		***	1,583
	BERRY GLOBAL GROUP INC		***	1,857
	BORGWARNER INC		***	1,646
	CARTER S INC		***	835
	CASEY S GENERAL STORES INC		***	1,467
	CENTENE CORP		***	1,798
	CENTERPOINT ENERGY INC		***	2,211
	CHAMPIONX CORP		***	1,614
	CHIMERA INVESTMENT CORP		***	772
	CLEAN HARBORS INC		***	2,575
	COLUMBIA SPORTSWEAR CO		***	1,392
	CONSTELLATION BRANDS INC A		***	1,644
	COTERRA ENERGY INC		***	2,177
	DARLING INGREDIENTS INC		***	2,541
	DIGITAL REALTY TRUST INC		***	1,400
	DOLLAR TREE INC		***	1,986
	DOVER CORP		***	2,132
	DTE ENERGY COMPANY		***	1,702
	ENCOMPASS HEALTH CORP		***	2,206
	ENTERGY CORP		***	1,887
	ENVISTA HOLDINGS CORP		***	1,246
	ESSEX PROPERTY TRUST INC		***	1,134
	EVERGY INC		***	1,803
	F5 INC		***	1,618
	FMC CORP		***	2,521
	GLOBAL PAYMENTS INC		***	1,664

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Lee Munder Equity Securities			
	GSTIF 25 BPS		***	$ 1,172
	HAIN CELESTIAL GROUP INC		***	380
	HASBRO INC		***	1,091
	HEXCEL CORP		***	1,461
	HOST HOTELS + RESORTS INC		***	868
	HUNTINGTON INGALLS INDUSTRIE		***	833
	INGREDION INC		***	2,101
	INTL FLAVORS + FRAGRANCES		***	1,252
	ISHARES RUSSELL MID CAP VALUE		***	2,453
	LABORATORY CRP OF AMER HLDGS		***	1,763
	LAMB WESTON HOLDINGS INC		***	1,972
	LEIDOS HOLDINGS INC		***	1,245
	LIVENT CORP		***	1,539
	LKQ CORP		***	1,835
	NISOURCE INC		***	1,845
	PARKER HANNIFIN CORP		***	1,343
	PINNACLE FINANCIAL PARTNERS		***	1,096
	PIONEER NATURAL RESOURCES CO		***	2,873
	PROGRESSIVE CORP		***	2,717
	PTC INC		***	1,343
	QORVO INC		***	1,251
	REGAL REXNORD CORP		***	2,006
	REINSURANCE GROUP OF AMERICA		***	2,408
	SCOTTS MIRACLE GRO CO		***	387
	SIGNATURE BANK		***	1,382
	SNAP ON INC		***	1,699
	TREEHOUSE FOODS INC		***	1,934
	VALERO ENERGY CORP		***	1,112
	VALVOLINE INC		***	1,551
	WABTEC CORP		***	1,790
	WEBSTER FINANCIAL CORP		***	1,199
	WEC ENERGY GROUP INC		***	1,987
	WESTERN ALLIANCE BANCORP		***	1,903

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value
	Lee Munder Equity Securities				
	ZIMMER BIOMET HOLDINGS INC		***	$	1,510
	Lee Munder Equity Securities Total			**$**	**112,897**

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price			
	A10 NETWORKS INC		***	$ 143
	AAON INC		***	190
	ACADEMY SPORTS + OUTDOORS IN		***	246
	ACADIA PHARMACEUTICALS INC		***	121
	ACI WORLDWIDE INC		***	119
	ADAPTIVE BIOTECHNOLOGIES		***	37
	ADDUS HOMECARE CORP		***	323
	ADVANCED ENERGY INDUSTRIES		***	306
	AEROJET ROCKETDYNE HOLDINGS		***	307
	AGIOS PHARMACEUTICALS INC		***	91
	AKERO THERAPEUTICS INC		***	117
	ALARM.COM HOLDINGS INC		***	46
	ALBANY INTL CORP CL A		***	261
	ALECTOR INC		***	25
	ALKERMES PLC		***	299
	ALLOGENE THERAPEUTICS INC		***	25
	ALPHA METALLURGICAL RESOURCE		***	166
	AMEDISYS INC		***	143
	AMICUS THERAPEUTICS INC		***	141
	AMN HEALTHCARE SERVICES INC		***	527
	AMPHASTAR PHARMACEUTICALS IN		***	182
	APA CORP		***	124
	APELLIS PHARMACEUTICALS INC		***	255
	ARCH RESOURCES INC		***	114
	ARCONIC CORP		***	52
	ARVINAS INC		***	93
	ASBURY AUTOMOTIVE GROUP		***	77
	ASGN INC		***	164
	ASPEN TECHNOLOGY INC		***	158
	ATKORE INC		***	558
	ATRICURE INC		***	143
	AVIDITY BIOSCIENCES INC		***	58

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price			
	AXALTA COATING SYSTEMS LTD		***	$ 283
	AXCELIS TECHNOLOGIES INC		***	326
	AZENTA INC		***	55
	BALCHEM CORP		***	349
	BANCORP INC/THE		***	155
	BELLRING BRANDS INC		***	190
	BERRY GLOBAL GROUP INC		***	143
	BIOHAVEN LTD		***	42
	BJ S WHOLESALE CLUB HOLDINGS		***	286
	BLOOMIN BRANDS INC		***	127
	BLUE OWL CAPITAL INC		***	194
	BLUEPRINT MEDICINES CORP		***	182
	BOOZ ALLEN HAMILTON HOLDINGS		***	476
	BOSTON BEER COMPANY INC A		***	107
	BOX INC CLASS A		***	374
	BOYD GAMING CORP		***	440
	BRIGHT HORIZONS FAMILY SOLUT		***	56
	BROADRIDGE FINANCIAL SOLUTIO		***	190
	BRP GROUP INC A		***	93
	BRUKER CORP		***	157
	BRUNSWICK CORP		***	63
	BUILDERS FIRSTSOURCE INC		***	384
	BURLINGTON STORES INC		***	142
	C4 THERAPEUTICS INC		***	4
	CACI INTERNATIONAL INC CL A		***	604
	CACTUS INC A		***	171
	CADRE HOLDINGS INC		***	52
	CAPRI HOLDINGS LTD		***	378
	CAREDX INC		***	21
	CARRIAGE SERVICES INC		***	51
	CASELLA WASTE SYSTEMS INC A		***	767
	CASEY S GENERAL STORES INC		***	190
	CATALENT INC		***	162

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price			
	CATALYST PHARMACEUTICALS INC		***	$ 150
	CAVCO INDUSTRIES INC		***	224
	CBIZ INC		***	265
	CENTRUS ENERGY CORP CLASS A		***	50
	CEREVEL THERAPEUTICS HOLDING		***	142
	CHAMPIONX CORP		***	168
	CHARLES RIVER LABORATORIES		***	328
	CHEMED CORP		***	127
	CHOICE HOTELS INTL INC		***	480
	CHURCHILL DOWNS INC		***	531
	CIRRUS LOGIC INC		***	201
	CLEAN HARBORS INC		***	447
	CLEARWAY ENERGY INC C		***	167
	COCA COLA CONSOLIDATED INC		***	410
	COGENT COMMUNICATIONS HOLDIN		***	60
	COGNEX CORP		***	86
	COMFORT SYSTEMS USA INC		***	511
	CONCENTRIX CORP		***	328
	CONMED CORP		***	186
	CONSENSUS CLOUD SOLUTION		***	57
	CORVEL CORP		***	330
	COTY INC CL A		***	206
	CRISPR THERAPEUTICS AG		***	154
	CROCS INC		***	527
	CSW INDUSTRIALS INC		***	205
	CURTISS WRIGHT CORP		***	546
	CYTOKINETICS INC		***	197
	DARLING INGREDIENTS INC		***	180
	DECKERS OUTDOOR CORP		***	354
	DENALI THERAPEUTICS INC		***	121
	DESCARTES SYSTEMS GRP/THE		***	508
	DICE THERAPEUTICS INC		***	68

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price			
	DICK S SPORTING GOODS INC		***	299
	DIGITAL TURBINE INC		***	$ 88
	DIODES INC		***	326
	DOMINO S PIZZA INC		***	184
	DORMAN PRODUCTS INC		***	173
	DOUBLEVERIFY HOLDINGS INC		***	54
	EAGLE MATERIALS INC		***	288
	ELEMENT SOLUTIONS INC		***	282
	EMBECTA CORP		***	58
	EMCOR GROUP INC		***	564
	ENDEAVOR GROUP HOLD CLASS A		***	337
	ENSIGN GROUP INC/THE		***	695
	ENTEGRIS INC		***	161
	ENVESTNET INC		***	252
	ENVIVA INC		***	79
	EPLUS INC		***	51
	EQUITY LIFESTYLE PROPERTIES		***	158
	EURONET WORLDWIDE INC		***	190
	EVERI HOLDINGS INC		***	144
	EVERTEC INC		***	127
	EVOLENT HEALTH INC A		***	183
	EVOQUA WATER TECHNOLOGIES CO		***	178
	EXELIXIS INC		***	199
	EXLSERVICE HOLDINGS INC		***	643
	EXPONENT INC		***	510
	FABRINET		***	525
	FACTSET RESEARCH SYSTEMS INC		***	305
	FAIR ISAAC CORP		***	527
	FATE THERAPEUTICS INC		***	39
	FEDERAL SIGNAL CORP		***	194
	FIBROGEN INC		***	58
	FIRST BANCORP/NC		***	109

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price			
	FIRST INDUSTRIAL REALTY TR		***	260
	FLOOR + DECOR HOLDINGS INC A		***	31
	FORMFACTOR INC		***	$ 187
	FORTINET INC		***	147
	GARTNER INC		***	191
	GENERATION BIO CO		***	17
	GIBRALTAR INDUSTRIES INC		***	53
	GLOBUS MEDICAL INC A		***	534
	GRACO INC		***	76
	GRAND CANYON EDUCATION INC		***	222
	GRAPHIC PACKAGING HOLDING CO		***	592
	GSTIF 25 BPS		***	1,003
	GXO LOGISTICS INC		***	287
	H.B. FULLER CO.		***	273
	HAEMONETICS CORP/MASS		***	315
	HALOZYME THERAPEUTICS INC		***	777
	HELEN OF TROY LTD		***	34
	HERC HOLDINGS INC		***	280
	HEXCEL CORP		***	231
	HILTON GRAND VACATIONS INC		***	235
	HORIZON THERAPEUTICS PLC		***	482
	HOSTESS BRANDS INC		***	185
	IAA INC		***	268
	ICU MEDICAL INC		***	272
	IGM BIOSCIENCES INC		***	23
	INARI MEDICAL INC		***	142
	INFORMATICA INC CLASS A		***	124
	INGEVITY CORP		***	230
	INSMED INC		***	247
	INSPERITY INC		***	400
	INSPIRE MEDICAL SYSTEMS INC		***	534
	INTELLIA THERAPEUTICS INC		***	128
	INTER PARFUMS INC		***	327

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price			
	INTRA CELLULAR THERAPIES INC		***	229
	IONIS PHARMACEUTICALS INC		***	311
	IOVANCE BIOTHERAPEUTICS INC		***	$ 42
	IRHYTHM TECHNOLOGIES INC		***	194
	IRIDIUM COMMUNICATIONS INC		***	486
	IVERIC BIO INC		***	117
	JOHN BEAN TECHNOLOGIES CORP		***	297
	KADANT INC		***	381
	KARUNA THERAPEUTICS INC		***	290
	KULICKE + SOFFA INDUSTRIES		***	209
	KYMERA THERAPEUTICS INC		***	82
	LANDSTAR SYSTEM INC		***	297
	LANTHEUS HOLDINGS INC		***	347
	LATTICE SEMICONDUCTOR CORP		***	700
	LCI INDUSTRIES		***	49
	LIFE STORAGE INC		***	169
	LINCOLN ELECTRIC HOLDINGS		***	300
	LITTELFUSE INC		***	156
	LIVENT CORP		***	263
	LOUISIANA PACIFIC CORP		***	362
	LPL FINANCIAL HOLDINGS INC		***	441
	LUMENTUM HOLDINGS INC		***	197
	MADRIGAL PHARMACEUTICALS INC		***	125
	MAGNOLIA OIL + GAS CORP A		***	400
	MANHATTAN ASSOCIATES INC		***	663
	MARAVAI LIFESCIENCES HLDGS A		***	111
	MARKETAXESS HOLDINGS INC		***	285
	MATADOR RESOURCES CO		***	407
	MATTEL INC		***	424
	MAXLINEAR INC		***	263
	MCGRATH RENTCORP		***	163
	MEDPACE HOLDINGS INC		***	582

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price			
	MERCURY SYSTEMS INC		***	117
	MERIT MEDICAL SYSTEMS INC		***	497
	MIRATI THERAPEUTICS INC		***	92
	MKS INSTRUMENTS INC		***	$ 134
	MODIVCARE INC		***	119
	MOLINA HEALTHCARE INC		***	592
	MONOLITHIC POWER SYSTEMS INC		***	159
	MONTE ROSA THERAPEUTICS INC		***	5
	MOOG INC CLASS A		***	148
	MORPHIC HOLDING INC		***	27
	MSA SAFETY INC		***	174
	MURPHY USA INC		***	518
	NABORS INDUSTRIES LTD		***	130
	NATERA INC		***	156
	NATIONAL VISION HOLDINGS INC		***	111
	NCR CORPORATION		***	161
	NEOGENOMICS INC		***	21
	NEUROCRINE BIOSCIENCES INC		***	251
	NEXSTAR MEDIA GROUP INC		***	534
	NEXTERA ENERGY PARTNERS LP		***	169
	NOVANTA INC		***	497
	NURIX THERAPEUTICS INC		***	14
	NV5 GLOBAL INC		***	198
	OMNICELL INC		***	192
	ONTO INNOVATION INC		***	282
	OPTION CARE HEALTH INC		***	402
	ORMAT TECHNOLOGIES INC		***	134
	PACIRA BIOSCIENCES INC		***	108
	PALOMAR HOLDINGS INC		***	192
	PAPA JOHN S INTL INC		***	278
	PATRICK INDUSTRIES INC		***	63
	PAYA HOLDINGS INC		***	129
	PAYLOCITY HOLDING CORP		***	302

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price			
	PBF ENERGY INC CLASS A		***	33
	PDC ENERGY INC		***	123
	PENSKE AUTOMOTIVE GROUP INC		***	107
	PENUMBRA INC		***	$ 234
	PERFICIENT INC		***	241
	PERFORMANCE FOOD GROUP CO		***	573
	PLANET FITNESS INC CL A		***	344
	POOL CORP		***	323
	POST HOLDINGS INC		***	529
	POWER INTEGRATIONS INC		***	403
	POWERSCHOOL HOLDINGS INC A		***	138
	PRESTIGE CONSUMER HEALTHCARE		***	44
	PRIMERICA INC		***	330
	PROCEPT BIOROBOTICS CORP		***	117
	PROTHENA CORP PLC		***	211
	PTC INC		***	310
	PTC THERAPEUTICS INC		***	196
	PURE STORAGE INC CLASS A		***	490
	QUALYS INC		***	345
	RANGE RESOURCES CORP		***	311
	RAPID7 INC		***	108
	RBC BEARINGS INC		***	432
	RED ROCK RESORTS INC CLASS A		***	256
	RENTOKIL INITIAL PLC SP ADR		***	356
	REPLIGEN CORP		***	389
	REPLIMUNE GROUP INC		***	114
	REVOLUTION MEDICINES INC		***	97
	REXFORD INDUSTRIAL REALTY IN		***	196
	ROCKET PHARMACEUTICALS INC		***	60
	ROYAL GOLD INC		***	180
	RXO INC		***	66
	RYAN SPECIALTY HOLDINGS INC		***	365

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	T. Rowe Price			
	RYMAN HOSPITALITY PROPERTIES		***	116
	SAGE THERAPEUTICS INC		***	101
	SAIA INC		***	599
	SAPIENS INTERNATIONAL CORP		***	158
	SAREPTA THERAPEUTICS INC		***	$ 231
	SCHOLAR ROCK HOLDING CORP		***	38
	SEAGEN INC		***	148
	SEAWORLD ENTERTAINMENT INC		***	167
	SELECTIVE INSURANCE GROUP		***	337
	SERVISFIRST BANCSHARES INC		***	55
	SHOALS TECHNOLOGIES GROUP A		***	145
	SHOCKWAVE MEDICAL INC		***	195
	SIMPLY GOOD FOODS CO/THE		***	417
	SITEONE LANDSCAPE SUPPLY INC		***	306
	SKYLINE CHAMPION CORP		***	194
	SLM CORP		***	122
	SM ENERGY CO		***	349
	SPS COMMERCE INC		***	500
	SPX TECHNOLOGIES INC		***	323
	SS+C TECHNOLOGIES HOLDINGS		***	161
	STERIS PLC		***	302
	SUPERNUS PHARMACEUTICALS INC		***	133
	SYNAPTICS INC		***	204
	TANDEM DIABETES CARE INC		***	98
	TARGA RESOURCES CORP		***	143
	TECHNIPFMC PLC		***	419
	TECHTARGET		***	46
	TELEDYNE TECHNOLOGIES INC		***	327
	TEMPUR SEALY INTERNATIONAL I		***	335
	TENABLE HOLDINGS INC		***	226
	TERADATA CORP		***	128
	TERRENO REALTY CORP		***	140
	TEXAS PACIFIC LAND CORP		***	145

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value
	T. Rowe Price				
	TEXAS ROADHOUSE INC		***		520
	THRYV HOLDINGS INC		***		76
	TOPBUILD CORP		***		244
	TORO CO		***		388
	TRAVEL LEISURE CO		***	$	139
	TWIST BIOSCIENCE CORP		***		57
	TYLER TECHNOLOGIES INC		***		281
	UBIQUITI INC		***		63
	UFP INDUSTRIES INC		***		480
	ULTRAGENYX PHARMACEUTICAL IN		***		187
	VAIL RESORTS INC		***		251
	VENTYX BIOSCIENCES INC		***		52
	WATSCO INC		***		214
	WATTS WATER TECHNOLOGIES A		***		408
	WEATHERFORD INTERNATIONAL PL		***		258
	WENDY S CO/THE		***		485
	WEST PHARMACEUTICAL SERVICES		***		263
	WESTERN ALLIANCE BANCORP		***		134
	WILLSCOT MOBILE MINI HOLDING		***		400
	WORKIVA INC		***		128
	WORLD WRESTLING ENTERTAIN A		***		346
	XENCOR INC		***		129
	XPO INC		***		220
	ZEBRA TECHNOLOGIES CORP CL A		***		174
	ZENTALIS PHARMACEUTICALS INC		***		29
	ZIFF DAVIS INC		***		151
	T. Rowe Price Total			**$**	**75,880**

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value
	Loan Fund				
	Notes receivable from Members	Notes receivable from Members, maturing in 2023 through 2033 bearing interest at rates from 4.25% - 9.25%	N/A	$	69,790
	Loan Fund Total			**$**	**69,790**

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value
	Master Expense Account				
	HARTFORD MASTER EXPENSE FUND		***	$	133
	Master Expense Account Total			**$**	**133**

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value
	Mutual Funds				
	Hartford HLS Divident & Growth Fd Cl Ia		***	$	301,911
	Hartford HLS Mut Fds Bond HLS Fd Cl Ia		***		206,183
*	Hartford HLS Mut Fds Intl Opportunities HLS Fd Cl I		***		84,699
*	Vanguard Federal Money Market		***		113,531
	Mutual Funds Total			**$**	**706,324**

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	JP Morgan International Finance Limited			
	10X GENOMICS INC CLASS A		***	$ 353
	ACADIA HEALTHCARE CO INC		***	1,300
	ADVANCED MICRO DEVICES		***	570
	AECOM		***	878
	AGILENT TECHNOLOGIES INC		***	2,258
	AIR LEASE CORP		***	860
	ALNYLAM PHARMACEUTICALS INC		***	1,627
	AMEDISYS INC		***	672
	AMETEK INC		***	1,407
	ANTERO RESOURCES CORP		***	497
	ARAMARK		***	1,439
	ARES MANAGEMENT CORP A		***	1,261
	ARISTA NETWORKS INC		***	1,196
	AUTOZONE INC		***	1,892
	BAKER HUGHES CO		***	581
	BOOKING HOLDINGS INC		***	522
	BRIGHT HORIZONS FAMILY SOLUT		***	519
	BUMBLE INC A		***	604
	BURLINGTON STORES INC		***	1,316
	CADENCE DESIGN SYS INC		***	1,925
	CARMAX INC		***	520
	CENTENE CORP		***	1,563
	CHENIERE ENERGY INC		***	2,105
	CHEWY INC CLASS A		***	538
	CHIPOTLE MEXICAN GRILL INC		***	1,898
	CINTAS CORP		***	573
	CLEAR SECURE INC CLASS A		***	336
	CONFLUENT INC CLASS A		***	652
	CONSTELLATION BRANDS INC A		***	1,116
	COOPER COS INC/THE		***	1,285
	COPART INC		***	2,087
	CROWDSTRIKE HOLDINGS INC A		***	1,176

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	JP Morgan International Finance Limited			
	DELTA AIR LINES INC		***	$ 783
	DEXCOM INC		***	2,356
	EAST WEST BANCORP INC		***	874
	ENPHASE ENERGY INC		***	601
	ENTEGRIS INC		***	797
	EOG RESOURCES INC		***	1,626
	EQUIFAX INC		***	952
	EXACT SCIENCES CORP		***	844
	EXELIXIS INC		***	693
	F5 INC		***	734
	FACTSET RESEARCH SYSTEMS INC		***	1,098
	FIRST REPUBLIC BANK/CA		***	690
	FIVE9 INC		***	506
	FREEPORT MCMORAN INC		***	691
	GARMIN LTD		***	524
	GLOBAL PAYMENTS INC		***	889
	GLOBANT SA		***	1,054
	GSTIF 25 BPS		***	2,201
	HASHICORP INC CL A		***	606
	HEICO CORP CLASS A		***	859
	HELEN OF TROY LTD		***	601
	HILTON WORLDWIDE HOLDINGS IN		***	2,043
	HOLOGIC INC		***	1,068
	HORIZON THERAPEUTICS PLC		***	2,617
	HUBBELL INC		***	1,077
	HUBSPOT INC		***	799
	IDEXX LABORATORIES INC		***	873
	INGERSOLL RAND INC		***	1,070
	INSULET CORP		***	1,632
	ITT INC		***	1,106
	JABIL INC		***	343
	JAZZ PHARMACEUTICALS PLC		***	823

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	JP Morgan International Finance Limited			
	KEYSIGHT TECHNOLOGIES IN		***	$ 1,190
	LPL FINANCIAL HOLDINGS INC		***	1,633
	LULULEMON ATHLETICA INC		***	601
	MARAVAI LIFESCIENCES HLDGS A		***	353
	MARVELL TECHNOLOGY INC		***	584
	MCKESSON CORP		***	1,357
	METTLER TOLEDO INTERNATIONAL		***	1,775
	MONGODB INC		***	1,167
	MORNINGSTAR INC		***	745
	MSCI INC		***	1,540
	NATERA INC		***	574
	NEUROCRINE BIOSCIENCES INC		***	1,072
	NOVOCURE LTD		***	170
	OLD DOMINION FREIGHT LINE		***	985
	PALO ALTO NETWORKS INC		***	1,358
	PROCORE TECHNOLOGIES INC		***	689
	PROGRESSIVE CORP		***	1,444
	QUANTA SERVICES INC		***	2,495
	REMITLY GLOBAL INC		***	550
	RESMED INC		***	1,416
	ROSS STORES INC		***	900
	ROYAL CARIBBEAN CRUISES LTD		***	509
	ROYALTY PHARMA PLC CL A		***	993
	S+P GLOBAL INC		***	1,042
	SEAGEN INC		***	748
	SOLAREDGE TECHNOLOGIES INC		***	1,108
	SVB FINANCIAL GROUP		***	338
	SYNOPSYS INC		***	2,247
	TAKE TWO INTERACTIVE SOFTWRE		***	1,129
	TELEDYNE TECHNOLOGIES INC		***	846
	TERADYNE INC		***	599
	TORO CO		***	1,415

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value
	JP Morgan International Finance Limited				
	TRACTOR SUPPLY COMPANY		***	$	1,624
	TRADE DESK INC/THE CLASS A		***		1,165
	TRADEWEB MARKETS INC CLASS A		***		1,006
	TRANE TECHNOLOGIES PLC		***		2,569
	US DOLLAR		***		0
	VALMONT INDUSTRIES		***		589
	WEST PHARMACEUTICAL SERVICES		***		474
	WOLFSPEED INC		***		510
	ZEBRA TECHNOLOGIES CORP CL A		***		862
	ZOOM VIDEO COMMUNICATIONS A		***		989
	ZSCALER INC		***		682
	JP Morgan International Finance Limited Total			**$**	**112,998**

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value
	Separate Account GIC				
	New York Life		***	$	94,028
	Separate Account GIC Total			**$**	**94,028**

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
	Shared Holdings (aa) - HIMCO Bond Fund				
	ABBVIE INC	4.250 %	11/14/2028	***	$ 483
	ALLY AUTO RECEIVABLES TRUST	1.960 %	12/16/2024	***	312
	AMAZON.COM INC	2.100 %	5/12/2031	***	656
	AMERICAN EXPRESS CO	3.000 %	10/30/2024	***	484
	AMERICAN EXPRESS CO	2.550 %	3/4/2027	***	592
	AMERICAN HONDA FINANCE	2.000 %	3/24/2028	***	647
	AMPHENOL CORP	2.200 %	9/15/2031	***	556
	APPLE INC	2.200 %	9/11/2029	***	867
	APPLE INC	1.400 %	8/5/2028	***	424
	ARTHUR J GALLAGHER + CO	2.400 %	11/9/2031	***	592
	ASTRAZENECA FINANCE LLC	1.750 %	5/28/2028	***	920
	AT+T INC	4.350 %	3/1/2029	***	1,074
	BALTIMORE GAS + ELECTRIC	2.250 %	6/15/2031	***	610
	BANK OF AMERICA CORP	3.248 %	10/21/2027	***	0
	BANK OF AMERICA CORP	2.087 %	6/14/2029	***	1,265
	BANK OF NOVA SCOTIA	2.450 %	2/2/2032	***	807
	BARCLAYS PLC	1.007 %	12/10/2024	***	952
	BAYER US FINANCE II LLC	4.375 %	12/15/2028	***	707
	BLACKROCK INC	1.900 %	1/28/2031	***	487
	BMW VEHICLE OWNER TRUST	1.950 %	1/26/2026	***	334
	BNP PARIBAS	2.159 %	9/15/2029	***	409
	BOSTON SCIENTIFIC CORP	2.650 %	6/1/2030	***	643
	BP CAP MARKETS AMERICA	2.721 %	1/12/2032	***	631
	BURLINGTN NO SF 05 3 TR	4.830 %	1/15/2023	***	6
	BURLINGTN NORTH SANTA FE	3.400 %	9/1/2024	***	468
	CANADIAN PACIFIC RAILWAY	1.750 %	12/2/2026	***	892
	CAPITAL ONE FINANCIAL CO	3.273 %	3/1/2030	***	857
	CAPITAL ONE PRIME AUTO RECEIVA	1.960 %	2/18/2025	***	774

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
	Shared Holdings (aa) - HIMCO Bond Fund				
	CFCRE COMMERCIAL MORTGAGE TRUS	3.585 %	12/10/2054	***	632
	CHARLES SCHWAB CORP	2.000 %	3/20/2028	***	$ 1,099
	CHASE ISSUANCE TRUST	3.970 %	9/15/2027	***	1,070
	CIGNA CORP	4.375 %	10/15/2028	***	604
	CITIGROUP INC	0.981 %	5/1/2025	***	936
	CITIZENS BANK NA/RI	3.700 %	3/29/2023	***	464
	COMCAST CORP	3.950 %	10/15/2025	***	0
	COMCAST CORP	4.150 %	10/15/2028	***	600
	COMM MORTGAGE TRUST	3.762 %	2/10/2049	***	951
	COMM MORTGAGE TRUST	1.873 %	4/12/2035	***	5
	COMMONWEALTH EDISON CO	2.950 %	8/15/2027	***	928
	CONOCOPHILLIPS COMPANY	2.400 %	3/7/2025	***	570
	CREDIT SUISSE GROUP AG	4.282 %	1/9/2028	***	851
	CSAIL COMMERCIAL MORTGAGE TRUS	3.808 %	11/15/2048	***	953
	CVS HEALTH CORP	1.750 %	8/21/2030	***	791
	DANSKE BANK A/S	1.549 %	9/10/2027	***	509
	DELL INT LLC / EMC CORP	5.450 %	6/15/2023	***	271
	DEUTSCHE BANK NY	1.686 %	3/19/2026	***	449
	DIAGEO CAPITAL PLC	2.375 %	10/24/2029	***	642
	DOMINION ENERGY SOUTH	2.300 %	12/1/2031	***	324
	DUKE ENERGY CAROLINAS	2.850 %	3/15/2032	***	637
	ENTERGY MISSISSIPPI LLC	2.550 %	12/1/2033	***	570
	ENTERGY TEXAS INC	1.500 %	9/1/2026	***	574
	EVERSOURCE ENERGY	2.900 %	3/1/2027	***	519
	EXXON MOBIL CORPORATION	2.440 %	8/16/2029	***	876
	FANNIE MAE	0.560 %	10/22/2025	***	1,795
	FANNIE MAE	0.310 %	11/16/2023	***	1,922
	FANNIEMAE ACES	3.346 %	3/25/2024	***	386

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
	Shared Holdings (aa) - HIMCO Bond Fund				
	FED HM LN PC POOL A11544	5.500 %	6/1/2033	***	1
	FED HM LN PC POOL A26586	6.000 %	9/1/2034	***	3
	FED HM LN PC POOL A77952	5.000 %	5/1/2038	***	4
	FED HM LN PC POOL C03506	6.000 %	5/1/2040	***	32
	FED HM LN PC POOL G01629	6.000 %	10/1/2033	***	4
	FED HM LN PC POOL G14174	5.000 %	3/1/2025	***	1
	FED HM LN PC POOL J38826	3.500 %	5/1/2033	***	$ 196
	FED HM LN PC POOL Q55851	5.000 %	5/1/2048	***	251
	FED HM LN PC POOL Q58634	4.000 %	9/1/2048	***	996
	FED HM LN PC POOL QA9565	3.500 %	5/1/2050	***	171
	FED HM LN PC POOL QB3388	2.500 %	9/1/2050	***	1,980
	FED HM LN PC POOL QB5150	2.000 %	10/1/2050	***	846
	FED HM LN PC POOL QD2424	2.000 %	12/1/2051	***	1,018
	FED HM LN PC POOL QD4129	2.000 %	1/1/2052	***	408
	FED HM LN PC POOL QD7594	2.500 %	2/1/2052	***	370
	FED HM LN PC POOL QD8682	3.000 %	3/1/2052	***	975
	FED HM LN PC POOL RA5552	3.000 %	7/1/2051	***	1,824
	FED HM LN PC POOL RA6019	2.500 %	10/1/2051	***	216
	FED HM LN PC POOL RA6436	2.500 %	12/1/2051	***	519
	FED HM LN PC POOL RA6493	2.500 %	12/1/2051	***	496
	FED HM LN PC POOL RA6808	3.000 %	2/1/2052	***	481
	FED HM LN PC POOL RA7617	5.000 %	7/1/2052	***	1,177
	FED HM LN PC POOL SB8002	3.000 %	8/1/2034	***	239
	FED HM LN PC POOL SD1059	3.500 %	6/1/2052	***	276
	FED HM LN PC POOL SD8142	3.000 %	4/1/2051	***	426
	FED HM LN PC POOL V82532	3.000 %	8/1/2046	***	1,410
	FED HM LN PC POOL ZL1830	4.000 %	8/1/2041	***	53
	FEDEX CORP	2.400 %	5/15/2031	***	608
	FIDELITY NATL INFO SERV	1.650 %	3/1/2028	***	832

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
	Shared Holdings (aa) - HIMCO Bond Fund				
	FIFTH THIRD BANCORP	4.337 %	4/25/2033	***	825
	FLORIDA POWER + LIGHT CO	2.450 %	2/3/2032	***	781
	FNMA POOL 357821	6.000 %	5/1/2035	***	42
	FNMA POOL 555417	6.000 %	5/1/2033	***	15
	FNMA POOL 555591	5.500 %	7/1/2033	***	16
	FNMA POOL 725704	6.000 %	8/1/2034	***	11
	FNMA POOL 730716	6.000 %	8/1/2033	***	8
	FNMA POOL 734059	5.500 %	8/1/2033	***	4
	FNMA POOL 745932	6.500 %	11/1/2036	***	21
	FNMA POOL 756154	6.000 %	11/1/2033	***	16
	FNMA POOL 792191	5.500 %	9/1/2034	***	19
	FNMA POOL 888022	5.000 %	2/1/2036	***	$ 34
	FNMA POOL 888341	5.000 %	2/1/2037	***	23
	FNMA POOL 890528	5.500 %	6/1/2039	***	33
	FNMA POOL 944026	6.500 %	8/1/2037	***	56
	FNMA POOL AA4266	4.500 %	5/1/2024	***	1
	FNMA POOL AB0536	6.000 %	2/1/2037	***	19
	FNMA POOL AJ5733	3.500 %	12/1/2041	***	762
	FNMA POOL AP0632	2.500 %	7/1/2027	***	113
	FNMA POOL AR9436	4.000 %	8/1/2043	***	6
	FNMA POOL AS8764	2.500 %	2/1/2032	***	432
	FNMA POOL AS9763	5.000 %	6/1/2047	***	81
	FNMA POOL AW1007	4.000 %	5/1/2044	***	383
	FNMA POOL AZ2166	4.000 %	7/1/2045	***	466
	FNMA POOL BC1212	3.000 %	7/1/2046	***	1,490
	FNMA POOL BC6121	4.000 %	6/1/2046	***	174
	FNMA POOL BC9364	3.500 %	6/1/2046	***	808
	FNMA POOL BD3312	3.000 %	10/1/2046	***	166
	FNMA POOL BD5429	2.500 %	12/1/2046	***	471

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
	Shared Holdings (aa) - HIMCO Bond Fund				
	FNMA POOL BJ0687	5.000 %	4/1/2048	***	74
	FNMA POOL BJ0852	4.500 %	11/1/2047	***	394
	FNMA POOL BJ1991	4.000 %	11/1/2047	***	305
	FNMA POOL BJ7592	4.500 %	1/1/2049	***	807
	FNMA POOL BJ8271	4.500 %	2/1/2048	***	381
	FNMA POOL BK1027	3.500 %	3/1/2048	***	218
	FNMA POOL BN6143	4.000 %	2/1/2049	***	81
	FNMA POOL BO3694	4.000 %	1/1/2050	***	414
	FNMA POOL BO6308	3.500 %	9/1/2049	***	244
	FNMA POOL BO6935	3.500 %	10/1/2049	***	1,703
	FNMA POOL BQ0561	2.500 %	10/1/2050	***	521
	FNMA POOL BQ2127	2.000 %	8/1/2050	***	651
	FNMA POOL BQ7764	1.500 %	3/1/2051	***	1,778
	FNMA POOL BQ7766	2.000 %	3/1/2051	***	1,808
	FNMA POOL CA7236	2.500 %	9/1/2050	***	422
	FNMA POOL CB3909	4.000 %	6/1/2052	***	508
	FNMA POOL CB3916	4.500 %	6/1/2052	***	$ 1,283
	FNMA POOL CB4289	4.500 %	8/1/2052	***	1,049
	FNMA POOL FM1251	3.000 %	4/1/2045	***	482
	FNMA POOL FM9067	2.500 %	10/1/2051	***	554
	FNMA POOL FS0331	3.000 %	1/1/2052	***	635
	FNMA POOL FS0581	2.500 %	2/1/2052	***	482
	FNMA POOL FS0605	2.500 %	2/1/2052	***	1,388
	FNMA POOL FS0822	2.000 %	3/1/2052	***	504
	FNMA POOL FS0934	2.500 %	3/1/2052	***	863
	FNMA POOL FS1332	3.500 %	3/1/2052	***	981
	FNMA POOL FS1455	3.500 %	4/1/2052	***	1,010
	FNMA POOL MA1543	3.500 %	8/1/2033	***	411
	FNMA POOL MA2276	2.500 %	4/1/2045	***	142

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
	Shared Holdings (aa) - HIMCO Bond Fund				
	FNMA POOL MA4494	3.000 %	12/1/2051	***	681
	FNMA POOL MA4580	3.500 %	4/1/2052	***	968
	FREDDIE MAC	0.570 %	10/8/2025	***	1,799
	FREDDIE MAC	0.360 %	5/15/2024	***	1,882
	FREDDIE MAC SLST	3.500 %	6/25/2028	***	928
	FREDDIE MAC SLST	3.500 %	5/25/2029	***	381
	GE COMMERCIAL MORTGAGE CORPORA	— %	3/10/2044	***	0
	GENERAL ELECTRIC CO	3.450 %	5/1/2027	***	462
	GM FINANCIAL SECURITIZED TERM	1.900 %	3/17/2025	***	287
	GM FINANCIAL SECURITIZED TERM	0.580 %	1/16/2026	***	284
	GM FINANCIAL SECURITIZED TERM	0.500 %	2/17/2026	***	233
	GNMA II POOL 003624	5.500 %	10/20/2034	***	16
	GNMA II POOL 004599	5.000 %	12/20/2039	***	46
	GNMA II POOL 784678	4.000 %	1/20/2048	***	297
	GNMA II POOL AB9275	3.000 %	12/20/2042	***	347
	GNMA II POOL AC2552	3.500 %	1/20/2043	***	415
	GNMA II POOL BH0425	4.500 %	6/20/2048	***	130
	GNMA II POOL MA2754	3.500 %	4/20/2045	***	265
	GNMA II POOL MA2892	3.500 %	6/20/2045	***	122
	GNMA II POOL MA5190	3.000 %	5/20/2048	***	345
	GNMA II POOL MA5191	3.500 %	5/20/2048	***	52
	GNMA II POOL MA5192	4.000 %	5/20/2048	***	$ 53
	GNMA II POOL MA5193	4.500 %	5/20/2048	***	40
	GNMA POOL 434787	8.000 %	5/15/2030	***	7
	GNMA POOL 485856	6.500 %	10/15/2031	***	3
	GNMA POOL 510403	5.000 %	1/15/2035	***	5
	GNMA POOL 510844	8.000 %	12/15/2029	***	1
	GNMA POOL 533946	6.500 %	4/15/2032	***	2

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
	Shared Holdings (aa) - HIMCO Bond Fund				
	GNMA POOL 550887	5.000 %	8/15/2035	***	5
	GNMA POOL 551077	6.500 %	11/15/2031	***	3
	GNMA POOL 551120	6.500 %	8/15/2031	***	8
	GNMA POOL 569327	6.500 %	4/15/2032	***	41
	GNMA POOL 580880	6.500 %	11/15/2031	***	13
	GNMA POOL 622278	5.000 %	4/15/2035	***	3
	GNMA POOL 631242	5.500 %	6/15/2035	***	23
	GNMA POOL 641601	5.000 %	3/15/2035	***	8
	GNMA POOL 646865	5.000 %	8/15/2035	***	6
	GNMA POOL 726316	5.000 %	9/15/2039	***	51
	GNMA POOL AM8608	4.000 %	6/15/2045	***	139
	GOLDMAN SACHS GROUP INC	2.383 %	7/21/2032	***	429
	GOVERNMENT NATIONAL MORTGAGE A	5.000 %	8/20/2039	***	18
	GOVERNMENT NATIONAL MORTGAGE A	2.300 %	7/16/2057	***	208
	GOVERNMENT NATIONAL MORTGAGE A	2.500 %	9/16/2056	***	253
	GS MORTGAGE SECURITIES TRUST	4.243 %	8/10/2046	***	990
	GSTIF 25 BPS	3.918 %	12/31/2050	***	2,397
	HOME DEPOT INC	2.950 %	6/15/2029	***	680
	HONDA AUTO RECEIVABLES OWNER T	0.460 %	4/19/2027	***	363
	HP ENTERPRISE CO	4.900 %	10/15/2025	***	644
	HSBC HOLDINGS PLC	3.950 %	5/18/2024	***	992
	HUDSON YARDS	3.228 %	7/10/2039	***	862
	HUNTINGTON BANCSHARES	2.550 %	2/4/2030	***	619
	IBM CORP	3.500 %	5/15/2029	***	920
	ING GROEP NV	1.726 %	4/1/2027	***	795
	INGERSOLL RAND GL HLD CO	3.750 %	8/21/2028	***	$ 706
	JP MORGAN MORTGAGE TRUST	2.977 %	10/25/2046	***	130

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
	Shared Holdings (aa) - HIMCO Bond Fund				
	JPMBB COMMERCIAL MORTGAGE SECU	3.801 %	8/15/2048	***	826
	JPMORGAN CHASE + CO	1.578 %	4/22/2027	***	880
	KLA CORP	4.100 %	3/15/2029	***	725
	LINCOLN NATIONAL CORP	3.800 %	3/1/2028	***	690
	LLOYDS BANKING GROUP PLC	3.750 %	1/11/2027	***	465
	LOWE S COS INC	3.650 %	4/5/2029	***	868
	LOWE S COS INC	1.700 %	10/15/2030	***	353
	MACQUARIE GROUP LTD	1.340 %	1/12/2027	***	654
	MERCEDES BENZ AUTO RECEIVABLES	2.040 %	1/15/2026	***	533
	MERCK + CO INC	3.400 %	3/7/2029	***	644
	META PLATFORMS INC	3.850 %	8/15/2032	***	665
	MITSUBISHI UFJ FIN GRP	1.538 %	7/20/2027	***	651
	MONDELEZ INTERNATIONAL	2.750 %	4/13/2030	***	298
	MONONGAHELA POWER CO	3.550 %	5/15/2027	***	706
	MORGAN STANLEY	1.512 %	7/20/2027	***	869
	MORGAN STANLEY CAPITAL I TRUST	3.809 %	12/15/2048	***	473
	NATWEST GROUP PLC	1.642 %	6/14/2027	***	650
	NEW YORK LIFE GLOBAL FDG	1.200 %	8/7/2030	***	769
	NSTAR ELECTRIC CO	1.950 %	8/15/2031	***	399
	NVIDIA CORP	1.550 %	6/15/2028	***	642
	PACIFIC LIFE GF II	1.450 %	1/20/2028	***	821
	PENSKE TRUCK LEASING/PTL	4.200 %	4/1/2027	***	235
	PNC BANK NA	3.800 %	7/25/2023	***	516
	PNC FINANCIAL SERVICES	2.550 %	1/22/2030	***	426
	QUALCOMM INC	1.650 %	5/20/2032	***	845
	RAYTHEON TECH CORP	4.125 %	11/16/2028	***	1,343
	SANTANDER HOLDINGS USA	4.400 %	7/13/2027	***	478
	SANTANDER UK GROUP HLDGS	1.089 %	3/15/2025	***	935

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
	Shared Holdings (aa) - HIMCO Bond Fund				
	SMALL BUSINESS ADMINISTRATION	3.200 %	3/1/2039	***	783
	SMALL BUSINESS ADMINISTRATION	2.310 %	8/1/2044	***	299
	SMALL BUSINESS ADMINISTRATION	2.140 %	9/1/2044	***	541
	SMALL BUSINESS ADMINISTRATION	2.220 %	10/1/2044	***	$ 383
	SMALL BUSINESS ADMINISTRATION	2.480 %	11/1/2044	***	513
	SMALL BUSINESS ADMINISTRATION	2.380 %	12/1/2044	***	487
	SMALL BUSINESS ADMINISTRATION	1.280 %	1/1/2046	***	541
	SMALL BUSINESS ADMINISTRATION	4.010 %	6/1/2047	***	656
	SMALL BUSINESS ADMINISTRATION	2.210 %	2/1/2033	***	173
	SMALL BUSINESS ADMINISTRATION	3.110 %	4/1/2034	***	233
	SMALL BUSINESS ADMINISTRATION	2.870 %	7/1/2034	***	171
	SMALL BUSINESS ADMINISTRATION	2.880 %	8/1/2034	***	151
	SMALL BUSINESS ADMINISTRATION	2.720 %	3/1/2035	***	117
	SMALL BUSINESS ADMINISTRATION	2.770 %	5/1/2035	***	170
	SMALL BUSINESS ADMINISTRATION	2.880 %	7/1/2035	***	398
	SMALL BUSINESS ADMINISTRATION	2.820 %	8/1/2035	***	231
	SMALL BUSINESS ADMINISTRATION	2.820 %	9/1/2035	***	216
	SMALL BUSINESS ADMINISTRATION	2.700 %	11/1/2035	***	352
	SMALL BUSINESS ADMINISTRATION	2.270 %	2/1/2036	***	380
	SMALL BUSINESS ADMINISTRATION	3.770 %	10/1/2038	***	593
	SOUTHERN POWER CO	0.900 %	1/15/2026	***	727
	STANDARD CHARTERED PLC	1.214 %	3/23/2025	***	471
	STATE STREET CORP	3.300 %	12/16/2024	***	561
	STATE STREET CORP	2.400 %	1/24/2030	***	425
	SUMITOMO MITSUI FINL GRP	1.902 %	9/17/2028	***	908
	TAKEDA PHARMACEUTICAL	2.050 %	3/31/2030	***	647
	TOLEDO EDISON COMPANY	2.650 %	5/1/2028	***	729
	TORONTO DOMINION BANK	3.200 %	3/10/2032	***	1,037
	TOYOTA AUTO RECEIVABLES OWNER	1.680 %	5/15/2025	***	877

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
	Shared Holdings (aa) - HIMCO Bond Fund				
	TOYOTA MOTOR CREDIT CORP	3.200 %	1/11/2027	***	653
	TOYOTA MOTOR CREDIT CORP	2.900 %	4/17/2024	***	487
	TRUIST FINANCIAL CORP	1.267 %	3/2/2027	***	665
	UBS GROUP AG	2.095 %	2/11/2032	***	752
	UBS GROUP AG	4.125 %	9/24/2025	***	0
	UNION PACIFIC CORP	2.150 %	2/5/2027	***	678
	UNION PACIFIC CORP	2.375 %	5/20/2031	***	337
	UNITEDHEALTH GROUP INC	2.000 %	5/15/2030	***	488
	UNITEDHEALTH GROUP INC	2.300 %	5/15/2031	***	$ 190
	UNIV OF CALIFORNIA CA REVENUES	3.063 %	7/1/2025	***	481
	US 10YR NOTE (CBT)MAR23	— %	3/22/2023	***	0
	US 10YR ULTRA FUT MAR23	— %	3/22/2023	***	0
	US 5YR NOTE (CBT) MAR23	— %	3/31/2023	***	0
	US BANCORP	3.150 %	4/27/2027	***	941
	US DOLLAR	— %	0	***	293
	US TREASURY N/B	1.625 %	2/15/2026	***	7,475
	US TREASURY N/B	1.625 %	4/30/2023	***	10,402
	US TREASURY N/B	0.250 %	10/31/2025	***	4,475
	US TREASURY N/B	0.375 %	12/31/2025	***	11,183
	US TREASURY N/B	0.125 %	2/15/2024	***	11,404
	US TREASURY N/B	0.375 %	7/15/2024	***	8,903
	US TREASURY N/B	2.750 %	8/15/2032	***	3,381
	US ULTRA BOND CBT MAR23	— %	3/22/2023	***	0
	VERIZON COMMUNICATIONS	4.329 %	9/21/2028	***	695
	VERIZON COMMUNICATIONS	2.100 %	3/22/2028	***	652
	VIATRIS INC	2.300 %	6/22/2027	***	0
	VIRGINIA ELEC + POWER CO	3.500 %	3/15/2027	***	473
	WALMART INC	2.375 %	9/24/2029	***	52
	WARNERMEDIA HOLDINGS INC	4.054 %	3/15/2029	***	289

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
	Shared Holdings (aa) - HIMCO Bond Fund				
	WELLS FARGO + COMPANY	2.406 %	10/30/2025	***	946
	WELLS FARGO + COMPANY	3.350 %	3/2/2033	***	676
	WESTLAKE CORP	3.375 %	6/15/2030	***	558
	WESTPAC BANKING CORP	2.150 %	6/3/2031	***	666
	WORLD OMNI AUTO RECEIVABLES TR	0.610 %	10/15/2026	***	932
	WRKCO INC	3.900 %	6/1/2028	***	921
	XCEL ENERGY INC	3.350 %	12/1/2026	***	940
	Shared Holdings (aa) - HIMCO Bond Fund Total			**$**	**205,033**

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

© 2023 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published, or used without the permission of The Hartford.

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
	Shared Holdings (bb) - Insight North America LLC				
	BlackRock	BlackRock 1-3 Year Government Bond Index Fund		***	$ 49,134
	BlackRock	BlackRock 1-3 Year Credit Bond Index Fund		***	36,776
	BlackRock	BlackRock Asset-Backed Securities Index Fund		***	30,031
	BlackRock	BlackRock Commercial Mortgage-Backed Securities Index		***	11,728
	BlackRock	BlackRock Intermediate Term Credit Bond Index Fund		***	27,767
	BlackRock	BlackRock Mortgage-Backed Securities Index Fund		***	31,682
	BlackRock	BlackRock Int Government Bond Index		***	0
	BlackRock	BlackRock Long term Govt Bond Index Fund		***	30
	PRUDENTIAL			***	166,345
	AEP TEXAS CENTRAL TRANSITION F	2.056 %	2/1/2027	***	583
	AMERICAN EXPRESS CREDIT ACCOUN	3.390 %	5/15/2027	***	1,117
	AMERICAN EXPRESS CREDIT ACCOUN	2.210 %	3/15/2027	***	2,594
	APPALACHIAN CONSUMER RATE RELI	2.008 %	2/1/2024	***	123
	BARCLAYS COMMERCIAL MORTGAGE S	5.495 %	12/15/2055	***	1,434
	BENCHMARK MORTGAGE TRUST	3.614 %	3/15/2062	***	2,314
	BMO MORTGAGE TRUST	5.326 %	9/15/2054	***	913
	CAPITAL ONE MULTI ASSET EXECUT	1.040 %	11/15/2026	***	378
	CD COMMERCIAL MORTGAGE TRUST	3.248 %	11/10/2049	***	1,146
	COMM MORTGAGE TRUST	3.147 %	2/10/2047	***	788
	DEUTSCHE BANK COMMERCIAL MORTG	3.071 %	6/10/2050	***	1,426

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost		(e) Current Value
	Shared Holdings (bb) - Insight North America LLC					
	DISCOVER CARD EXECUTION NOTE T	0.580 %	9/15/2026	***		1,582
	DISCOVER CARD EXECUTION NOTE T	3.560 %	7/15/2027	***	$	1,248
	FANNIE MAE	2.250 %	1/25/2043	***		666
	FANNIE MAE	3.000 %	6/25/2039	***		3,310
	FANNIE MAE	2.000 %	5/25/2030	***		848
	FANNIE MAE	2.500 %	7/25/2037	***		1,567
	FANNIE MAE	2.500 %	12/25/2037	***		1,971
	FANNIE MAE	3.000 %	5/25/2044	***		1,229
	FANNIE MAE	4.500 %	11/25/2026	***		89
	FANNIE MAE	4.000 %	5/25/2031	***		1,885
	FREDDIE MAC	4.000 %	8/15/2025	***		299
	FREDDIE MAC	2.500 %	4/15/2037	***		1,835
	FREDDIE MAC	3.000 %	2/15/2034	***		1,924
	FREDDIE MAC	3.000 %	1/15/2041	***		54
	FREDDIE MAC	3.000 %	2/15/2044	***		912
	FREDDIE MAC	2.500 %	12/25/2037	***		2,155
	FREDDIE MAC	2.000 %	4/25/2041	***		1,563
	FREDDIE MAC	2.500 %	2/25/2038	***		1,052
	GOVERNMENT NATIONAL MORTGAGE A	3.500 %	8/16/2039	***		560
	GOVERNMENT NATIONAL MORTGAGE A	2.000 %	3/20/2042	***		82
	GOVERNMENT NATIONAL MORTGAGE A	3.000 %	9/20/2043	***		567
	GOVERNMENT NATIONAL MORTGAGE A	3.500 %	3/20/2049	***		495
	GOVERNMENT NATIONAL MORTGAGE A	2.500 %	11/20/2048	***		1,177
	GOVERNMENT NATIONAL MORTGAGE A	2.500 %	6/20/2036	***		2,033
	GOVERNMENT NATIONAL MORTGAGE A	2.500 %	10/20/2035	***		1,425

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost		(e) Current Value
	Shared Holdings (bb) - Insight North America LLC					
	GOVERNMENT NATIONAL MORTGAGE A	3.000 %	8/20/2042	***		2,142
	GOVERNMENT NATIONAL MORTGAGE A	4.000 %	6/20/2040	***	$	1,984
	GSTIF 25 BPS	3.918 %	12/31/2050	***		1,280
	HYUNDAI AUTO RECEIVABLES TRUST	2.220 %	10/15/2026	***		1,180
	HYUNDAI AUTO RECEIVABLES TRUST	0.380 %	9/15/2025	***		1,988
	JOHN DEERE OWNER TRUST	2.320 %	9/16/2026	***		1,223
	JOHN DEERE OWNER TRUST	0.510 %	11/15/2024	***		523
	JOHN DEERE OWNER TRUST	0.360 %	9/15/2025	***		1,120
	JOHN DEERE OWNER TRUST	0.520 %	3/16/2026	***		2,541
	MERCEDES BENZ AUTO LEASE TRUST	0.400 %	11/15/2023	***		222
	MORGAN STANLEY CAPITAL I TRUST	3.013 %	3/15/2052	***		55
	NISSAN AUTO LEASE TRUST	3.810 %	5/15/2025	***		1,059
	NISSAN AUTO RECEIVABLES OWNER	1.380 %	12/16/2024	***		452
	PUBLIC SERVICE NEW HAMPSHIRE F	3.094 %	2/1/2026	***		566
	US TREASURY N/B	0.125 %	2/15/2024	***		864
	US TREASURY N/B	0.375 %	9/15/2024	***		7,136
	US TREASURY N/B	0.750 %	11/15/2024	***		303
	US TREASURY N/B	1.500 %	2/15/2025	***		2,834
	WORLD OMNI AUTO RECEIVABLES TR	0.810 %	10/15/2026	***		1,940
	Shared Holdings (bb) - Insight North America LLC Total				**$**	**426,249**

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value
	State Street Government Short Term Investment Fund- Common Collective Trust				
	Gstif 25 Bps Gstif 25 Bps		***	$	16,052
	State Street Government Short Term Investment Fund- Common Collective Trust Total			**$**	**16,052**

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value
	The Hartford Stock Fund				
	GSTIF 25 BPS		***	$	276
	The Hartford Stock Fund, Common stock		***		234,159
	The Hartford Stock Fund Total			**$**	**234,435**

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

EIN# 06-0383750

Plan# 100

THE HARTFORD INVESTMENT AND SAVINGS PLAN SUPPLEMENTAL SCHEDULE

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

($ IN THOUSANDS)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost		(e) Current Value
	Wrapper Contracts				
	Transamerica Premier Life		***	$	—
	American General Life Ins Co		***		0
	American General Life Ins Co		***		0
	RGA		***		0
	Prudential		***		0
	Wrapper Contracts Total			**$**	**—**

(aa) Shared holdings are other underlying securities making up the total value of the Guaranteed Investment Contracts under the HIMCO Bond fund: Transamerica Premier Life #MDA01097TR.

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under the Bank of New York Mellon ("BNY") Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

* *Indicates party-in-interest.*

** *These synthetic portfolios have no final maturity date. Final maturity is based on the underlying assets in the bond portfolios.*

*** *Cost information is not required for Member directed investments, and therefore is not included.*

Chartwell Equity Securities	$	75,826
Clearing Account		51
Collective Investment Trusts		3,189,779
Loomis Sayles Growth Fund		292,364
Lee Munder Equity Securities		112,897
T. Rowe Price		75,880
Loan Fund		69,790
Master Expense Account		133
Mutual Funds		706,324
JP Morgan International Fiance Limited		112,998
Separate Account GIC		94,028
Shared Holdings (aa) - HIMCO Bond Fund		205,033
Shared Holdings (bb) - Insight North America LLC		426,249
State Street Government Short Term Investment Fund- Common Collective Trust		16,052
The Hartford Stock Fund		234,435
Wrapper Contracts		0
Total Schedule of Assets	**$**	**5,611,839**